



Wednesday 5<sup>th</sup> April 2023

## Notes from the Chief Executive

### Easter and the Junior Doctors Actions

I expect you are all bracing yourselves for the aftermath of the coming Easter long weekend break. It will be a well-earned break for you all. As usual there is a peak of activity after such breaks, but this is compounded by the impact on the NHS of the junior doctors industrial action.

We can well understand the reasons for our junior doctor colleagues' actions; many of their grievances are the same as ours. There will be direct impact of trainees in practices being absent and this will be further exacerbated by the knock-on effects of cancelled admissions, outpatient appointments and A&E overflow.

Our Primary Care Team Directorate at the ICB fully understand the position that general practice is facing and do not want to set any hares running about unrealistic expectations on general practice. However there have been some misguided and unhelpful communications coming out nationally from NHS England. Some of you may have seen one that suggests that general practice is putting on extra capacity to cope with the junior doctors actions. Nothing could be further from the truth, and even if you did want to, there is no resource to do it. There was also a misguided communication from the ICB Comms Team asking PCN CDs to put out videos and social media messages about general practice being "open as usual." It rather suggested that whilst the rest of the NHS was struggling, general practice was OK. We all know this is not the case and we need to do all we can next week to protect general practice. Fortunately a lot of PCN CDs gave a robust response to the Comms Team.

We will be keeping a close eye on the evolving situation next week. Do keep us informed of issues and problems that arise and we will do our best to escalate them or seek a resolution to any difficulties you experience.

There is more information on this subject in the main body of the Brieflet.

### The 23/24 Contract Imposition

The national situation is covered in the main body of the Brieflet. I just wanted to comment on some specific issues.

We have now taken Amanda Doyle's letter of 6th March to each LMC and had the opportunity to listen to LMC members response to the content of the letter. It has left everyone disappointed and demoralised and the main worry is that it will speed up a general exodus from the profession. The issues that exercise our members most are the 2.1% rise against a proven inflation level of 10.7% and the seemingly impossible ask to do yet more on access.

The details of the contract changes were published last Thursday and we are looking closely at what this means. As usual there are a plethora of documents ([NHS England » GP Contract](#) ) but perhaps if you are to look at any it is the ask around Capacity and Access payments document. [Network Contract DES – Capacity and Access Improvement Payment for 2023/24](#)

I encourage you to look for yourselves and assess what this means for your practice. We will be putting out some guidance as soon as we are able. There is a significant diversion of funds away from the IIF Targets to focus on access, but whether this is enough to make any real impact on access remains to





be seen. We have also been promised a “Delivery Plan for Recovering Access to Primary Care” but despite several false dawns it has yet to appear.

We have yet to coalesce around an agreed response to the contract imposition and GPC national negotiators are working hard on this issue. They have a standing working group looking at the possibilities and are listening closely to the profession through a series of webinars and roadshows. I hope you have been able to access these webinars and found them useful. We are finalising a date for GPC Executive Team members to personally attend a Roadshow within Lancs & Cumbria and discuss at first hand with you how we should proceed. I do hope as many of you as possible will be able to attend.

We had Fuller – Now its Hewitt.

Some of you will have seen alarming headlines in the medical journals about the end of general practice as we know it, being proposed in a recently published national report. ([“The Hewitt Review – An independent review of integrated care systems.”](#))

I think we all react with dismay at yet another report tinkering with the foundations of the NHS. This one, as its name suggests, is reviewing how effectively ICBs have been established and their priorities looking forward. Although maybe of academic interest, little of it is of direct relevance to general practice. However, the headlines in the medical journals made me explore further. There is a two-page section about primary care contracts. I have extracted it and its [on our website](#) if you want to look at it. It is hard to tell at this stage whether it’s a threat or an opportunity but the alarmist headlines in the media don’t help any of us.

### LMC Elections

As is our usual practice, we refresh our LMC membership by retiring half the committee every two years and seeking new members. Of course, existing members are eligible to stand again.

We have had a lot of interest this year with more members standing in some areas than we have seats. This has resulted in more new members joining our committees – welcome to all of you; and some familiar faces sadly having to leave us – thanks for your support and efforts over the years.

I do believe that we now have strong and vibrant LMC Committees throughout Lancashire and Cumbria. New members bring new energy and focus to our work and can challenge how we work. The role of the LMC has never been more important as the profession faces fundamental challenges to its existence. We need to unite with our GP leaders in PCNs and Federations and work closely with the newly appointed ICB and Place Clinical Leads to provide a strong and unified voice locally, regionally and nationally.

To see all your LMC representatives please visit [our website](#). Meet the [LMC office team here](#).

Best Wishes,

PETER HIGGINS





# Update from the Consortium of Lancashire & Cumbria LMCs

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## DWP Special Rules Update

From 3 April 2023, individuals who are likely to have less than 12 months to live can now claim PIP, DLA, AA, UC and ESA via the [Special Rules](#). For more information [see here](#).

