



Wednesday 17<sup>th</sup> May

## A Farewell Note from your Chief Executive

Dear Colleagues,

This is my last full working day in the office, and it feels strange. Over the years there have been many challenges and opportunities and I hope I have been able to rise to them all. I have enthusiastically embraced any opportunities to better the working experience of GPs and practices, and, at the same time, robustly defended against any threats to the profession. I haven't succeeded in everything, but I have given it my best shot.

Now I have no more opportunities or challenges to take up and that's why it feels strange. However, I feel I am leaving you in safe hands. We have 5 well established and robust LMCs with active committees, committed and hardworking chairs, and a wealth of experience at our fingertips through LMC members. We have a new Chief Executive to take the Consortium forward and a Chief Operating Officer with a strong record of operational delivery.

But my strongest legacy to you all is the Consortium Team I have created and developed over the years. We have a cohesive team of well-motivated and highly professional individuals who each lead on specific aspects of the work we do, either in geographical areas or subject specific areas. They have evolved their roles over the years as the external pressures and environment have impacted on our GPs and practices, and therefore, how we can best serve you.

When I reflect on the Consortium that I joined in 2008, I found it to be largely an administrative body that took minutes of LMC meetings and supported doctors who were in trouble. These are both important, but I felt the LMCs needed to be more relevant to all GPs, the average practices, and the outstanding ones. We needed to celebrate the excellence of general practice. As such we have developed, over the years, a range of services to support individual GPs and to support practices. I am proud that the services we can now offer to practices are along with the best in the Country. I am sure the Team will continue to develop services as the needs of practices change.

I am only sad to be leaving when the state of general practice is so challenged. Despite all the heroic actions of our GPs and practices over the years, the systematic neglect of primary care by our government has left us in a weakened state. We have done our best to mitigate the effects of national policy on a local level and have had some success. Similarly our national GPC Leaders have worked tirelessly to negotiate a better deal for general practice but have had limited success against an intransigent government. Maybe now is the time for the profession to stand up and be counted. I know it is extremely difficult for any GP to act against the interests of the patient in front of them, but in the greater scheme of things, if GPs do not act now to limit the pressures they are facing, there will be no GP workforce left, and that is in the interests of no one.

I hope the GP Voice arrangements I have been championing for the last two years provide a forum and focus for the unified voice of all GP Providers to be heard both locally and at ICB level. I wish you all well in engaging with the rest of the NHS and beyond to ensure that General Practice can exert the influence it deserves as the core of the NHS.

I have made many friends over the years I have served you and met some amazing people. It has been a privilege to work with all of you and I could not have wished for a better work experience. I will maintain my interest in the development of General Practice and hope not to lose contact with you.

Take Care and Best Wishes to you all.



# Update from the Consortium of Lancashire & Cumbria LMCs

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## Preparing for balloting on industrial action

Last month, the BMA's [GPC England voted in favour of preparing to ballot](#) GPs on industrial action if the Government does not agree to improve the contract drastically in forthcoming negotiations.

By law, only BMA members can participate in a ballot on industrial action. If you are a member, it is essential that you make sure the details they hold for you are up to date to ensure your vote counts. Update your member details on the [BMA website](#) or [join as a member](#).

Watch the BMA GPCE acting chair Kieran Sharrock explain where we are with preparing members to ballot for industrial action in England [here](#)

## NHS England Primary Care recovery plan

NHSE published its [primary care recovery plan](#) last week. Although the planned investment and innovative new ways that will support the profession in delivering care are welcomed, there doesn't seem to be much in the plan about how to stop GPs leaving the profession, or how to retain staff.

Although more community services are needed to relieve [pressures on GPs](#), these measures don't consider the continuing cuts to public health funding and that more community pharmacies are closing.

The growing problems in general practice workforce numbers and infrastructure are acting as barriers that will prevent effective change from happening. Read the [full BMA statement in response](#)

## Contractual Access Requirements

Further to queries from practices we would like to highlight that the recovery plan has no bearing on your practice's contractual obligations. It remains a practice judgement as to what your capacity is and when this has been reached, at which point you have a contractual right to signpost patients to 111 or other appropriate services where necessary ([Schedule 3, Paragraph 4, Sub-paragraph \(2\), part \(c\)](#)). The regulations make no mention of 'exceptional circumstances', nor any obligation to inform the ICB. However, Practices are reminded of existing SitRep (L&SC) and OPEL (Cumbria) arrangements in place locally.

Practices can remove themselves from the DoS temporarily if necessary. This will stop 111 booking into GP appointments slots for a certain amount of time.

## GP workload and safe working

The contractual changes imposed by NHSE do nothing to recognise the [pressures that GPs](#) are under. It is encouraged practices continue to use the BMA [safe working guidance](#) to enable you to prioritise safe patient care, within the present bounds of the GMS contract.

The BMA has also developed a [tool](#) to help with the increasing workload and to support practices with implementing a triage system if you wish to do so. The toolkit aims to provide a cost neutral aid to reduce the administrative burden on staff members, ensure patients are seen by the right clinician at the right time and allow GPs to spend their time where it is needed the most.





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## Meetings with minister and NHS England

The BMA GPC recently met with Neil O'Brien MP, Parliamentary Under Secretary of State for Primary Care and Public Health, and senior DHSC officials to discuss the result of the GPCE emergency meeting and the GP recovery plan ahead of its publication. During the meeting BMA GPC explained what the results of the ballot meant in terms of industrial action, the depth of feeling amongst GPs regarding the imposition of the current contract, and what must happen to address those concerns and restore GPs' faith in the Government. The Minister acknowledged the concerns and agreed to further meetings to discuss these issues, including funding, QOF, workforce and morale.

In addition, BMA GPC met Dr Amanda Doyle OBE, National Director for Primary Care and Community Services NHSE, who outlined the content of the GP recovery plan. Concerns were raised about a lack of direct investment in practices to address patient outcomes and improve recruitment and retention, but did agree that some aspects, including improvements to the primary secondary care interface, to reduce pressures on general practice had the potential to be beneficial. The BMA response to the plan can be [viewed here](#).

## LMC UK Conference 2023

17 LMC members and office staff will be attending the LMC UK Conference this week on 18-19 May in London. The [Agenda 'Hanging on a thread'](#) has been published and further information is available [here](#). We will provide you with an update following the event.

## Wellbeing resources

Practices are encouraged to focus on their own team's wellbeing and take some time to meet to reflect on wellbeing and what you can do to protect it. This will meet the requirements of the QOF targets in the GP contract to do your [quality improvement project on staff wellbeing](#).

The BMA have produced a [document](#) for practices which includes some tangible recommendations and tools for managing workload and reflecting on wellbeing.

NHS Practitioner Health has produced a fully customised mental wellbeing app tailored to the needs of patients. The app is now available to any member of the Primary Care Team. Please see the following link for more detail - [NHS PH Mental Wellbeing App \(practitionerhealth.nhs.uk\)](https://practitionerhealth.nhs.uk)

Please visit our [wellbeing page](#) for more information and resources.

## LMC pages and guidance for practices

Read LMC guidance for [GP practices](#)

Check out your LMC representatives: [The 5 LMCs](#)

See upcoming LMC and non LMC training events: [Training & Events](#)

Follow us on Twitter: [@nwlmcsc](#)

Contact us for advice and guidance on all things General Practice: [enquiries@nwlmcsc.org](mailto:enquiries@nwlmcsc.org)

