



## **Parliamentary activity**

Last week the Chair of GPC England [wrote to](#) the Prime Minister and Health Secretary, raising our key concerns and calling for an urgent meeting to discuss the future of general practice.

The Chair [wrote](#) to the Minister responsible for vaccines, and the primary care Minister, calling on them to ensure that the flu vaccine programme goes ahead in September as planned. The Chair called for joint working with NHSE to address the announced cut in funding for the delivery of COVID-19 immunisations, which may unfortunately prevent GPs and practices from being able to continue to offer these crucial vaccines.

## **23/24 pay award guidance**

The [Government has announced its response to the DDRB recommendations for doctors' pay in England](#) outlining a 6% uplifts for salaried GPs and all practice (non-ARRS) staff in England.

Due to GP Contractors being in the fifth and final year of a multiyear agreement, there was no recommendation made by the DDRB in relation to GP partners.

GPC England continues to liaise with NHSE and DHSC to establish specific details about how the DDRB 6% uplift will be calculated and funded to practices. As soon as we receive further information, we will share it with practices.

Until then, we advise practices to explain that the money is not yet in their accounts, but that we are in discussions with government to clarify how the funding will be passed to practices to support this.

## **Cancer referrals**

Responding to comments by the Health Secretary in the [Telegraph](#) that patients could 'skip' seeing a GP to speed up cancer checks, [I said](#):

"Any patient who has suspicious symptoms of a potential cancer diagnosis must get the treatment they need, as soon as possible. It might sound like a seductively simple plan to bypass the GP and go for a diagnostic test, but as a GP, my priority when triaging appointment requests in surgery is to look for these 'red flags' and bring the patient in as soon as possible, usually the same day. Like with the rest of the overwhelmed NHS, triage is essential - and GPs are expert generalists who have trained for years to know when a patient needs to be referred for cancer or if it could be something else.

This suggestion might sound like a good idea, but it will rapidly overwhelm radiology departments, and lead to even longer waiting lists for scans, and potential missed diagnoses - putting yet more pressure on the NHS.



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GPC are also worried that the Health Secretary hasn't detailed where these diagnostic centres will be, and who will staff them. There is only one workforce, and we can't magic up additional radiographers or radiologists out of thin air, just like we can't magic up GPs; we have lost more than 2,000 full-time, fully-qualified GPs since 2015 and the way things are, this will only get worse.

The priority for such an overwhelmed NHS has to be safety. And GPs are integral to safe cancer referral processes – removing us from the equation risks patients falling through the net and those without cancer being put on the pathway by mistake, or missed altogether. It's a no-brainer that waiting lists need to be tackled, and I look forward to meeting the Health Secretary to explain how we might be able to help shape his ideas in a way that will help keep patients safe."

### **Re-ballot for junior doctors strike action open for eligible GP trainees**

GP trainees are eligible to vote in the [re-ballot](#) for junior doctor strike action which is OPEN NOW. The last safe date to post ballots back is 26 August, so post your ballot back today and speak to your GP trainee colleagues to remind them too. If you have GP trainee colleagues who aren't members, encourage them to [join the BMA](#) this week: junior doctors who join by 20 August will still receive a ballot and pay no membership fees for 3 months.

If you are eligible but haven't received a ballot, [check your details](#) and [request a replacement](#) ballot today. Time is running out to correct any issues in and to send replacement ballots before the re-ballot closes. Please ensure that this is done as soon as possible, so that your vote counts.

If you're CCTing and starting a GP post before 31 August or will be away from work from 31 August to 29 February, [let us know](#) so we can exclude you from the ballot. This is important even if you've already received a ballot or sent one back. If you are, or expect to be, a junior doctor for even one day of the mandate period (31 August 2023 to 29 February 2024), including if you will be in your period of grace, you are eligible to vote.

### **Reminder: For recently CCTed GP trainees to check that they get their back pay**

If you have recently completed your CCT as a GP trainee from a training programme in England, then you are likely to be owed backdated pay. Junior doctors, including GP trainees, will receive a 6% pay rise, plus a consolidated bonus of £1,250 to be added to their salary. The updated pay scales have been published in the recent [pay circular by NHS Employers](#). Junior doctors' salaries should be uplifted in the September pay round, with this being additionally backdated to April 2023.

