



Tuesday 7<sup>th</sup> March 2023

## A Note from the Chief Executive

### The 23/24 Contract Offer

This now feels like the only show in town for the LMCs. You will now have received notification from the BMA of the failure to reach a negotiated settlement and the letter from Amanda Doyle setting out all the things they are going to do to make life easier in General Practice. We refer to these issues in today's Brieflet.

We have to view this contract imposition against the wider background of what is going on in General Practice and the wider NHS. General Practice is already in a very precarious state with an inadequate workforce and resources to deal with demand. We have been desperately seeking ways to enable practices to cope, largely through the BMA's Guidance on Safe Working in General Practice. We had hoped to make more progress on this with the adoption of a toolkit provided by the BMA. Unfortunately, this has been delayed, ironically by the efforts BMA staff and negotiators have been diverted to inputting to the failed contract negotiations.

Now we have been offered a 2.1% contract uplift against double figure inflation. How Practices are meant to absorb this cost pressure and still provide a viable service is a mystery to me.

We also have industrial action being pursued by our nursing, ambulance, physiotherapy, and junior doctor colleagues. Consultants are now being balloted on industrial action regarding their pay. At some stage in the future there will be a resolution of these pay claims. We need to see at what level these pay awards are settled. I cannot see any of them being settled at 2.1%. There is, therefore, an inherent disparity in what GPs are being offered and other NHS staff.

I am left wondering what the strategy of our government is in making such a confrontational contract imposition. Are they trying to divide and conquer, eventually settling with everyone else and leaving General Practice isolated. Or is it deeper than that – are they deliberately destabilising the NHS so they can replace it with something else or are they simply trying to shift the blame for a failing NHS onto its militant staff.

All I know is that this is a seminal moment for General Practice, and we need to think very carefully about how we respond, both locally and nationally. We need to listen to you, our constituents, about your views on this and explore with you the implications of the 2.1% cap and the detail of the initiatives in Amanda Doyle's letter. Early feedback is that you are most concerned about the access demands in the new contract. There are a series of measures that purport to reduce bureaucracy and help with the smooth running of practices. What are your views on these? Are they just window dressing, will they make any difference at all or could some of the proposals offer a real benefit? Over the next few weeks, we will be having in depth discussions at each of our LMC meetings and we would very much welcome your input through your local LMC representatives or directly back to me. We will also be addressing these issues throughout GP Leadership Groups so we can get a broad understanding across the spectrum of GP Leadership, including the impact on PCNs and Federations.

There will be opportunities, as outlined in the Brieflet, for you to join national webinars and we will consider the need for local engagement events. We have close ties with our national leaders on GPC and colleagues across England so we will remain close to the evolving national picture. It will also be the dominant factor at the UK LMC Conference in May.





### Links to the Evolving ICB (Lancs & South Cumbria)

I think it is fair to say we have seen something of a vacuum in decision making at the ICB as they reorganise their top management team, and specifically, the Primary and Community Care Team. Our observation from this is that several important decisions have been made by the ICB that would normally be the subject of consultation with General Practice, principally through the LMC. Issues have included the rationalisation of PLT events, the rationalisation of LISs, LES's across Lancs & South Cumbria and the use of PCN Development moneys. At the same time implementation of Fuller seems to be developing at pace with many engagement events but no real dialogue with the key people who have to make it work – GPs.

We have to put this right and establish a meaningful mechanism for negotiation and consultation with ICB Managers. We have already strengthened our own structures by bringing together our LMC Chairs and Vice Chairs across Lancs & South Cumbria with a remit to negotiate on behalf of all our LMC with the ICB. We will also be strengthening our GP Voice arrangements in each health community and at ICB level so that we can present the combined voices of all in GP Provider Leadership roles to Place and ICB decision making.

### My Retirement

Many of you will know that I am retiring at the end of May. We have actively been planning how our LMCs and Consortium should maintain their impetus and respond to the ever-growing challenges facing General Practice.

As part of this process, we have been seeking a successor as Chief Executive of the Consortium. We interviewed last week for the post, and I am pleased to say we have made an appointment, subject to completing the formalities. As soon as these are completed, we will make an announcement. We are hoping to have my successor in post before I leave.

