



CLEVELAND LMC

Cleveland Local Medical Committee

Cleveland Local Medical Committee Bulletin Tuesday 5 November 2024

Autumn Budget statement

This week's budget announcement has left GP partners hugely concerned about the significant rise in employment costs from April 2025 and the impact this will have on their practice. For many the cost of these changes to national insurance contributions and the lowering of the threshold will be a hammer blow to practice finances. Previously, these cost increases have been fully compensated, but Treasury officials have said there will be no reimbursement this time.

This is completely unacceptable and as a GP partner myself, I know how stressful and difficult announcements like this can be. We are NHS GPs and have been in partnerships since the inception of the NHS and all we are asking is to be treated like all other parts of the NHS who will see these costs reimbursed. We are not like traditional businesses who have shareholders or who can increase their costs when increased expenses arise, and we are making this quite clear to Government and their officials.

We need the Government to rapidly change its mind, and you can help us put pressure on it by writing to your local MP using our [online tool](#).

The chancellor has publicly committed to 'no reduction in spending powers across the NHS', which, we have been told, includes NHS general practice. However, at the same time the Treasury has been saying that GP practices may not be compensated in full. We need clarity and certainty, not promises and conjecture.

We are on your side, and we are doing all we can to sort this problem out and make the Government see sense.

GPC England is due to meet on 14 November and the conference of England LMCs is taking place on 22 November, where discussions will be taking place on the flexibilities and asks within the £22bn headline budget figure, as well as the insufficient capital around estate and premises commitments. The team is aware of the concerns of practices and want to assure you that we have this at the top of our agenda.

Collective action

Thank you to every practice now taking part in our collective action to protect our patients and practices. These [actions](#) have already, and will continue to, make a difference: they are safe, sustainable, and do not breach your contract. Most importantly, these actions are turning up the pressure on the Government to do the right thing for patients and general practice. We are the bedrock of the NHS, but our services have been driven to near collapse.

We need you to take action to protect our patients and protect our practices.

Focus on: patient appointments

We are producing more guidance around individual collective actions to support practices in undertaking specific actions. This week we are focusing on patient appointments.

[Watch our collective action video on patient appointments](#)

This two-minute video shows GPC England colleagues' views on this specific collective action. We are asking you to consider extending patient appointments to give patients more time to address their health concerns and create a sustainable working day for GPs and stop supporting the system at the expense of your patients, practice and staff.

BMA GP opinion survey 2024

The latest [BMA GP opinion survey](#) is open. This annual survey gathers GPs' views on current issues and opportunities facing general practice, helping to influence and inform this year's contract negotiations in addition to our longer-term strategy of promoting and protecting the future of general practice.

The survey is open to all GPs in England, including partners, salarieds, locums, and GP registrars at ST3 and above. It is open to GPs working in all settings and practices, wider primary care roles, trusts, urgent care, and secure or out-of-hours settings.

Participants do not need to be a member of the BMA to participate but we will need a GMC number to ensure that responses are coming from eligible GPs based in England. All responses will be anonymised.

The [survey](#) will close on Monday, 11 November, at 9am. We urge you to complete the [survey](#) as soon as possible, to ensure GPC England's negotiating position is made as strong as possible.

Bringing back the family doctor: a roundtable discussion

GPC England will be holding a roundtable discussion 'Bringing back the Family Doctor' at 2–4pm on 28 November at BMA House.

In advance of the event, you can read our recently published paper, [Patients First: why general practice is broken and how we can fix it](#). This paper outlines the critical steps required to prevent the closure of local practices, retain experienced NHS GPs, and provide the necessary funding for practices to recruit additional GPs and practice nurses to increase appointment availability and better continuity of care.

Flu vaccinations

Flu vaccinations for practice staff

As in previous years, under the terms of the flu enhanced service, practices are able to provide flu vaccination to their patient-facing staff. Unfortunately, while these will not be eligible for an item of service payment due to an NHSE decision, such vaccinations will be covered under CNSGP.

Flu vaccinations for locum GPs

Locum GPs are also eligible to receive free flu vaccination under the flu enhanced service. While this may be received from their registered practice, under the terms of the ES they do not need to be a registered patient in order to receive the vaccination, and so may receive it from their substantive workplace, if applicable, and vaccinations provided to locum GPs are eligible for an item of service payment, as with other patient cohorts. Further guidance on this, including how such vaccinations should be recorded, is available on the [NHS England website](#).

NHS England 10-year health plan

DHSC and NHS England have launched a consultation – [Change NHS](#) – to help inform the development of a new 10-year health plan. The consultation is looking for ideas on how the NHS can improve, as well as views on these three proposed ‘shifts’; moving more care from hospitals into the community; going from analogue to digital; and moving toward prevention and away from sickness. The BMA is developing its response to the consultation, but individual NHS workers can also respond to a separate survey on the Change NHS website.

UEMO statement on MAPs and letter on prison doctors

At the UEMO (European Union of General Practitioners) autumn general assembly in Brussels over the weekend of 19 Oct, UEMO published a [statement](#) expressing its concern with the deployment of MAPs (medical associate professionals). The statement calls on governments across Europe to legislate prohibiting the unsupervised initial assessment, unverified diagnosis, treatment, and discharge of the undifferentiated patient by MAPs. The statement was proposed by our own committee member, UEMO vice president and head of the UK delegation, Peter Holden and was agreed to unanimously.

The statement goes on to unequivocally support the ethos that holistic cost-effective family medicine requires continuity of care primarily delivered by substantively appointed generalist professionals in (small and locally based) organisations acting as the first point of contact for patients, and which holds the patient’s lifetime record of care and draws in specialist skills as judged clinically necessary.

Do you look after asylum seekers or refugees?

It is well-evidenced that this group of patients continue to face significant barriers accessing appropriate and timely healthcare. We’re now looking to conduct a survey to capture your experiences, so the BMA can better support you in enhancing healthcare services for asylum seekers and refugees. Look out for our survey which will launch next week.

Supporting GP registrars in practice placements – supernumerary status

The GP registrars committee is aware that some GP registrars are facing challenges in securing leave and would like to clarify their status as supernumerary to the practice workforce.

GP registrars play a vital role in practice teams, bringing valuable clinical skills to patient care as part of their training. However, they are additional to the core workforce and should not be relied upon to meet staffing requirements or staffing gaps. Embedding this principle into workforce planning is essential for creating a supportive training environment that allows registrars to develop effectively.

Thank you for helping ensure registrars feel valued and well-supported in their roles.