



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 28th November

Help us grow our audience - 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!](#)

General Practice Alert State (GPAS)

The LMC launched GPAS last week. Thank you to everyone that submitted data on behalf of your Practice. If you are a Practice Manager and have not received any details regarding GPAS [please let us know.](#) We will be sending the same email out every Tuesday asking you to input your data for Monday. We will also send out a reminder every Wednesday followed by a publication of anonymous SitRep results on Friday.

You can see the SitRep results from last Friday [on our website.](#)

LMC Soapboxes

The LMC hosts monthly 1 hour drop-in sessions via Microsoft Teams for all Practice Managers and GPs across Lancashire & Cumbria. The LMC soapbox is an opportunity for you to raise anything with your LMC, meet your representatives, hear about the services we can provide but most importantly, we would like to hear from you and how we can support you!

You are welcome to dip in and out - There is no requirement to stay the full hour and you are welcome to just listen.

You will receive posters via email with details of how to join the Soapbox for your area. Upcoming Soapbox's:

- Pennine: 28th November
- Central Lancashire: December TBC
- Fylde Coast: 1st December
- Morecambe Bay: 7th December
- Cumbria: 19th December

Please [let us know](#) if you have any questions!





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LMC England Conference 2023

Conference feedback from Dr Anna Butler- Reid, Chair of Lancashire Coastal LMC:

LMC Office staff and Representatives from our 5 LMCs attended the Annual Conference of England's LMCs in London last week. Thank you again to everyone who provided their feedback for us to take to the conference. Conference is an important opportunity for LMCs to meet, debate and vote on motions to inform policy to the BMA GPC. The GPC team take the policy and priorities into contract negotiations with the government.

Whilst voting supported many motions on the agenda that called for improved funding mechanisms and reduced workload, representatives did not vote to scrap LES's or for creating waiting lists in General Practice. There was strong support for increased funding for the core contract as well as funding for appraisal, appropriate remuneration for vaccination programmes, increased availability of the GP retainer programme, improved IT and improved pensions management.

2024 - 2025 Contract Negotiations

Negotiations are part way through for next years 2024-2025 contract. NHSE have indicated this will be a bridging/ extension contract whilst we await the outcome of any political changes with a potential General Election next year. We are aware of the potential impact and concerns this may give for our local practices and PCNs. PCNs have been successful in securing much needed additional funding and staffing to support practices. Whilst lobbying for additional funding for the core GMS contract (an increase from the current low level of 7.235% of NHS budget), it was acknowledged through the themed debate at conference that there were benefits from continuing some "at scale" working. There was support for additional funding allocation for supervision and training for ARRS roles, particularly those seeing undifferentiated illness.

Workload

High workload remains a concern and there was support for additional resources for the work that is undertaken in General Practice. Support was also given to calls for improvements and investment in other services including the neuro development pathway. It was highlighted that there is current guidance around what is appropriate and inappropriate workload for us to do in General Practice, including shared care arrangements with private providers. GPs continue to be asked to do work which is not core contract and we reserve the right to decline. You can [find the template letters on our website](#) or please get in touch. If you have any examples of work transfer that you consider is inappropriate please raise this to the LMC.

Sessional GP job plan

One hotly debated motion was around a 'gold standard' salaried GP job plan and accreditation system. Whilst voted down by conference due to concerns about funding and wording of the motion, it is important to note our current contract already supports this and allows for the implementation of safe working guidance. Our local practices should already be using BMA model contracts and job plans to support sessional colleagues with portfolio careers to utilise and support a wide variety of individual practitioner skills.





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Access

A welcome motion which was supported at conference was to stop any inappropriate regulatory or CQC criticism around access given the current demand and factors outside of practices control. Despite the lack of funding uplift and a reduction in GP workforce numbers, there has been an increase in activity with an additional 29 million more appointments than pre-pandemic.

Continuity of Care

During the workshops on the second morning of conference, we highlighted the importance of continuity of care not only for patients and practitioners but also the wider system. It was acknowledged that this is increasingly difficult to do without adequate resources. A frequently quoted rule of commissioning health- “Quick, Cheap, Safe” - proposes you can only have two of the three. Safe and Cheap? Can't be quick. During the discussion about potential new funding mechanisms there was broad support to continue with a capitation based payment at the core of future contracts. There were calls to revise the Carr Hill funding formula to include weighting for deprivation and co-morbidity regardless of age. We agreed this would be important to mitigate the risks of destabilising vulnerable practices and worsening health inequalities and provision of care in deprived areas.

Acute and Planned Care

Conference was clear that anything that threatened the very heart of what General Practice is - for example separating out urgent/ non urgent care, removal of home visits from core contract etc - fragments care and risks our ability to provide high quality services to our patients. There is concern that alternative services may have no demonstrable improvement in patient outcomes despite being at an increased cost to the system. Indeed it may jeopardise what it means to be a GP- an expert in undifferentiated illness and family medicine from cradle to grave - across many different GP settings regardless of employment or contractual status.

Conclusion

Whilst we await the outcomes of ongoing negotiations, and any contractual changes for workload capping and interface solutions, new GPC England Chair Katie Bramall-Stainer had some sage advice to do what we can to “control the speed of our own hamster wheel”.

There will be a BMA GP workforce survey published in coming weeks (which will be open to BMA and non BMA members) for you to give your individual feedback. In the meantime, if you are struggling with workload, wellbeing or workforce issues then you are not alone and there is support available - please do not hesitate to get in touch with the LMC office

