



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 5th September

Notes from your LMC Chief Exec

My [letter to practices on Friday, about the newly procured community dermatology service](#), caused quite a bit of a stir! ICB colleagues contacted me about it – which is funny as it was only sent out to GPs and PMs! But it's good to know that we can use this form of communication the next time we really need the ICB to take notice.

On a more serious note though – the sheer volume of positive feedback that we have received for this letter, from fellow GPs, has been amazing. Let's be honest, it's less about the community dermatology aspect and more about the fact that we are starting to find a voice for ourselves as GPs that have, for far too long, been imposed on, and dictated to.

Colleagues are starting to realise that its ok to stand up and say “No”. Especially to things that aren't our problem to fix. The NHS is struggling – every single component of it. We are told that there is very little money to spare. Is it our “duty” as GPs to fix this by taking on more unpaid work? Add to that the backdrop of an overworked and chronically underappreciated GP and primary care workforce. Who will thank us for this when General Practice collapses?

If Ivan Pavlov was still alive and conducting his research today it wouldn't be dogs that would pop up on a google search when you entered “Pavlov's response”, it would in fact be photos of GPs! You may laugh when you read this but it's true. Every time we are asked to take on more unfunded work, we as Pavlov's GPs are conditioned to unquestioningly accept and obey. No questions asked.

On a completely unrelated note, most of you may have seen the email that was sent out to practices yesterday titled “**The role of inclisiran in lipid management letter**”. This is an injectable medication that there is now, somehow, an expectation that GPs will be carrying out in primary care. As Pavlov's GPs we would provide no push back and roll it out as soon as it came onto the formulary. The LMC is of the opinion that **this constitutes new and unfunded work** and is not a core service that we have to provide for free. Therefore, we would urge each practice to reject any approach for GPs to administer unless it is accompanied with an Item of Service fee that is acceptable to you as someone who manages your practice finances and workload.

I promised the ICB that I would make a clarification on the community dermatology service regarding percentages in my previous letter. Its easier just to quote the paragraph:

“...only those cases that should be seen in primary care would be returned, typically 15% of cases are referred back to the GP, 35% referred on to secondary care and 50% retained by the Community Dermatology provider for ongoing care.”

And most importantly, the ICB have now confirmed to us at the LMC:

“...there is no expectation that practices will just start doing this, so as far as the current processes are concerned, those who do not wish to attach images to their referrals can continue not to do so, but we would very much prefer it if those who are perhaps doing it already are not guided to stop. The choice remaining theirs.”

So - this is excellent news! No compulsion to say yes – and freedom to say no.





Update from the Consortium of Lancashire & Cumbria LMCs

My next order of business as CEO is to write out to all CEOs and Medical directors asking, and informing, them that they and their teams have a statutory duty to engage with the LMC when designing or changing or commissioning any service that has either a direct or indirect impact on primary care workload. Failure to do this – at an early stage – may be problematic for them when they try to roll out said service in the future.

That's it for me. Slightly longer than I planned but we are all on a journey of activation – the first step is to not be a Pavlov's GP. Thank you for those of you who read to the end.

Dr Adam Janjua - LMC Chief Executive

Gender Identity Services in Lancashire & South Cumbria

The LMC is aware of a primary care provider in Lancashire and South Cumbria building a business case for Gender Identity Services in the community, as they have developed skills and experience in this area. We know that many local GPs find it challenging when they are asked to prescribe hormones for patients with gender incongruence (both before and after specialist involvement) and that concerns regarding shared care arrangements extend to local primary care's interface with both NHS and private providers. The LMC has long stressed the need for appropriate service provision of Gender Identity Services within the local area and to strengthen discussions with Commissioners on the need for such a service to be commissioned, we are seeking feedback from local GPs.

Please provide any comments you have [via a short survey](#)

COVID vaccination programme update

NHSE has [announced new changes to the previously published winter COVID vaccination guidance](#), as part of an 'accelerated programme'. Following the earlier notification of a reduction to COVID fee payments, there will now be time limited 'accelerated payments' offered to bring forward the COVID vaccination programme to 11 September for completion by the end of October (this relates to the enhanced fees and vaccination can continue after 31 October, but at the reduced IoS fee of £7.54). NHSE guidance states:

'Vaccine providers will receive an additional payment of £10 (in addition to the Item of Service (IoS) fee) for each COVID-19 vaccination administered to care home residents between Monday 11 September and Sunday 22 October 2023 inclusive; and a separate one-off additional payment of £200 for each Completed Care Home by the end of the day on Sunday 22 October.

For other eligible groups, vaccine providers will receive an additional £5 acceleration payment (in addition to the IoS fee) will be made available for each COVID-19 vaccination administered to eligible people between 11 September and 31 October 2023'.

In line with previous [BMA guidance](#), we advise practices to consider and assure themselves of the financial viability of participating in the COVID vaccination programme under these shortened time frames.

