

Dear Colleagues

GPs and practices are operating under extreme pressures currently as we contend with group A strep, influenza and RSV, as well as the existing backlogs, and normal winter pressures. We recognise that GPs are working at great personal cost to provide the best possible care for their patients, but that present NHS systems are not giving enough support for this to continue. The present situation is simply not sustainable.

In recognition of these pressures, and after discussion with LMCs and practices, GPC England wrote to NHS England requesting suspension of QOF and IIF as immediate measures to reduce practice workloads. This happened during the heights of covid, and arguably pressures are greater now. Practices were able to prioritise care without external targets that do not always directly provide patient care, whilst ensuring good ongoing chronic disease management.

Despite the fact that Health and Social Care Select Committee has recommended “abolishing the Quality and Outcomes Framework (QOF) and Impact and Investment Framework (IIF) which have become tools of micromanagement” and the Kings Fund also advising that “Financial incentives and targets can change activities, but that’s not the same as improving outcomes” NHS England have declined to suspend QOF or IIF, nor provide any other solutions or support for practices. They refer to the document of September to practices <https://www.england.nhs.uk/publication/supporting-general-practice-primary-care-networks-and-their-teams-through-winter-and-beyond/> which does not go far enough, and gives no help to practices to deal with the issues we are seeing now.

Freeing us up from this bureaucracy would allow the whole team to focus on direct patient care at a time when the clinical pressures are almost unbearable.

Some ICBs have agreed a local freeze on QOF and IIF, so we encourage LMCs to engage with ICBs to request this. We have produced a template letter which LMCs can use for this purpose.

We would encourage practices to continue to review their working practices in reference to our Safer Working Guidance <https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice>. Practices must prioritise what care they provide for patients in order to manage the finite workforce and resources available to them.

We are considering what further actions may be necessary in order to protect our patients and GPs this winter and beyond.

It is crucial that we as a profession recognise and understand what we know would stabilise and support general practice, and compare this with the support we are offered by NHSE (NHS England) at times of crisis, such as now. As GPC England go into negotiation with NHSE on potential contractual changes for 2023/24, and subsequently a larger negotiation for 2024/25 and 2025/26, we need to reflect upon the times at which we have asked for support and been denied, and what measures we would be prepared to take as a profession to better lever that support from the Government, via its funding of NHSE, in future. In particular, the profession needs to be united as individuals, practices and LMCs, and be willing to act to protect and improve the safety and quality of patient care if the Government is not prepared to meaningfully negotiate.

Richard Van Mellaerts

Deputy Chair – GPC England