Making sense of the GP Forward View – LMC conference
Dear,

The annual conference of local medical committees begins today at the Mermaid Theatre in London. This will be the first national meeting of LMCs since January’s special conference, and will feature debates on the BMA GPs committee’s Urgent Prescription Rescue Plan and the GP Forward View.

The conference will be taking on a new format, involving themed debates and workshops, and I look forward to a productive two days where representatives of general practice across the UK can use our collective wisdom to develop policy to sustain the branch of practice through a most challenging period.

You can follow the LMC conference on the BMA website.
GP Forward View – our analysis
As you know, NHS England published GP Forward View last month, a framework to support and develop general practice over the next five years. I wrote to you with an initial response, and since then GPC has considered the document in detail.

We have now published our full analysis Focus on the GP Forward View. GP Forward View is a long document, with multiple proposals and funding pots. I hope our 'focus on' document makes it easier for you to digest the wide-ranging ideas. The GPC commentary also shows a comparison with our own rescue-plan proposals in our Urgent Prescription for General Practice. Whatever our overall view on the GP Forward View, we must make sure that those vital funding elements to support GPs are delivered in a meaningful way. GPC is represented on the national oversight group, and I am additionally proposing an LMC reference group to ensure that high-level ideas are translated on the ground in a way that meets the needs of GPs and practices.

GPs must prescribe within their competence
Last week I wrote to GMC chair Terence Stephenson to raise concerns about GPs being pressurised to prescribe specialist medication outside their competences, with particular reference to gender dysphoria. The GMC has proposed that GPs should consider prescribing 'bridging medication', where the local NHS has insufficient access to provide specialist treatment.

We believe that GPs prescribing in this way would be breaching the principles of good medical practice, and it should be a responsibility for NHS commissioners to ensure patients have access to appropriate specialist services.

We also object to GPs coming under pressure to prescribe under shared care arrangements. This should always be voluntary, and based upon the GP having the requisite competence and ability to provide ongoing monitoring. We believe that this should be under a formal locally commissioned arrangement, and have highlighted that the GMC guidance places a worrying expectation on any GP, regardless of their knowledge and competence, to continue prescribing specialist medication in this instance. We have in addition provided specific further information regarding shared care arrangements in our report 'Quality First – Managing workload to deliver safe patient care'.

CQC ratings related to practice funding
An analysis from the BMA has revealed that there is a relationship between CQC (Care Quality Commission) ratings and the level of funding of a GP practice; the more funding
the practice has, the higher their CQC rating is likely to be. The research also demonstrated wide disparities in funding for practices.

This all comes as no surprise, in that we know that CQC inspections incur considerable time for GP managers and staff in preparation for inspection as well as on the day – not to mention the significant expense. It is grossly unfair that practices with lower resources are disadvantaged and put in a situation where they have to focus more on box-ticking preparation for inspections, rather than being supported to prioritise patient care.

GP practices must not be unfairly judged when they are not being given the tools they need to run their practices effectively. This further highlights fundamental flaws in the CQC inspection process, and which is why GPC is calling for it to be replaced with a fit for purpose system.

With best wishes

Junior doctors’ contracts

Yesterday’s announcement about the agreement reached on junior doctor contracts is a welcome development. There is much work to be done on the detail of the contracts and junior doctor BMA members will be asked for their views in a referendum on the agreement. However, this week’s news is very encouraging after the protracted dispute that has been so demoralising to our junior colleagues.

Read the full story
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