

Contract Referendum

This document provides answers to some frequently asked questions, including those raised by members at the Contract referendum webinars on 27 November and 4 December

I'm a partner in a practice but not a BMA member, why can't I vote?

As a trade union, contractual referenda can only be put to BMA members, but we recognise your stake and importance of your influence.

We welcome dialogue and input from other key stakeholders such as Practice Managers and non-doctor partners in practices, but as an association we can only ballot our members. Join your union!

I have not received my voting email – what can I do?

For guidance on how to locate emails or to request a replacement, we have a guidance page the link is [here](#)

Our Membership services team can assist with any problems you may have encountered. We expect emails to be responded to within 1 working day, however, please allow 2 working days to allow for any particularly busy periods.

You haven't done this in previous years? Why now? Why are you doing this referendum and not going directly to industrial action like in England?

The situation has reached a critical juncture given the high inflation and the unmet demands from last year, and it is time that Welsh Government hear directly from all GPs in Wales. The purpose of this referendum is to clearly demonstrate the profession's dissatisfaction and to push for more substantial changes before considering next steps such as collective action. By doing this, we intend to send a strong message to the Welsh Government that the status quo is unacceptable.

GPC England did not move directly to action but first mobilised the profession, we will not be following their course of action to the letter but will take lessons from their experience.



What are the next steps in the event of a no vote?

We will return to Welsh Government officials with the unified voice of the profession in Wales and ask if they will be urgently revising their proposal.

We are actively planning for the next steps should the profession's views not be heeded, which will include a ballot on collective action in the new year. Any actions which we will be asking practices to undertake will take into account the Welsh contract and context, and not mirror the GPC England collective action campaign.

How will this affect trainees, Salaried GPs and Sessional GPs?

These discussions are taking place under the backdrop of under employment and unemployment of GPs. We hear these concerns and have been raising them with politicians.

Inadequate investment into the contract for GP practices will affect all types of GP, and indeed GPs working in other parts of the NHS. For example:

- Fewer salaried roles and Locum sessions available
- Poorer terms and conditions for all GPs in all GP roles (including managed practices and LHB roles)
- Prospects of entering partnership sustainably greatly reduced

It's vital that all GPs reject this contract offer.

Will a settlement be imposed in early 2025, as it was in 2024, if the dispute is ongoing?

Last year a financial settlement was implemented with no other contract changes. Once we declare a dispute in the event of a rejection, Welsh Government may indeed decide to impose – against the will of the profession. However, we cannot guarantee that there will be an imposition, or what that will look like: this will be at the behest of Welsh Government and the NHS.

Won't rejecting this offer of a funded global sum uplift cause a bigger impact to practices on the planned increases in National Insurance Employer's Contributions and National Minimum Wage from next April?

This is the latest in a series of deals that reduces our comparative share of NHS funding overall and mandates us to do more work for the privilege. It's time to reject that premise.

We feel the best course of action is to reject this offer and send a clear signal of discontent to Welsh Government.

Where does the GMS contract stand legally from a contractual perspective if the funding of the contract has not been agreed?

The annual national discussions on funding changes year to year. These result in changes to the Statement of Financial Entitlements (SFE) regulations. However, this does not affect the standing GMS contracts between practices and health boards. Practices are still obliged to honour the terms of their contract and provide services described within. Please refer to our [safe working guidance for GPs](#) in Wales, our practice profitability guidance, and to update your escalation status on a regular basis.

Do you think the Welsh Government want a truly salaried service?

We believe in the independent contractor model, in its value for patients and as the preferred model for all GPs to work autonomously within as opposed to a full salaried service. We strongly feel it isn't the model that's the problem, it's the funding provided.

Welsh Government have publicly backed the partnership model of general practice, but they have clearly not invested in it adequately in recent years.

Our research into the the true running costs of Managed Practices would suggest that they cannot afford the alternative (referenced in our [Save Our Surgeries report](#)). It is our view that the partnership model will thrive if it is properly resourced and funded.

How quickly will the result be announced?

The Referendum closes on 16th December 2024, we expect verified results to be provided to us within 24 hours. An extraordinary meeting of GPC Wales will be held on 17th December to discuss. We anticipate to announce the results on 18th and will obviously be informing Welsh Government at the same time of the profession's view of their offer.

What's the plan B for GP in future?

Our goal is to make the GMS contract work for GPs and their patients, but it is possible that GPs will have to look towards a potential future outside the NHS as our dental colleagues have done. This may be unpalatable to many but something that we as a profession and Welsh government need to realise is a potential outcome of the current policy trajectory.

Will there be patient specific comms as this will be imperative for any action to succeed?

For any next step there will be patient facing communications and we will use our strong links with patient representative associations to explain why taking action has become necessary.

BMA

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