



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 19th November

Help Us Grow Our Audience

We understand that you are busy and are likely to receive many emails on a daily basis. However it is important for you to receive communications from us because **we can help and support you.**

We know there are many colleagues who do not receive our brieflet, so please help us by sharing this with your team and letting us know to add them to our distribution lists.

Contact Us

General Practice Alert State (GPAS)

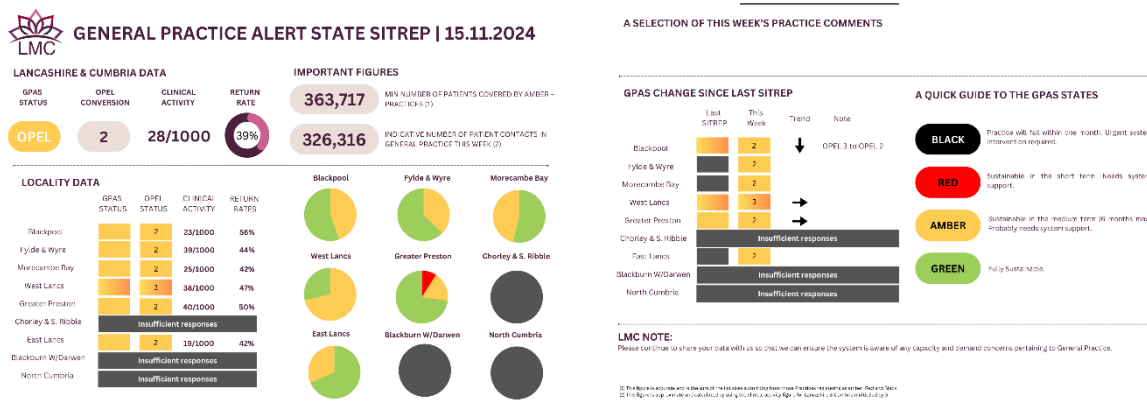
You can see the latest SitRep results below. Results can also be found [on our website](#).

The data we do not receive prevents us from providing a robust picture to system partners and hinders our efforts to push for more support on your behalf.

We really appreciate you taking to the time to **help us to help you.**

[Please let us know](#) if you are a Practice Manager and do not receive the GPAS input emails.

Please let us know if you have any questions/ issues



“Want some fries with that?”

The Primary Care – Secondary Care Interface really isn’t working – at all. Let’s call it PCSC going forwards, seeing as we are going to be talking about it a lot! Practices are being pushed to the extreme with regards to the goodwill they are willing to show.

“Dear Mr X,

We have discussed your case in our meeting today and we found that there is no abnormality seen on the MRI scan of the prostate and there is no reason to take any biopsies from the prostate at this stage. I will be recommending to you to get in touch with your doctor to get a PSA test every 6 months and if it

does get continuously high he can refer you back to us and we can review it further.

Yours sincerely”

The paragraph above is an example of a urology letter from a specialist addressed to the patient asking the practice to monitor PSA levels 6-monthly. No request was sent directly to the practice. It was a “Dear patient” letter – so they didn’t even have the professional courtesy of asking directly. They are now assuming that practices will take on whatever is sent our way.

Sometime later (six months) the patients PSA is raised (compared to the previous readings) and rightfully the practice – having not been given any guidance on what constitutes a “raised” value threshold – have gotten in touch with the urology department to ask them to comment on the PSA result. Their reply (via their medical secretaries) is given below:

“Hi, this patient is under the GP now for PSA surveillance so will leave with yourselves. If the GP is concerned, he would need to re-refer the patient back to us. Thanks”

I'm sorry but this is a completely unacceptable situation. Urology asked the GP practice to monitor the PSA (**unpaid non-core**) - which they are doing - and are now refusing to comment on the plan that they created. More importantly PSA surveillance is not actually anything but Secondary Care monitoring requests. Other parts of the country have a LES for this which further strengthens the argument that this is not core GP work.

Seeing that the PCSC interface is now well and truly broken, I'm not sure if we should be as obliging as a profession. Especially considering that this is very rarely reciprocated by Hospital colleagues. As "PSA surveillance" is unpaid work that practices are doing with little appreciation from the system practices do not need to engage with any such urology requests going forwards. Practices could go a step further and carry out a list search and send back all the patients currently being "monitored" at the request of urology back to the referring Secondary Care clinician. If this is the route taken practices should send these as routine referrals back to urology and not via the Fast Track pathway.

I have emailed the ICB and Medical Directors of Hospital Trusts about PCSC interface issues numerous times, but we still have no firm resolutions (or at least some communication publicly from the ICB to Hospital Trusts/Public Health) on MGUS/CLL, Scabies and similar outbreaks and now PSA issues. Despite our concerns we don't seem to be getting through to our SC colleagues, so I think we need to start being stronger in our push back.

General Practice cannot wait until the PCSC interface sorts this out. GPs are being asked to take on a huge risk at the expense of Secondary Care colleagues who seem completely ignorant of the fact that this is not core and certainly not being paid for. The least we should expect is some professional courtesy.

Dr Adam Janjua

LMC CEO

Chorley & South Ribble and Preston Peer-to-Peer Learning Event

This is a reminder of the first Central Lancashire session, for practices in Chorley & South Ribble and Preston will be held on **Tuesday 26th November, 9-11am, at Preston North End, Deepdale Stadium**. Details for a session in the West Lancashire locality will follow soon.

To support all practices to get involved, we have secured funding from the ICB to cover the attendance of one Practice Manager and one Lead GP from each practice, equivalent to 16 SMRs per practice. Equating to a total of £457.60 funding for attending the session. This means your year-end practice SMR target will be reduced by 16.

It's crucial that both a Practice Manager and a Lead GP attend to unlock the full funding from the ICB.

Please contact Rebecca.Noblett@nwlmc.org to secure your place today.

Lancashire Pennine & Morecambe Bay Peer-to-Peer Learning Event - Save the Date!

Please find below details for Lancashire Pennine and Morecambe Bay, further details will be sent shortly.

Morecambe Bay - 28th November 2024

Blackburn - Ewood, Blackburn Rovers Football Club - 3rd December 2024

East Lancashire - Landmark, Burnley - 10th December 2024

Focus on DDRB pay award

As part of the BMA [Guidance on the imposed 2024/25 GP contract](#), they have also published a [Focus on document on the 6% DDRB pay award](#) and how it is applied to the national practice contract baseline funding ('Global Sum') and allocated to practices.

General Practice Annual Electronic Self-Declaration (eDEC)

The electronic practice self-declaration (eDEC) is a mandatory collection which all GP practices in England must complete every year. The revised version was published on 11 October – read more [here](#).

Academy Matters - MLCSU IT Training Newsletter - November 2024

Please see the most recent MLCSU IT training newsletter: [November 2024 - MLCSU Academy](#)

Latest edition of Genomics in Practice

The latest edition of Genomics in Practice for GPs and Primary Care professionals is now available [here](#). - This edition is a collaboration with Macmillan Cancer Support.

LMC Training Events

Please see a list of upcoming training events being hosted by the LMC:

- [Conflict Management](#)

- [Sickness Management](#)

To book your place or find out more information, please contact

Rebecca.Noblett@nwlmc.org

LMC Vacancies

2 out of our 5 Committees have seats available for GP representation:

- North Cumbria - 2 seats available
- Central Lancashire - 3 seats available

We are keen to hear from GPs, including GP Registrars/ Trainees, who may wish to get involved to represent your constituents. [Please let us know](#) if you are interested in being a LMC member or would like to find out more.
