



Tuesday 22<sup>nd</sup> November 2022

## Notes from Your LMC Chief Executive

### Primary & Integrated Neighbourhood Care Transformation Programme Group (PINC) (Lancashire & South Cumbria)

I promised to let you know if anything came out of the meeting last Tuesday on the “Deep Dive” into the state of General Practice. I do get cynical about such management jargon, but it wasn’t so much of a deep dive and more a paddle around in a rubber dinghy at the surface trying to work out where to dive and when.

The focus was meant to be on workforce. Many of us were disappointed with the session so Lancs & SC ICB colleagues are looking at how best to address this urgent issue so we can tackle the underlying causes and try to make a difference. As usual, actions speak louder than words.

### ICB Management Structures (Lancs & South Cumbria)

Just an update on last week’s statement. Lancs & SC ICB Staff (ex CCG) are now being asked to apply for a scheme that will see them resign from their post and receive some compensation. It isn’t as good as redundancy, but some staff may find it attractive as it puts them more in control of their future. I understand that many staff are demoralised and may well see this as a way out. My main concern, beyond that for them as hard-working individuals, is the loss to primary care of people with a lot of knowledge of general practice who have built up relationships over the years.

I have also been advised that a statement has been made to these staff that if they don’t sign up to this scheme they will not be entitled to redundancy and the resultant ongoing costs of keeping them employed will mean cuts in patient services. I find this utterly disgraceful and unacceptable.

### GP Clinical Leadership (Lancs & South Cumbria)

I had a useful meeting last week with David Levy, Medical Director of Lancs & SC ICB, James Fleet the Lancs & SC ICB Director of HR and Sarah O’Brian, Chief Nurse of Lancs & SC ICB. We agreed that there were several issues relevant to GP Leadership, including their role within the proposed Care Professionals Boards. We reiterated there were some roles where only a GP would do, such as in clinical lead roles for Cancer, Mental Health etc. We were also reassured that safeguarding leads would be protected.

One of my team is currently going through the list of Clinical Leads with the Lancs & SC ICB HR team to review whether any of those staff on service contracts should be on employment contracts. We are meeting again on 1<sup>st</sup> December when it is hoped more detail will be available about the new Clinical Leadership structure. I will keep you updated as soon as I know anything.

### GP Voice Arrangements (Lancashire & South Cumbria)

We have our first meeting tonight of our GP Leaders across Lancs & SC ICB. This group is made up of PCN CDs, LMC Chairs/ Vice Chairs, Interim Clinical Leads (ex CCG) and federation GPs nominated from each of our local GP Voice Groups. Tonight’s meeting will be exploratory where we will agree how we wish to organise ourselves, what our priorities are that need addressing and how we will interact with colleagues in the acute and community/ mental health sector and Lancs & SC ICB. We will keep you posted.





### Annual England LMC Conference

A group of GPs from each LMC, together with my Lead Executives are travelling to London tomorrow to take part in the annual English LMC Conference. At this conference we will meet up with colleagues from LMCs across the Country and with BMA staff to address common national issues.

These include safety in general practice, mental health services, patient access to records, the energy/ inflation crisis and CQC bias. We will also be addressing the Fuller Stocktake, integrated care systems and interface issues with secondary care. The second day of conference is devoted to exploring the current GP Contract and how it should change in the light of the unprecedented pressures on general practice. The output of the second day will inform our negotiating strategy with regard to the new contract at the end of this current 5-year deal in March 2024.

### NHSE push to publicise information about GP Practices

You are no doubt aware that NHSE are to publish data about GP appointment numbers and systems in the next few weeks. No one has seen this data yet, but it likely to highlight that some practices see more patients than others, measured against some criteria.

The Lancs & Cumbria ICB Comms teams are sending out comms to each practice and to the media highlighting the limitations of this data and expressing caution as to how it is interpreted. We will be on hand to advise and support any practice that comes under the spotlight as a result of this publication. We understand it is only being shared in the first instance with NHS management, but it will soon leak to the media, and we need to be prepared.

As an aside we are also hearing that information is soon to be shared about Complaints made against general practice. We do not know what this will be at the moment but will let you know as soon as we do. It does seem that our government is trying to divert the spotlight away from its own failings onto general practice. We will push back hard on this.





# Update from the Consortium of Lancashire & Cumbria LMCs

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## LMC Roadshows - Survival of General Practice

The LMC has arranged 5 face to face roadshows taking place across Lancs and Cumbria. The events will take place from 18.30 – 21.00 with food available from 18.30. You can see the [flyers for the roadshows here](#). Please let [Rebecca](#) know if you would like to attend.

