

Via email

18 April 2024

Dear ICB Chair / Chief Executive

Re ICB risk register

Ahead of what is now the third consecutive annual GP contract change imposition in England from 1 April 2024, the BMA held a referendum in March amongst its GP members regarding the 2024/25 Contract. 99.2% of the 19,000+ GP and GP registrars who took part in the referendum (turnout 61.2%) rejected the contract changes for 2024/25. The turnout of the BMA's GP contractor / partner members was just under 75%.

Following this result, the BMA wishes to alert ICB colleagues to the significant risks to Systems which may potentially ensue from any subsequent planned action arising from this powerful outcome.

General Practice now offers on average 1.4 million appointments daily, and over 90% of NHS appointments each year. This is the equivalent of half of England's population having an appointment every single month.

Over the past decade, England has lost over 1,300 practices and thousands upon thousands of GPs. Despite NHSE 'hailing hardworking GPs', continued consecutive years of underinvestment have resulted in a profound workload and workforce crisis. This will be recognised by all ICB colleagues. GPs are telling us in their thousands, via both the referendum result and in our 2024 national survey of GPs, that the current status quo is not sustainable nor safe. The imposition of the 2024/25 contract will continue to see practices close, patients lose their GP services, and local NHS systems face increased costs as a direct result.

With the aim of ensuring a future where all patients across England can return to having safe access to their family doctor via a comprehensive expert generalist-led NHS General Practice service, the months ahead may see GPs undertake coordinated actions to ensure our Systems, Regional Teams, Government, the DHSC and NHS England understand how fundamentally important GP-led General Practice is to the NHS, and the consequences of continued underinvestment alongside the roll-out of unevidenced and potentially unsafe NHS England transformation programmes, which make it harder for patients to access a qualified GP and practice nurse when they need one.

Whilst potential action is yet to be determined, GPC England wishes to give fair notice to ensure ICB colleagues prepare their Systems for potential GP action during 2024/25, given the resulting substantive risks to all ICBs' operational and joint forward plans. Whilst we sincerely hope industrial action is not necessary, we recognise how vital it will be for the possibility to be included within System risk registers and for mitigation scenario planning to take place.

Co-chief executive officers: Neeta Major & Rachel Podolak

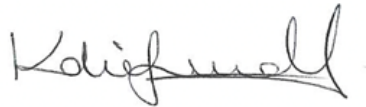
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We would encourage system leads to contact their LMC colleagues to understand what, if any, mitigations may be possible, and to discuss the full extent of local GP practice pressures and system vulnerabilities.

The BMA's GPC England Committee will continue to call for NHS England, the DHSC and Government to constructively engage with us to ensure a sustainable and safe model of care for NHS General Practice for all 61 million patients registered across GP practices in England, now and for the future.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Katie Bramall-Stainer', written in a cursive style.

Dr Katie Bramall-Stainer
Chair, GP Committee England
British Medical Association

Co-chief executive officers: Neeta Major & Rachel Podolak

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