



Wednesday 30th November 2022

Notes from Your LMC Chief Executive

GP Voice Arrangements (Lancashire & South Cumbria)

We had our first ICB GP Leadership Team meeting last Tuesday night and it was well attended by GPs from across Lancs & S Cumbria GP Leadership Teams. We were unanimous in the need to strengthen GP influence at system level in addition to the work we do in each health community. We noted that we were working in a chaotic environment, both as the ICB sorts out its management arrangements and in the NHS at large. Also, the main focus is on acute targets and any money is aimed at the acute sector.

We are determined to ensure that our voice and influence is strong and focused on those matters that are important to our profession and practices. We are developing our proposed governance arrangements and how we will interact with system leaders and our acute, community and mental health colleagues.

Annual England LMC Conference

I was accompanied by 12 GPs from our 5 LMCs to the Annual LMC England Conference in London. As well as the formal business of the Conference we were able to meet up with colleagues from across the country to compare our experience at the hands of the Government and ICBs and the pressures within general practice. As you would expect there are some areas where we fare better than our colleagues elsewhere and others, particularly workforce where we are more challenged.

On the first day of Conference, we debated a range of motions covering all aspects of general practice. We will publish a full account of the day but for now I will highlight a few key moments.

We are still without our GPCE Chair, Dr Farah Jameel, so the opening address was given by Dr Kieran Sharrock, deputy GPCE Chair. He highlighted the increasing activity levels being delivered in general practice against a steady decrease in the number of GPs. He emphasised wellbeing, workload and safety in his address and suggested that we needed to contemplate patients having to wait longer for non-urgent appointments. He also talked about his aims for renegotiating the GP Contract at the end of the current 5-year deal. The emphasis should be on a contract that frees us from bureaucracy such that GPs can work with autonomy without monitoring. He also emphasised the importance of continuity of care being a key component of the contract.

The first motion to be debated was about safe working in General Practice and called on GPCE to use “safe capacity” and avoid “access” in communications and negotiations. This was passed by a huge majority.

There was a very impassioned motion about the breakdown of mental health services and the frustration of having urgent referrals to a consultant psychiatrist bounced back by some junior member of the mental health team. This appears to be almost universal across the country and the motion was very strongly supported. One of our Vice Chairs, Dan Berkeley, from Cumbria spoke in favour of this motion and described what he had done in West Cumbria to set up a local Primary Care Mental Health Service due to the total inadequacy of that provided by the Mental Health Trust. He was warmly applauded and has been contacted by Pulse to expand on his initiative.

Several of our delegates to conference were keen to speak on the various motions but Cumbria colleagues won the prize for their high profile. Unfortunately, when other colleagues wished to speak there were too many GPs in the queue and we ran out of time for that motion.





Our colleagues in Gateshead and North Tyne proposed a motion that asserted that the current contract and workload demands discriminated against female GPs. Unfortunately, it sort of back fired in that it was based on the premise that female GPs do all the child care and housework! However, the sentiment was not lost, and the motion was carried with overwhelming support. It included the “Dolly Parton” 9 – 5 proposal that, of course, the media jumped on. It was also noted that the gender pay gap is highest in General Practice compared to other professions.

We also debated the usual interface issues of Secondary Care dumping and how to counter this.

The second day of Conference was aimed at getting our views, through 4 workshops, on how to structure negotiations for the new contract when the 5 year deal ends in March 2024. This was a good opportunity for LMCs to express their views on:

- what should be included / excluded from the new contract
- what is the best alternative to the current PCN DES
- what options are there for GPs to perform non-NHS work
- if negotiations break down what actions would GPs be prepared to take.

At the end of the day, it was all brought together with key messages for the GPC Executive to take forward in negotiations with the Government.

NHSE push to publicise information about GP Practices

The information is now out about GP appointments and a top-level review is being shared at ICB level. There is some variance across Practices, but overall, we fare very well compared to the national picture.

As we feared the hostile press has got hold of some data and there is an unfortunate article in the Daily Mail about a GP working remotely in Cornwall. We will robustly defend any such hostile media coverage if it happens on our patch, and we are confident our management colleagues at ICB level are also supportive. In many ways this data shows how hard we all work.

Prospective Access to Health Records

At the 11th hour our national negotiators were able to get a stay of execution to this clumsy approach by Government to open up patient access to their records. We sent an urgent communication out to all practices yesterday:

Following extensive negotiations and discussions with NHSE we want to advise you that the national mass roll out that would have turned on prospective access to the medical record from 30th November 2022 is not now occurring for those who wish to delay the process. The BMA have written some [FAQs](#) which might help explain different scenarios.

One of our local GPs, David Wrigley from Carnforth was extremely active in national negotiations on this, and we must thank him for all his hard work.

We now need to know what happens next. Dr Mark Coley, our national lead on this has put out a very helpful analysis which we will share with everyone. It talks of a more measured systematic process by which practices can agree with their patients on the level of access that they might need. It builds on the splendid work that Dr Amir Hannan has been developing with his patients in West Pennine over the last 20 years





Update from the Consortium of Lancashire & Cumbria LMCs

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.

Private Bariatric Surgery Abroad

It has been brought to our attention that GP practices are concerned about the increasing numbers of patients who opt to have bariatric procedures overseas and return with an expectation of aftercare from their GP.

Patients who have paid for bariatric surgery abroad have a responsibility to review and plan for their aftercare and it is widely accepted that it is not appropriate for GPs to pick this up. The LMC has been in touch with the Lancs & South Cumbria Medicines Management Group to address their guidance which places the onus on the GP to undertake monitoring and provision of bloods/ supplements which is unsuitable.

We have also been liaising with the ICB Acute Provider Collaborative and it has been acknowledged to be an Acute issue across the ICB. We will keep you updated on this.

Patient Guidance - What happens when you are referred by your GP to see a Consultant privately?

The LMC has created a [guidance paper](#) which you can give to patients opting for private healthcare.

For further templates/ documents referring to workload please see [our website](#).

If there are any templates you would like the LMC to create to support you with workload, please get in touch.

Prescriptions Reimbursements

A letter dated 22 November has been sent to General Practice and commissioners providing advance notice of an important update on the correct process when submitting claims for drug reimbursements to NHSBSA.

Following upgrades to payment platforms the use of pooled lists for drug reimbursement will no longer be available. To support practices to make the necessary adjustments NHSBSA will, as a transitional measure, from October 2022 amend any pooled list drug reimbursement claims to the Senior GP Partner number. These transitional arrangements will remain in place until 31 March 2023.

From 1 April 2023 practices will be required to submit drug reimbursement claims using the GP prescriber number.

Supporting our NHS people through menopause: guidance for line managers and colleagues

NHSE has launched [national guidance for line managers and colleagues experiencing menopause](#). Three in five people believe their menopause symptoms have a negative impact on them at work and nearly one in three said they had been unable to go into work because of their symptoms.

