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14nd August 2024

Commentary: NHS England paper
Potential Collective Action by GPs supporting guidance

Many LMCs and General Practitioners will have seen the above 27 paragraph guidance issued by NHS England to ICBs in anticipation of GP Collective Action. This is available at:

NHS England » Collective action by GPs: supporting guidance

GPC England's response is as follows, noting where there are no specific comments on a paragraph, the number is omitted.

Para. 1. This is not fully accurate, since the just completed ballot of GP partners was not merely a response to the imposed 2024/25 GP Contract – disappointing as that was – but also to many years of underinvestment in General Practice and arguably, exploiting our goodwill and commitment to our patients. NHS England does note, however, that some 'Collective Actions' may represent permanent changes to the way General Practice works, and GPC England concurs, the implementation of the BMA Safe Working Guidance being an obvious example.

Para 3. GPC England advice to both LMCs and General Practitioner colleagues is that, as the recent ballot was non-statutory and not held under the Trades Union and Labour Relations (Consolidation) Act 1992 (TULCRA) no attempt should be made to encourage or suggest GP contractors should act in breach of the national or local contracts they hold. LMCs should not in any event encourage or suggest such action, as they are not Trade Unions.

Para 4. GPC England and LMCs welcome NHS England's support and advice to Trusts to improve the primary/secondary care interface.

Para 7. GPC England notes that some practices, by introducing the BMA Safe Working Guidance, will need to limit the number of patient consultations per clinician working session: this is a reflection of limited capacity, and the need to ensure patients can receive safe care, delivered by a clinician in a safe working

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environment. As part of that process, GPC England notes Para 4(2)c) of the GMS Regulations (replicated in Para. 5 of PMS Regulations) that:

4(2) The appropriate response (to a patient who contacts the contractor – that is, the practice) is that the contractor must

a) invite the patient for an appointment, either to attend the contractor's practice premises or to participate in a telephone or video consultation, at a time which is appropriate and reasonable having regard to all the circumstances;
b) provide appropriate advice or care to the patient by another method;
c) invite the patient to make use of, or direct the patient towards, appropriate services which are available to the patient, including services which the patient may access themselves; or
d) communicate with the patient— i. to request further information; or
ii. as to when and how the patient will receive further information on the services that may be provided to them, having regard to the urgency of their clinical needs and other relevant circumstances.

This response must be provided during the day's core hours (if the contact occurs in that day) or within the subsequent core hours if the contact is made outside core hours.

Many patients may receive the response described in Para 4(2) c), as part of the practices signposting/triaging system. GPC England also notes the contractual criteria in para 4(4) which describes criteria any signposting/triaging system should contractually take into account, being:

a) the needs of the patient, including the need to avoid jeopardising the patient's health
b) where appropriate, the preferences of the patient; and
c) any benefits to the patient of providing for continuity of the health care professional involved in their care and treatment.

although practices may take other factors into consideration at their discretion.

Para 8. GPC England agrees that, as NHS England notes, unless exceptional, temporary circumstances were occurring, practices should not prevent patients being able to access the practice.

Para. 10. If practices receive a request from local commissioners in terms of a query about the delivery of their contractual terms, they are strongly recommended to contact their LMC in the first instance.

Para. 11. The PCN DES does not specifically mention 'medicines optimisation software'; this is one of a variety of mechanisms via which practices can demonstrate they are meeting Para 8.1.9 (a) of the PCN DES, described below.

8.1.9 (a) "detail the measures a PCN will take to improve medicines optimisation and implement those measures, including ensuring medicines management and use of structured medication reviews for high-risk cohorts, as specified in the guidance. This should include medicines optimisation strategies for reducing polypharmacy, minimising risk of prescribing harm, reducing over-prescribing and managing the risk of dependency on prescription drugs".

It is important PCN member practices are able to describe how they are fulfilling this requirement, which is quite generalised, and this may be fulfilled without member practices necessarily using such software.

Para.12; see GPC England's comments under para. 10.

Para.14/15 GPC England agrees that practices should fulfil the data reporting and collection requirements noted within these two paragraphs and should not switch off data sharing agreements required to fulfil these.

Para.16. This requirement for practices to share information "reasonably required" by NHS England in the context of their contract does not create any data sharing agreement requirements and indeed doesn't specify any form in which the information is shared, however, practices should also note GPC England's Para. 10 advice.

Para.17 refers to the data sharing (of digital telephony data) with NHS England from 1st October 2024. GPC England recommends practices defer agreeing that their PCN CD confirms compliance with this requirement until no later than March 2025.

Para. 18/19/20. GPC England would refer colleagues to the advice within the GPC England Collective Action (focus-on-spending-the-pcn-des-capacity-and-access-payment-funding-v2.pdf (bma.org.uk)) noting that payment arrangements are preserved providing PCNs are compliant by March 2025

The rest of NHS England's guidance refers to improving the primary/secondary care interface, which GPC England supports, but which is not specifically related to individual Collective Actions.

Yours sincerely

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