## GP workforce shortages

There have been [reports](#) that the Prime Minister has omitted the Government's manifesto pledge to increase the number of GPs by 6,000 by 2024 from the Health Secretary's to-do list. If this is the case, the Health Secretary has admitted that the Government has failed in its manifesto commitment.

Since the Government first pledged to grow the GP workforce, practices been decimated by workforce shortages, with GPs and their patients suffering the consequences. The latest [workforce figures for England](#) shows a loss to the equivalent of more than 1,800 full-time, fully qualified GPs since 2015. This long-term trend of decrease in GPs coincides with a rocketing demand with each practice having on average 2,131 more patients than in 2015.

Read more about the pressures in general practice [here](#) and the [BMA statement on workforce targets](#).

## World Antimicrobial Awareness Week – daily webinars

During World Antimicrobial Awareness Week (18-24 November), [NHSE's Antimicrobial Resistance \(AMR\) Programme are running a series of webinars for healthcare professionals to help support improvement and encourage best practice](#).

## Appointment data at practice level

The BMA GPC has met with NHS Digital to discuss their plans to publish GP appointments data (GPAD), which will be published at Practice level on 24 November 2022, in the form of an annex to the current publication. NHS Digital also informed the BMA that this publication will be further updated for April 2023, integrating practice level data into the report, and a dashboard of appointment data which will be available for ICBs to access. GPC raised concerns about the accuracy of the data, and its potential use, and NHS Digital agreed that further work is required.

## Scam Emails

We have been made aware of further fraudulent activity attempting to acquire payments for goods not supplied by invoicing using information gathered about practices. The scammer is pretending to be from a real company called HC Consumables Ltd. We wanted to warn practices of this and advise the following:

- Please be vigilant and beware of anyone calling or emailing on behalf of your normal supplier.
- Ask to speak to your normal sales representative or call them back using a phone number you know is correct.
- Check you have actually ordered and ask for proof of purchase.
- Carefully check your order before paying anything.

Please share this with your staff.





# Update from the Consortium of Lancashire & Cumbria LMCs

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## Updated webpages regarding travel with medications

Following recent correspondence with airlines regarding their requests for medical information to be provided by GPs, the BMA have updated their guidance online [here](#).

## GMS and PMS requirement to pass on DDRB recommended uplifts

Practices with a GMS contract, or with a post-2015 PMS contract, have a [contractual requirement](#) to “only offer employment to a general medical practitioner on terms which are no less favourable than those contained in the document entitled “Model terms and conditions of service for a salaried general practitioner employed by a GMS practice” published by the British Medical Association”.

The [Model Terms](#) states under clause 6 “Your salary will be increased by annual increments on [incremental date] each year and in accordance with the Government’s decision on the pay of general practitioners following the recommendation of the Doctors’ and Dentists’ Review Body”

Practices who have salaried GP employed under the terms of the model contract should offer the DDRB recommended 4.5% pay uplift as a minimum.

BMA GPC has lobbied for global sum to be uplifted to accommodate this increase for salaried GPs and other practice staff and will continue to do so. Read the [BMA’s statement about the DDRB](#)

## Health Education England training contract

Training practices are being asked to sign a [Health Education England training contract](#). As the BMA GPC did not have input into the development of this contract, they are currently in the process of reviewing the contents. Practices who have not already signed and are unsure about doing so should either seek advice or hold off until more guidance becomes available.

## Proposed Dispensing Feescales for GMS Contractors, England and Wales - 2021, October release

NHS Digital has published new dispensing feescales for GMS contractors from 1 October 2021. They are available [here](#).

## CQC clinical searches – new survey

The CQC developed a suite of clinical searches which are now routinely used when carrying out inspections of Practices. They were designed to focus on areas of clinical importance. CQC is undertaking a survey to identify how useful/ easy to use these searches have been. Practices are encouraged to complete the anonymous survey [here](#).

## MLCSU Academy

Practices are reminded that MLCSU Training Team offer specialist training in all things IT. [Read the latest](#) and past editions of their MLCSU Academy Newsletters on their [website](#) to find out more about training courses and online resources available to you.

## Practitioner Health Service

The Practitioner Health Service is [now open to everyone in any role working in primary care](#) who is struggling to access confidential care and support. Previously, the free NHS mental health and addiction service was only available to doctors, dentists, and staff grade 8D or above for self-referral.

