



**Barnsley**  
Local Medical  
Committee

Monday, 28 April 2025

# BMA Collective Action Update

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Presented by Dr Clare Bannon

# BMA Actions

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These actions are recommended by The BMA as GPs trade union and I am talking about them as an LMC and GPCE rep but they are not LMC actions.

- Limit daily patient contacts per clinician to the [UEMO recommended safe maximum of 25](#)
- Serving notice on voluntary services that plug local commissioning gaps
- Cost up the value of providing locally commissioned services and serve notice on contracts which are undermining practices' ability to sustain a service
- Stop engaging with the e-Referral Advice & Guidance pathway
- Stop rationing referrals, investigations, and admissions
- Switch off GP Connect Update Record Functionality
- Ignore medicine optimisation software which diminishes patient choice in return for system savings never seen by GP practices
- Defer your PCN declaration regarding online triage to 2025

# Limiting Contacts

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- Advice still to limit daily patient contacts per clinician to the [UEMO recommended safe maximum of 25](#)
- Nationally 60% of practices are already doing this with a further 20% in the process of implementing from BMA surveys.
- Criticism from Acute trust that we as GPs are causing A&E to back up as a result of this policy
- In October 2024, despite Collective Action, practices dealt with 10% more contacts than in October 2023 in Barnsley
- Barnsley A&E had 3% increase in attendance over the same period
- However, 15% increase in admissions from A&E over the same period
- We continue to do more with less resource.

## 2. Advice and Guidance

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- Advice and Guidance – CA advice has not changed
- Only use if genuinely want brief advice
- Long list of actions for the GP is not appropriate
- Please bear in mind the number of consultants continues to rise but the number of fully qualified full time GPs is over 800 fewer fully qualified FTE GPs since 2019
- Announcement of £20 per A&G is in negotiation



### 3. Serve notice on commissioning gaps

GPCE advice is to serve notice on commissioning gaps. In Barnsley there are a number of services that are unfunded.

- a. Phlebotomy – this is only funded for shared care drugs. We are not funded to provide blood tests for any other reasons. Barnsley Place ICB recognise this; we are able to use CDC and they are trying to increase capacity
- b. Spirometry - New service details awaited
- c. ECGs - these do not form part of essential services patients should be referred
- d. PSA Call and recall- LMC Template letter(resent)15<sup>th</sup> Jan
- e. MGUS call and recall- LMC Template letter (resent) 15<sup>th</sup> Jan

Do practices want to return existing patients?





# Shared care

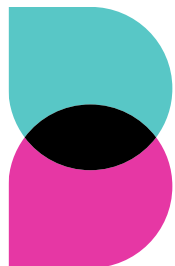
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- Some funding for shared care but it is not enough for the work involved
- Raised with Medicines Management Team that PSSRU figures should be used
- We have written to the ICB and Acute Trusts to state that the majority of practices intend to stop signing new patients up to shared care without changes from 15<sup>th</sup> January



Thank you for listening.

Questions?



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