Practices will now have until 5pm on 4 September if they do wish to sign up for the programme.

[Read statement response here.](#)





Update from the Consortium of Lancashire & Cumbria LMCs

Accelerated Access to Records Programme update

The BMA GPC continues to support patients taking a proactive role in the management of their own health. This could be facilitated through access to a patient's own electronic health records.

Following the imposition of the 2023/24 GMS contract, the Accelerated Access to Records Programme is currently scheduled to go live for all patients on 1 November 2023. From that date, patients in England will be given prospective access to information entered into their GP record.

However, the BMA GPC believe there are patient safety and information governance concerns that remain outstanding, and which need to be addressed. For this programme to be successful and fulfil its potential the BMA GPC believe it should not be rolled out on 1 November. Practices need to be given the appropriate time and resources to safely plan this in each practice across England. The BMA GPC continue to press for this as well as further modifications.

Roll out dates

EMIS have shared training dates to facilitate their 'bulk upload' and they are encouraging EMIS practices to use the new functionality which has been paid for by NHSE. Earlier this year, many practices wrote to system suppliers to turn this functionality off.

The BMA GPC will publish comprehensive advice and guidance for practices and will continue to set out concerns and solutions to Government ministers. They will also be engaging EMIS to ascertain how they can best support GPs with respect to bulk uploads in the lead up to and after the proposed switch on date.

We would, therefore, reassure practices that they have time to consider matters, and contractors do not need to make any quick decisions before BMA guidance has been published.

GP pressures

The latest [GP workforce data](#) showed that the number of fully qualified GPs has dropped since September 2015. In July 2023, the NHS in England had the equivalent of 27,177 fully qualified full-time GPs, which is 2,187 fewer than in September 2015.

The longer-term trend shows that the NHS is losing GPs at an alarming rate: over the past year it lost the equivalent of 330 fully qualified full-time GPs and the equivalent of 358 full-time partners. This means that, on average, the NHS lost 28 fully qualified FTE GPs per month over the past year.

The number of GP practices in England has decreased by 102 over the past year – reflecting a long-term trend of closures as well as mergers primarily due to a lack of workforce. This coincides with a rise in patients. As of July 2023, there was another average of 9,834 patients registered per practice, and as a result, the average number of patients each full-time equivalent GP is responsible for continues to rise, and now stands at 2,305. This is an increase of 367 patients per GP, or 19%, since 2015, demonstrating the ever-mounting workload in general practice.

[Read more about the pressures of general practice here.](#)





Update from the Consortium of Lancashire & Cumbria LMCs

LMC Distribution list

We would like to grow our LMC audience. If you know any GPs or PMs in your practice that don't receive this Brieflet and/or is not on our distribution list, please ask them to [get in touch with us!](#)

Wes Streeting proposal to pay GPs more to allow patients to see the doctor of their choice

Responding to shadow health secretary [Wes Streeting's proposal](#) to pay GPs more to allow patients to see the doctor of their choice, Dr Katie Bramall-Stainer, chair of BMA GPC England, [said](#):

"Mr Streeting was correct to say fewer patients were now able to see a doctor of their choice, but argued it was vital to see this in the context of 2,200 full-time GP posts being lost since 2015. Combine this workforce exodus where GPs at breaking point are retraining, taking on other roles or leaving entirely with millions of patients on NHS waiting lists and we have the perfect storm.

Every GP strives to deliver the best care to our patients in the most appropriate way we can based on patient choice, but the reality of the chronic workforce shortage makes this an impossible ask against the backdrop of increasing demand from a growing – and ageing – population."

Every day over a million appointments are delivered across England, way more than before the Pandemic - with less staff. GPs regularly see more patients than BMA [safe working guidance](#) recommends. And yet, we still cannot keep pace with demand.

[See LMC Managing Extreme Workload Pressures guidance here](#)

Junior doctor re-ballot results

The results of the junior doctor re-ballot are now in and it has been confirmed that their mandate for strike action has been extended for a further six months. Junior doctors are not prepared to let 15 years of real-terms pay cuts stand. With this renewed mandate, junior doctors, including GP trainees, and consultants will take joint action for the first time. The key dates are 19 – 22 September and 2 – 4 October. [You can find full details on the BMA website here.](#)

Best Practice Show, 11-12 October 2023, NEC Birmingham

The [Best Practice Show](#) is the UK's number one event for the primary care and general practice community, at the NEC Birmingham on 11-12 October 2023. Free for healthcare professionals, the conference programme will provide up to 12 hours of CPD certified training, expertly tailored to meet the training requirements of healthcare professionals. [Register your attendance here](#)

Our Future Health Programme

[Our Future Health](#) is the UK's largest ever health research programme. Its goal is to transform the prevention, detection, and treatment of conditions such as dementia, cancer, diabetes, heart disease and stroke.

If you are interested in registering your Practice to the programme or would like to find out more please visit their website. [Our Future Health Programme](#)