Best Wishes,

PETER HIGGINS

Chief Executive





# Update from the Consortium of Lancashire & Cumbria LMCs

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## GP Contract 23/24

NHSE have chosen to implement the [contract changes for 23/24](#) which the [BMA GPC voted to reject](#) earlier in February. Since GPC voted to reject the contract offer, they have been working to secure an improved offer, but this has not been forthcoming.

GPC will now decide what action GPs want and are prepared to take. They are also assessing options including potential future balloting and industrial action.

GPC we will be holding contract webinars to discuss the contract, proposals for the next steps towards action, and to hear the views of the profession. These are open to BMA members and non-members. The BMA GPC officers will deliver the same presentation at each webinar, meaning that attendees need only attend the event most convenient to them. See the planned dates/ times and register [here](#).

We will be inviting the GPC to LMC meetings to share thoughts, concerns and to further discussions. We will keep you updated on this.

Read the GPC statement about the meeting with the Secretary of State for Health [here](#)

## Junior doctors' strike action - guidance for GP trainees and Practices

[Junior doctors \(including GP trainees\)](#) will be taking **industrial action from 13-16 March**. The BMA have published comprehensive guidance for Practices which can be found [here](#). The guidance covers everything from managing the impact of strike action on practice work to GP trainee rotas and information on how practices can support GP trainees financially.

It is advised that practices cancel any clinics scheduled for GP trainees on those days in advance of the strike action. Please familiarise yourself with the [guidance](#) before the strike days.

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

### Suggested patient facing messaging:

*"Thanks for calling <insert name> practice. Our GP trainees, along with other junior doctors, are taking industrial action over a real terms pay cut of more than 26% since 2008. As our GP trainees are not in the practice today, we have fewer appointments available than normal. If you think your problem can be dealt with on a non-strike day, we'd be grateful if you could call back. This first round of strike action will finish at 7am on Thursday 16 March. Thank you for your support and we're sorry for any inconvenience"*

Guidance for striking as a GP Trainee can be found [here](#). Key facts every GP Trainee should know now can be [found here](#).

**If you have any questions, please do not hesitate to get in touch with us.**





# Update from the Consortium of Lancashire & Cumbria LMCs

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## GP trainee visas

The BMA GPC have written to the immigration minister regarding the BMA's ongoing concerns over barriers facing GP trainees to staying and working in the UK on completing their training. The letter followed the Minister's [commitment](#) to ensuring officials in the Home Office are working with the DHSC and the BMA to consider umbrella sponsorship as a solution to the problem – something the BMA has repeatedly called for to help create a welcoming environment that ensures the UK attracts and retains talented doctors to help address the shrinking medical workforce in general practice. Stressing the importance of measures being in place to facilitate smooth transition into full time employment ahead of the next cohort of GP trainees completing their training, the letter calls on the Minister to consider a six-month grace period as a temporary measure whilst conversations on an umbrella route continue. A grace period would help alleviate some of the stress and anxiety felt by GP trainees coming to the end of their training by providing them with a six-month window to find a GP practice to employ them.

## GP workload pressures and safe working guidance

Practices continue to experience significant and growing strain with declining GP numbers and rising demand, as shown again by the latest [GP workforce figures](#).

Practices are encouraged to continue to review your working practices in reference to the BMA [safe working guidance](#) to prioritise care to manage the finite workforce and resources available.

With GPs working under such great pressures the LMC is also here to [support your wellbeing](#).

A range of wellbeing and support services are available to doctors such as the [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions. See the BMA [poster with 10 tips to help maintain and support the wellbeing](#) of you and your colleagues.

NHSE is running a series of facilitated peer wellbeing sessions for the primary care workforce. Each peer wellbeing group will be made up of six-eight people that will meet fortnightly for four weeks. [Register your interest here by Friday 10 March](#).

## Training Needs Analysis – Genomic Awareness

The Northwest Genomic Medicine Service Alliance are conducting a Training Needs Analysis through a short survey designed to assess the current level of genomic awareness, knowledge, and skills.

The survey will identify gaps in existing education and training tools available to provide recommendations for development of new genomic educational resources. They are targeting all healthcare professionals, at all levels, to support the mainstreaming of genomics in healthcare. The survey can be accessed [via this link](#).

## Pressures in General Practice – RAG Rating System

This is a reminder to report your RAG rating to us via [enquires@nwlmc.org](mailto:enquires@nwlmc.org) whenever there is a change to your practice rating. You can see current figures on [our website](#).