## Lancaster Medical School - Placement in Practice Course (PiP)

Lancaster Medical School are running a Placement in Practice (PiP) course on 19th April for GP Practice Managers and administrative staff: for current GP placements or GP practices who wish to explore medical student placements further. Please see [attached](#) for more information.

## Junior Doctors' and GP Trainees Strike Action – new strike dates announced

Following BMA discussions with the Health Secretary, where no offer was made to begin negotiations, the [BMA has announced](#) further industrial action to be undertaken by [junior doctors \(including GP Trainees\)](#) in England. A 96-hour walkout will take place for shifts starting between 06:59 on Tuesday 11 April and 06:59 on Saturday 15 April 2023.

Watch David Wrigley, GPC England Deputy Chair, and Dave Smith, Chair of the GP Trainees Committee, explain more in [this video](#) and read also the [statement by Dave Smith](#).

The BMA have published [comprehensive guidance for GP practices](#), which covers everything from managing the impact of strike action on practice work to GP trainee rotas and information on [how GP practices can support GP trainees financially](#).

The BMA have produced a poster which you can display in your practice, a patient information leaflet, and an infographic that can be used on your website, which can be [ordered here](#).

The BMA has also published [guidance on strike action for GP trainees](#).

## Medical Examiners

The new medical examiner system continues to be rolled out across England and Wales. While initially supportive of the increase in scrutiny of deaths, there are still concerns around the system and its implementation. In England, the roll-out is expected to take place at a local level, with the risk of inconsistent decision making and unequal support for practices. While learning from death is an important aspect of medicine, it must not come at a cost to the living and must be adequately resourced. If you or your practice is finding it difficult to comply with the requests of the medical examiner, you may invite the medical examiner to the practice to review the deceased patient's file (ensuring they have all appropriate permissions from the family/next of kin).

There is currently nothing within the GP contract requiring doctors to interact with this system. The role of the medical examiner has been created through the Health Care Act, however, the way the medical examiner system is expected to operate is not currently subject to legislation (which may change in the next 6-12 months). If the medical examiner system is placing an excessive burden on GP work, we suggest you comply with your duties and obligations as a GP to certify the death.

The LMC are continuing to liaise with local Medical Examiner colleagues on these developments and will keep you updated regarding this







# Update from the Consortium of Lancashire & Cumbria LMCs

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## Guidance on HRT Pre-Payment Certificate (PPC)

The government has a new policy from 1 April 2023 to support patients having menopausal symptoms with the cost of treatment. Patients who are not already exempt from NHS prescription charges will be able to purchase an [annual HRT Pre-Payment Certificate](#) for the cost of two single prescription charges - £19.60. This will only be valid for HRT preparations published in the [Drug tariff](#) Part XVI. These drugs can be prescribed for any clinical reason and still qualify for the HRT PPC.

The amended regulations require the script for HRT be issued separately from non-HRT items (whether paper or EPS). GPC supports the Government's decision to make HRT medicines more accessible to patients at reduced cost, but consider the introduction of this new prepayment certificate, specifically for HRT medicines, too complex. Despite GPC advice, the DHSC has decided to proceed before the IT for automatic separation of prescriptions is ready, in contravention of the bureaucracy concordat, which they agreed to a year ago. From 1 April, new FP10s will be introduced with a box 'w' for HRT PPC, but old stock can continue to be used with the patient selecting box 'f' general PPC and the dispenser checking for valid HRT PPC.

When applying for the HRT PPC patients will be advised that they must inform the practice/prescriber that they hold an HRT PPC and ask that the script be issued separately.

Pharmacy Contractors and dispensaries may either:

1. First, refuse to dispense a 'mixed' prescription presented by a patient – refuse to dispense both the listed HRT medicine and the other non-HRT item – and ask the patient to return to the GP for two separate prescriptions, or
2. Second, either: dispense the listed HRT medicine, or dispense the other non-HRT item(s) with the prescription charge(s) paid, or (This may be appropriate if the patient has an urgent clinical need for the listed HRT medicine or non-HRT item(s); the patient will need to obtain another prescription for any items not dispensed)
3. Third, dispense both the listed HRT medicine and the non-HRT item(s) – and complete an FP57 refund form for the listed HRT medicine (there is a charge and refund for the HRT medicines, so no money changes hands) and take a prescription charge for the non-HRT item(s).

The LMC will be discussing with the Local Pharmacy Committees about local approaches to this guidance. GPC will continue to work with DHSC and system suppliers to ensure a digital separation solution is in place as soon as possible.

The patient can choose to apply for an HRT PPC backdated for up to 1 month. If they have not yet applied the pharmacy can issue a FP57 refund form. Patients who already have a valid 3 or 12-month pre-payment certificate for all their prescriptions will not need an HRT PPC. For patients that are stable on HRT we would recommend issuing via repeat dispensing at review, with one authorisation to cover a 12-month period, thus ensuring HRT is issued on a separate prescription.

The items included all contain oestrogen/progestogen or both as listed in [DHSC guidance](#). Other medications sometimes used in menopause are not included and would need to be paid for as normal.

For further information and guidance for dispensaries see [the full DHSC guidance](#).

