

## LMC Update Email

31 August 2018

Dear Colleagues,

### **GP earnings and expenses 2016/17**

Yesterday NHS Digital published the annual [GP earnings and expenses report for 2016/17](#) for the UK. Attached is a summary of the headline figures. Overall, the average income before tax for combined GPs (contractor and salaried) in the UK increased by 2.7 per cent between 2015/16 and 2016/17.

Although an increase in earnings is welcome, and reflects the positive steps we have made with negotiated agreements made by the four GPCs across the UK (for instance in England there was an additional investment of £220 million into the contract for 2016/17), headline figures must be taken with caution as over the same time frame there has been a reduction in the workforce. It is likely that the falling workforce accounts for a significant proportion of the apparent rise in an average partner's salary, as funding allocated to them to meet the needs of their patients is shared between fewer doctors who are doing more work.

The Daily Mail and iPaper reported on the increases and I commented: *"After a decade during which GP pay fell by 20 per cent, something that has had a real impact on GP recruitment, retention and morale, at long last GPs may be seeing an end to repeated pay cuts. However, these figures need to be treated with caution as while earnings may have risen, over the same time frame we have seen the workforce crisis deepen, with the number of full-time equivalent GPs in England falling by more than 2% and partners by more than 4%. GPs are therefore spreading themselves more thinly. With partners unable to hire more doctors, they themselves are taking on additional work, are forced to work longer hours and are placing further pressure on themselves to deliver care to patients amid mounting demand"*. Read the full article in [the Mail](#)

### **GMS uplift 2018-19 – Scotland**

Scottish Ministers have decided to uplift GP pay net of expenses by 3%. This will be accompanied by an increase of 3% for practice staff pay (in line with wider Agenda for Change uplifts) and an uplift of 3%, according to the CPI inflation measure, for non-staff expenses. As in England, this is better than the award made for some hospital doctors with any increase in pay for secondary care doctors earning more than £80,000 being capped at 1.6 per cent.

Read the BMA press release [here](#).

Read the full article in the **Times**

### **NHS 'ghost patients'**

The Mail on Sunday highlighted the difference between registered lists and census data, suggesting that 3.6 million patients who do not exist are registered with GPs' surgeries. They said that the numbers have risen at a rate of almost 6,000 a week. We strongly rejected the suggestion of profiteering by GPs and I commented: *"There are several reasons why the number of patients registered with a GP practice may not reflect official population data. Most of these will be people who are in the process of moving house to different areas. Others may have recently died, or some may have left the country. Others may be homeless or simply unaccounted for in Government statistics. Patients should be able to visit their GP when they need to and it is imperative they are not removed from a practice simply for being well and not recently needing an appointment."* Read the full article in the [Mail on Sunday](#).

We are aware that PCSE are required by NHS England to engage in list cleaning exercises and this is likely to occur later in the year.

### **Government to ease red tape for Australian GPs to work in the NHS**

Pulse has reported that GPs qualified in Australia will be able to go through a 'streamlined' process to certify their eligibility to practise in the UK. GMC and RCGP have reviewed the curriculum, training and assessment processes for GPs trained outside the EEA, beginning with Australia, to see whether the Certificate of Eligibility for GP Registration can be simplified for doctors whose training is seen as equivalent to the UK GP programme. Krishna Kasaraneni, GPC England executive team member, commented: "There are still too many barriers for GPs who trained overseas to work in the NHS in England. Whilst it is encouraging to see NHS England taking this seriously to address some of these barriers, it is absolutely crucial to address the fundamental issues with GP workload and funding to actually keep GPs in the workforce. Years of underinvestment in GP services has led to the workforce crisis we are currently in and we need the Government to address this immediately to address the workforce problems and to incentivise GPs to remain and return to the workforce." Read the full article in [Pulse](#)

### **GP retention scheme**

As of June 2018, around 295 GPs across England had joined the [GP Retention scheme](#) giving them the flexible working options they need to enable them to remain in practice. This scheme could be helpful for a range of GPs, including those who need time to care for family members, those wanting to reduce their hours as they approach retirement or GPs who want to receive educational and development support after a period of absence. In these cases it is worth seriously considering joining this scheme. You can watch this [video](#) interview with two GPs explaining how the scheme has helped them to continue practising.

### **GP Career Support Pack (England)**

NHS England has worked with the GPC and RCGP to develop a first iteration of [a guide for GPs](#) to help them at various stages of their career journey. The document sets out the various types of support available to GPs throughout their career in England. The guide focuses on support for individual GPs – not the practice or the wider system. The guide will be updated every 3-6 months, with the next version being published in October, and will also be disseminated by regional workforce leads with local information included. GPC will carry on working with NHS England and RCGP to ensure the document continues to develop and evolve. If you think there is anything missing or anything needs updating in the guide, please send feedback to Alex Ottley, Senior Policy Advisor (Workforce and Innovation), via [aottley@bma.org.uk](mailto:aottley@bma.org.uk)

### **Patient choice of pharmacy and possible inducement**

We have been informed that a medical practice has received marketing material from a printing and mailing company which offers a reduced postage rate if medical practices agree to allow an information leaflet promoting a specific distance-selling pharmacy to accompany any correspondence to patients. The local LMC has reported this to the GMPC and we urge practices not to engage with this initiative as there is concern that participating in it may have implications in relation to patients' free choice of pharmacy and also that the offer of reduced postage costs may constitute an "inducement". Read our guidance on prescription direction [here](#)

### **Technical fault with PCSE online queries from**

PCSE has asked us to let practices know that due to a technical fault, queries submitted via their online form from 17 July until earlier this week, have not been getting through to their system and cannot be retrieved. The issue has now been resolved, however, if a practice or GP submitted a query in July or August and have not received a response, please resubmit your query using the form in this [link](#). Note that the technical issue **did not** apply to the follow enquiry types: CET claims, GP payments, GP pensions, Pre-visit notifications.

This is yet another example of a failure impacting practice workload, and we will be picking this up with NHS England.

**Medicine supply chain update August 2018**

The Department of Health and Social Care (DHSC) has published a supply chain update for primary care for August (attached).

**Scoping Project: Recording Employment Status in General Practice**

The Professional Record Standards Body, in partnership with the Health Informatics Unit (HIU) at the Royal College of Physicians, has been commissioned by the Department for Work and Pensions to carry out a scoping project to better understand the benefits, issues and concerns around collecting information around employment status. If you wanted to take part you could join a webinar to be held on Wednesday 12th September at 2pm or attend a workshop to be held on Tuesday 2<sup>nd</sup> October from 11.30 am to 3 pm, in London. If you would like to take part in either event, please email [informatics@rcplondon.ac.uk](mailto:informatics@rcplondon.ac.uk)

**LMC UK Conference 2019**

We can now confirm that the LMC UK Conference 2019 will be held Tuesday 19 March (PM only, times TBC) and Wednesday 20 March at the [Belfast Waterfront](#) (2 Lanyon Place, Belfast, BT1 3WH). Further details will be sent out in due course.

Read the latest GP newsletter [here](#)

Have a good weekend

Richard