



From your BMA GPs committee chair

LMCs are key to holding NHS England to account



Dear Dr Jenkinson,

Since the publication of NHS England's GPFV (**General Practice Forward View**) in April this year, the BMA GPs committee has been working closely with NHS England to scope out the detail, timeline and implementation of these proposals.

Please read our **Focus on the NHS General Practice Forward View**, which

summarises the key stated opportunities for general practice from the GPFV, and provides a steer for local medical committees and practices on maximising its potential to deliver change locally.

GPs are understandably sceptical of much of this translating into demonstrable positive change, on the back of recent notable problems with the implementation of national initiatives, such as the primary care infrastructure fund, and last year's vulnerable practice scheme.

LMC Reference Group

For this reason, I have put together an LMC Reference Group for the GPFV, comprising senior LMC representatives from 12 regions covering the whole of England. LMCs by definition have their ears to the ground in representing everyday GPs; the group will act as a sense check and monitor implementation of the GPFV, and hopefully shape the detail of many initiatives.

Far too often, policy by NHS England has failed to translate on the ground owing to varying behaviours among different area teams, as well as promises of new money being illusory in overspent CCG (clinical commissioning group) budgets. The reference group is designed to offer real-time feedback and scrutiny, and to expose and challenge problems as they arise, and crucially to hold NHS England to account for delivering on its promises.

We held a roundtable between the LMC Reference Group and senior members of NHS England on 6 July last week including director of NHS commissioning Ros Roughton, NHS director of primary care Arvind Madan and head of primary care commissioning David Geddes.

It was an invaluable opportunity for NHS England to hear about the harsh realities on the ground, from bureaucratic obstacles preventing practices receiving necessary support, to examples of practices on the brink of closure which could have been prevented from timely intervention. I reiterated that the cost of providing support to sustain a practice was infinitely less than the huge expense of a practice closing, with the costs of procurement, and worse with the instability of replacing a general medical services

practice with a short-term alternative provider medical services contract.

Encouragingly, the discussion was solutions focused, and highlighted the value of LMCs as representative leaders of local practices, working with CCGs and area teams to implement a range of potential practical measures.

Practice resilience programme

The immediate priority in the GPFV is the practice resilience programme, with funding of £40m (£16m this year), available to support practices under pressure. It is different from last year's vulnerable practice scheme, which was riddled with delay and bureaucracy that meant it did not reach practices. It is vital that this resource provides proactive support, such as addressing unfilled vacancies or organisational constraints – not wait until a practice becomes vulnerable or reaches a crisis point.

This funding should be made available in a flexible manner to meet local needs and individual practice circumstances. This could include a task force team of interim practice management or clinical support (GP, nurse or pharmacist), through to the provision of back-office administration, or facilitating practices to work collaboratively. It is vital that this scheme does not require jumping through hoops and exhaustive bids, given that these are the very practices struggling to get through the working day.

I reiterated the need for practices to feel comfortable to seek support, rather than fear reprisals such as breach notices, which would perversely deter those practices that most need it from requesting assistance.

The scheme is due to be launched later in the summer. Meanwhile, if you believe you are in need of proactive support, please contact your LMC, with the hope that you can be part of the practice resilience programme when it goes live.

Finally, I want to be clear that, while we will do everything we can to influence the GPFV to best serve the needs of GPs, this in no way detracts from our active efforts to push for wider change to resolve the crisis facing general practice, such as those proposals in our Urgent Prescription for General Practice campaign that are not in the GPFV.

With best wishes,



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Junior doctor referendum result

You will be aware that the junior doctor contract referendum resulted in a vote to reject the

new terms and conditions of service by 58 per cent to 42 per cent on a turnout of 68 per cent.

Following the result of the referendum, Johann Malawana has announced his resignation as chair of the BMA junior doctors committee, saying that, 'these concerns need to be fully addressed before any new contract can come into effect and, in light of the result, I believe a new chair of the junior doctor committee will be better placed to lead on this work'.

I would like to pay tribute to Johann for his tireless work in highlighting and articulating the need for fair terms and conditions for our junior colleagues, and for exposing more broadly the many flaws in the Government's proposals for a routine seven-day service, when we don't have a workforce able to cope with current working hours.

Throughout the negotiations Johann has kept GPC updated on the impact on GP training, and we will closely monitor further developments. I would also like to take this opportunity to congratulate Ellen McCourt on her unanimous election as chair of the JDC. Ellen is a Tyne and Wear-based specialty trainee 3 in emergency medicine who, before her election, had been deputy chair responsible for education and training on JDC.

While the health secretary has committed to imposing the new contract from October, JDC has agreed to continue to fight the imposition and will be consulting members on the contract and on ongoing action. I look forward to working with Ellen and our colleagues on JDC.

Virtually saving lives in Zambia

This Virtual Doctors scheme demonstrates how technology can be used to provide virtual support and care to needy overseas communities. **Find out how one a GP with a life-long ambition to work in the developing world fulfilled her goal while remaining in the UK.** The scheme is looking for GP volunteers – please read this blog if you are interested in supporting this worthy cause.

Employment law, is your practice at risk of costly mistakes?

Employment law is a complicated area, but one that GP owner-managers and practice managers need to know if they want to avoid ending up in costly tribunals.

Senior solicitor at BMA Law Justin Quinton talks about some of the common scenarios faced by our members – and how to avoid them. How many are you familiar with? **Find out in Justin's blog.**

To help members build a solid foundation of employment law knowledge, BMA Law is running an Employment Law Diploma, starting in September. BMA members booking before 15 August 2016 will benefit from a 20 per cent discount on the course fees.

To find out more, visit the **BMA Law website**, **email us** or call (020) 7383 6976 .

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