



Wednesday 27 October 2021

**To:**

**All Calderdale GPs and General Practice**

Following the joint statement and intent of action published by the BMA and GPC England yesterday, Calderdale LMC assures all practices and staff of its absolute support through what are proving to be very difficult times. The impact on our members of the new contract, subsequent government actions, media hostility and consequential public reaction is unacceptable. This does not reflect the high level of commitment, expertise and delivery of services to Calderdale patients. We will continue to represent you with the robust commitment you all deserve at this time.

As part of our responsibility to ensure all practices have the clearest information to enable decisions to be made, we are providing the following supportive advice with reference to the collection of undated resignations from practices from the PCN DES.

***What is an undated resignation?***

*An undated letter of resignation means what it says – a GP giving notice of intention to cease providing medical services to a given population, but not determining the date when this action will be initiated.*

*The resignations are undated because it allows the GPC to date all resignations for the same date and enables them to be submitted simultaneously to NHS England.*

***What would trigger undated resignations?***

*The GPC is fighting the unfair imposition from the government of requirements from general practice, and have started a formal process to canvass GPs on their willingness to tender undated resignations from the PCN DES. If successful, a move to mass resignation would follow afterwards.*

***Why would the GPC want to use this strategy?***

*This is preferable to other methods of campaigning, as it is extremely difficult for independent contractors to undertake industrial action without falling foul of legislation. Similarly, these GPs cannot technically strike as they will be found in breach of their contracts and are not protected by employment law. Salaried GPs could strike but only if they have a dispute with their employers (usually other GPs).*

*If the GPC cannot get the Government to urgently recognise the serious state of general practice, undated resignations give the negotiators backing to discuss with the profession whether they are prepared to consider resignation as the only option left.*

***Have undated resignations been used before?***

*Collective use of undated resignations was used successfully in 1966 to bring about a new contract, at a time when GPs found themselves in a similar position to today with unmanageable workloads, dwindling workforce and few resources.*

*In 1966 those resignations were never submitted. The mere threat was sufficient to force change. While not guaranteed, one would hope we could achieve the same outcome.*

***What are the risks and drawbacks of GPs preparing unsigned resignation letters?***

*If the Government did allow multiple practices to withdraw from the PCN DES and ARRS scheme simultaneously there would be chaos for those communities affected.*

*Calderdale LMC strongly ask for practices to submit undated resignations to withdraw from the PCN DES at the 2022 optout deadline. This will not entail breaching the GP contract, and if the situation is resolved or a practice changes its position, it can be withdrawn at no risk to practices. These will be held confidentially by the LMC. It does however, support the GPC in its current negotiations*

*However, whether or not GPs agree to this strategy, many practices are at risk of closing anyway due to their decreasing financial viability, failure to retain and/or recruit doctors, and overwhelming workload.*

### ***The benefits and timeframes for following this action***

*This process allows practices to send undated resignations to the GPC (BMA) c/o their LMC, who can wait until they have a response greater than 50%. At this point they will then be sent to the GPC who would hold them until they have greater than 50% nationally. This allows for a double-lock for both confidence in numbers and maintaining pressure on the government. Sending in your letter of intent will not mean you are resigning from the PCN, it will not be a breach of contract. It will mean if 50% of your fellow practices do the same before February 2022, you might leave the PCN in April 2022. This action will send a very clear message to the government and strengthen the hands of the GPC.*

### ***Will this action need a minimum engagement?***

*It would need 50% of practices in Calderdale to send in undated resignations to withdraw from the PCN DES. Even a small number of PCN withdrawals could have an effect. If those PCNs were all in a small area of the country, say all within Calderdale, this would probably be sufficient to result in extreme pressures of the health service in that area.*

### ***How should I broach the possibility of preparing unsigned resignations with partner colleagues, and non-partner colleagues?***

*Ask colleagues if they can manage the stresses of general practice today, ask if they are prepared for the exponential rise in patient demand predicted over the next decade, ask how they would manage if the practice next door closes and they are expected to pick up the care of displaced patients, ask if they have any faith in the Government's current strategy for sustaining services over the next decade.*

*Then ask them to consider the rationale of threatened mass withdrawal from the PCN DES as a way of forcing the Government to take immediate and drastic action to avert the major crisis ahead.*

In terms of the specific asks of the LMCs across England, we are intending to agree with the following proposals:

The LMC will disengage from the implementation of the new NHSe plan. This will be specific to the key elements published. We will continue to work with Calderdale CCG on local funded developments ensuring that the best services are established for our practices and patients.

The LMC will offer to collect undated resignations from the PCN DES by practices for the purpose outlined by GPC England. We recognise a number of key points that need to be understood. It is solely a practice decision if any action by them is to be taken. Our offer is purely for those practices that wish to support the action outlined by GPCE. The LMC fully recognises the views from the Clinical Directors and PCNs that are being shared and support the positive impacts made across Calderdale through the opportunities taken to work collaboratively and increase the scope of services available through primary care services.

The LMC support the action to have a representative present at every CQC visit made to our practices, we will ensure a representative is available for every request made by practices.

Calderdale LMC Executive