

## LMC Update Email

30 August 2019

Dear Colleagues,

For the next two weeks whilst Richard and Mark are away on annual leave, Krishna and I are holding down the fort at GPC England. The weekly update remains in the same format as before and we hope you find it useful.

### **GP earnings and expenses report**

NHS Digital has released the latest [annual GP earnings and expenses report for 2017/18](#), which shows that the average taxable income for GPs in the UK increased by 2.5% (to £94,800) against a 1% awarded pay uplift, and expenses for contractor GPs increased by 7% that year. The report does not take into account hours worked or the reduced number of GPs.

The report provides a breakdown of earnings and expenses for contractor GPs and salaried GPs for each of the nations and for different contract types (GMS, PMS, dispensing, non-dispensing).

In response to this, Krishna Kasaraneni, GPC England Executive team lead said “Today’s figures suggest that years of repeated, real-terms pay cuts for GPs are starting to be reversed. However, while earnings may have gone up, the number of doctors continues to fall, with the NHS in England losing more than 800 partners alone over the same period. As patient demand rises and the workforce gets smaller, GPs are taking on more work – often in excess of their contracted hours. This places a huge amount of strain on GPs, who are putting their own health and wellbeing at risk to ensure their patients get the best care possible.” Read the full quote in [GP Online](#) and [Pulse](#).

### **Joint statement on the danger of a no-deal Brexit**

The BMA has signed [a joint statement](#) with 10 other health organisations and unions, warning of the danger that no-deal Brexit poses to the NHS, and urging the Government to take it off the table. The statement warns that a no-deal could lead to vital medicine shortages and intensify the NHS staffing crisis, while the economic shock would hit the health service particularly hard. BMA council chair, Chaand Nagpaul told [the Independent](#) “From our invaluable EU workforce to the supply of vital medicines, and collaboration on medical research to Irish cross-border health arrangements, there is practically no area of health that will be unaffected if we crash out without a deal.” You can read about this in the ‘[BMA Council Chair Focus](#)’. The statement was also covered by [Mail Online](#), [Evening Standard](#), [Nursing Times](#), Daily Mirror (print) and on [Sky News’ All Out Politics](#) (9:45am, 29 Sept).

### **Fivefold increase in deaths from opioids**

The Times reported that the number of Britons killed by the opioids drugs oxycodone and fentanyl has increased fivefold. In response to this, I commented “We have seen the damage these drugs are doing to people’s lives in the US, and this data shows the devastating effect they are now having here in the UK”. Read the full article in the [Times](#) (subscription required)

### **GP workforce figures**

The latest [GP workforce figures](#) have been published, which show :

- The number of fully qualified full-time equivalent GPs down 576 over the past year (- 2%)
- In the last quarter, the number of FTE GPs had also fallen. In March, there were 28,697 GPs in England - a fall of 1.5% in three months.
- The number of FTE GP partners also decreased to 18,511 – down 5.3% from last year.

In response to this, Krishna Kasaraneni (GPC England Executive team member and workforce lead) said ‘These statistics are a stark illustration of the workforce crisis that continues to blight general practice. In the face of high workloads, punitive pension regulations and the overly burdensome admin that comes with running a practice, it is no surprise that the number of GPs, and in particular partners, is continuing to fall. This is despite repeated pledges from the Government to boost numbers by thousands. Read the full statement [here](#).

This was reported in the [Daily Mail](#), [Pulse](#), [Times](#), [GPonline](#), Daily Express (print only)

### **Digital first providers**

Nearly two thirds of GPs who responded to a GPonline survey said that digital first providers should be forced to open premises in any CCG where more than 1000-2000 of their patients live. In response to this, Richard Vautrey, GPC Chair, said “We believe that the out-of-area regulations are no longer needed and should be removed. All practices should be supported with a better level of IT so that they can build on what they already do in terms of telephone and other forms of remote consultations. Doing this would mean there was no need to create new practices. Creating new APMS practices will just add more complexity and cost to the system without really resolving the problems.” Read the article [here](#) (sign-in required)

### **NICE hypertension guidelines**

NICE has published updated [guidance on hypertension](#), despite concerns we raised about workload pressures. In response to this, I commented “It’s important that patients with hypertension are diagnosed as early as possible, and that the latest clinical guidelines for managing high blood pressure are evidence-based – so in many ways these refreshed guidelines are helpful. GPs treat patients as individuals, rather than as a whole population, and there is a fine balance between aiming for targets across population groups and allowing doctors to take into account the personal situation of the patient in front of them. It is therefore positive that the new guidelines take this into consideration, where for those less at risk, a discussion about pros and cons rather than an offer of treatment is encouraged.

As we have said before, GPs are already working flat-out treating patients with increased cardiovascular risk, and as NICE itself recognises, these changes have significant workload implications – with potentially hundreds of thousands more patients now in scope for treatment who weren’t before. Any additional workload created as a result must be fully resourced. ‘Of course, we should always avoid overmedicalisation and discuss management plans – including a range of non-pharmacological options – with the patient, based on their individual circumstances.’ Read the full article in [Pulse](#) (sign-in required), and our response to the NICE consultation [here](#).

### **GMS uplift 2019/20 - Scotland**

The attached letter from Scottish Government outlines the details of the GMS uplift in Scotland for the current year. This includes:

- Uplift of GP pay net of expenses by 2.5%
- Uplift of 1.9% for inflation of non-staff expenses
- Increase of 3% for practice staff pay
- £4.2 million added to the Global Sum for population growth
- Total value added to the contract is £23.2 million

The uplift for practices applies to the Global Sum and Income and Expenses Guarantee, meaning it will be received by all practices – as per the agreement for the new contract. Practices should

receive the uplift from the October payment. Read more in this [blog](#) by Patricia Moultrie, Deputy chair of the SGPC.

### **PCSE Locum payments**

We are aware there are issues with the PCSE login webpage for locum payments and some members have also reported they have been unable to upload their documents to the PCSE website. The Sessional GPs Committee has raised this with Capita which informed us this was a sporadic issue not affecting everyone, but they are working with their IT team to solve the issues.

### **MHRA alert about HRT link to breast cancer**

In addition, the MHRA has issued a [CAS alert](#) to healthcare professionals and women about the risk of breast cancer associated with use of HRT, following a [large meta-analysis](#) by the Lancet, confirming the known increased risk of breast cancer with use of all types of HRT, except vaginal estrogens, compared to women who do not use HRT.

The MHRA asked that prescribers of HRT discuss the new information with women on HRT or who are contemplating starting HRT at their **next routine appointment**.

### **HRT supply issue**

The Department of Health and Social Care issued the attached communications about HRT supply issue last week.

### **Regional council elections**

The BMA's [regional council elections](#) are now open for voting and are open to BMA members in all branches of practice in England. The voting closes 23 September. Read more [here](#).

Read the latest GPC newsletter [here](#).

Read the latest Sessional GPs newsletter [here](#).

And finally, warm hearty congratulations to all colleagues who have been featured in this year's [Pulse Power 50](#), [GP of the year](#) and [Rising stars](#) list.

Have a good weekend.

With warmest wishes,  
Farah