For those who have completed their CCT, your previous Trust should keep the bank details that you provided on file for at least three months after you have finished your time with them. You should make sure that the Trust who was your employer has correct and up-to-date details. This will ensure you can receive the backdated payment. After the September pay date for your previous employer has passed, you should check that you have received the correct backpay. If you have not, please [contact us](#) or your previous employer directly.



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## Relaunch of Return to Practice Programme

NHS England have relaunched the GP Return to Practice (RtP) Programme, implementing recommendations from the NHS England/HEE review of the programme that was completed earlier this year alongside the BMA and RCGP. It introduces the following improvements to the programme:

- A more flexible and streamlined programme offering personalised pathways built around the individual needs of each GP
- A less confusing programme for GPs with the closure of the multiple schemes that currently sit under the programme
- A move away from a “one size fits all” and the expectation that all domestic returners must undertake assessments and placements, particularly those GPs with breaks of less than 5 years
- Widening eligibility for the RCGP managed Portfolio Route to include some domestic returners that have been working in other clinical fields
- Offering mentorship to returning GPs either as additional support or instead of assessments/placements
- The option for GPs to access support to return under a defined scope of practice
- The option for returning GPs to undertake the programme whilst employed providing access to employment rights such as sick pay and annual leave for the first time
- Increased financial support with the monthly bursary for GPs rising to £4000 per month backdated to 1 April 2023
- A move to a self-declaration process for occupational health meaning that the majority of returners will no longer be required to arrange an occupational health check
- A reduction in bureaucracy and paperwork and a new online application system

Full details of the programme can be found [here on the Health Education England website](#).

## England Conference of LMCs

A reminder that the England Conference of LMCs is due to take place on Thursday 23 and Friday 24 November 2023. The deadline for submitting motions is **Wednesday 13 September at 12 noon** and the deadline for registering to attend the conference is **Friday 10 November**. Please be advised that this is a registered event and only those LMCs registered will be permitted to attend the conference, no exceptions will be made.

## Election for Chair of LMC UK Conference

Members of the 2023 LMC UK Conference have been contacted to inform them that we are holding an election for the **Chair of LMC UK Conference**. The reason for this election is set out below. *Only those individuals who have been contacted directly are eligible to stand and vote in this election.*



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This election is being held as a result of I have demitted my role as LMC UK Conference Chair, following my election to be chair of the BMA's GPC England Committee. The election will be held in the following manner:

- Nominations will close at 2pm on Friday, 18 August 2023.
- Voting will open at 2pm on Monday, 21 August and close at 2pm on Tuesday, 29th August 2023.
- The electorate will be the members of 2023 LMC UK Conference.

When the outcome of the election is known, an update will be shared with LMCs.

If you have any questions regarding this election, please contact the elections team [elections@bma.org.uk](mailto:elections@bma.org.uk)

#### **Safe working in general practice**

We urge practices to continue to use our [safe working guidance](#) to limit contacts to 25 per day in order to prioritise safe patient care, within the present bounds of the GMS contract.

#### **Preparing for balloting on industrial action**

We need to come together to save general practice, defend our profession, and make general practice safe for patients. In April, GPC England voted to prepare to ballot GPs on industrial action if the Government does not agree to improve the contract drastically in forthcoming negotiations.

If you are a member, make sure the details we hold for you are up to date to ensure your vote counts. Update your member details on [www.bma.org.uk/my-bma](http://www.bma.org.uk/my-bma) or [join us as a member](#) today.

#### **Wellbeing resources**

As we continue to face overwhelming pressures in general practice, we encourage practices to continue to focus on their own team's wellbeing and take time to meet to reflect on their wellbeing and what they can do to protect it. This will meet the requirements of the QOF targets in the GP contract to do your [quality improvement project on staff wellbeing](#). We have produced a [document](#) which includes some tangible recommendations and tools for improving workload and safe working.

A range of wellbeing and support services are available to doctors, from our 24/7 [counselling and peer support services](#), [NHS practitioner health service](#) and [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions. See our [poster with 10 tips to help maintain and support wellbeing](#).

Please visit the BMA's [wellbeing support services page](#) for more information and resources.