From your BMA GPs committee chair

The damaging double whammy of over-regulation and underfunding

Dear,

The GMC published its annual report on the state of medical education and practice in the UK last week in which it spoke about a ‘state of unease in the medical profession’, highlighting:

- A growing pressure on doctors
- A ‘dangerous level of alienation’ felt by doctors in training
- The impact struggling healthcare services are having on doctors’ education and training.

It is ironic that some of this is a direct result of disproportionate medical regulation in the UK, by which the GMC’s own processes have caused angst among doctors. GPs are further regulated by the CQC (Care Quality Commission), NHS England and performance managed by CCGs (clinical commissioning groups).

In last year’s BMA GPs survey, over-regulation was in the top five factors that negatively impact on GPs’ working lives, with 80 per cent stating that the CQC regime made them more likely to want to leave the profession.

This year’s GMC report speaks of the need for a ‘light-touch’ regulatory approach, but we have yet to see evidence of this. Equally, the CQC fees consultation proposes exorbitant increases in inspection fees (albeit to offset the loss of central government funding), when we would surely expect that a light-touch approach should signal a reduction in its operational costs. You can read the BMA GPs committee’s response, which strongly opposes these fee rises.

What the GMC report fails to point out is the shameful lack of NHS funding, lower than almost all of the UK’s Organisation for Economic Co-operation and Development counterparts, which puts pressure on doctors to do the impossible on scant resources – an environment in which, scandalously, nine out of 10 GPs say workload pressures are preventing them from providing quality care.
Working within safe limits

*Quality first: delivering safe patient care* provides GPs and practices with tools and measures to help them work within safe limits, and to instruct them on how to push back on inappropriate workload.

More recently, the *GP Forward View’s practice resilience programme* offers resources and a menu of support for practices whose circumstances are jeopardising their ability to provide core services, or are at risk of closure. Although the deadline for this year’s funding has just passed, if practices are in need of such support, I would suggest that you still contact your CCG (and let your local medical committee know too).

**Commons health select committee challenges Government funding of NHS**

This year’s GMC report is all the more poignant in the context of the letter sent earlier this week by health select committee chair Sarah Wollaston to prime minister Theresa May, which challenges the Government’s claim that it would be investing £10bn in the NHS, and which the committee believes to be much lower at about £6bn. The committee warns that this underfunding ‘calls into question the ability of the NHS to maintain services’.

While it is crucial that the prime minister and chancellor take on board the committee’s warnings, even the issue of the quantum of investment ignores the fact that the NHS is having to make far bigger efficiency savings of £22bn, which appears to be an impossible task to achieve.

We have reached the point where there needs to be open public debate on the NHS, the resources needed to provide a comprehensive service, and how these funds will be made available. This committee report simply adds even more weight of evidence to the simple necessity that this should be addressed as a matter of urgency.

**LAST CHANCE TO COMPLETE OUR BMA SURVEY TO SHAPE YOUR FUTURE AS A GP**

This survey asks vital questions regarding workload and safety, current and future working preferences of GPs, views on contractual options, working in collaborative structures including new models of care, and the funding of general practice.

This is your chance to tell us what you think of these issues. Whether you are newly qualified, well-embedded in general practice, or at the tail end of your career; whether you are a partner, salaried, locum, trainee or any other type of GP, this survey is crucial for informing national GPC policy and negotiations, and to design the future of general practice. If you have not already completed the survey, [please click here](#)
SURVEY CLOSES AT MIDNIGHT ON SUNDAY 6 NOVEMBER

With best wishes,

Chaand Nagpaul
BMA GPs committee chair
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Winter indemnity scheme

NHS England has launched its winter indemnity scheme for GPs 2016-17 which will run until 31 March 2017 with all of the main medical defence unions. It will cover the costs of professional indemnity for any additional OOH (out-of-hours)/unscheduled work undertaken by GPs this winter. It will be fully funded by NHS England, and will be in addition to your usual indemnity arrangements.

We would encourage any GPs wishing to undertake additional OOH/unscheduled-care sessions to speak to your MDO (medical defence organisation) to check whether extra cover is required and to arrange it if so. Information on how to access the scheme is provided via the following MDO websites:

- Medical Protection
- Medical Defence Union
- Medical and Dental Defence Union of Scotland

The scheme covers OOH and unscheduled-care service providers. It is designed to meet the costs of indemnifying additional OOH/unscheduled-care work only and is only for sessions where GPs would otherwise have been responsible for providing their own indemnity arrangements, and not where the OOH/unscheduled-care work provider already provides indemnity. NHS England will only fund indemnity costs of up to six additional sessions per week during the scheme period. I must emphasise to you that it is very important that if you are planning to undertake additional hours or unscheduled-care sessions that you speak to your MDO as soon as possible.
Meet the team – Mark Sanford-Wood

Mark Sanford-Wood has been appointed to the new role of GPC England executive, which he took up in September. He comes from a background of 20 years working with the Devon local medical committee, where he continues as a medical secretary.

After two decades in full-time partnership in north Devon he has worked in a broad portfolio capacity since 2013. Commenting on his appointment to the new executive team he said: ‘Enormous challenges face the profession and are likely to reach their zenith in the next three years. Now, more than ever, GPC England must work collectively to engage critically with the Department of Health and NHS England to shape their developing agenda.

‘A major priority is to ensure delivery against our own Urgent Prescription for General Practice as the next step in a programme of recovery for the profession. The executive and wider committee must continue to demonstrate constructive leadership and consistently set out the pragmatic solutions required to reverse the crisis in general practice. The challenge ahead is enormous, but I am honoured to have been given the opportunity to help shape the future of the profession I love.’