



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 8th October

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.

General Practice Alert State (GPAS)

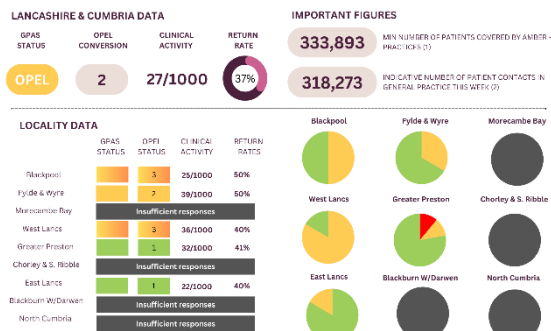
You can see the latest SitRep results below. Results can also be found [on our website](#).

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.

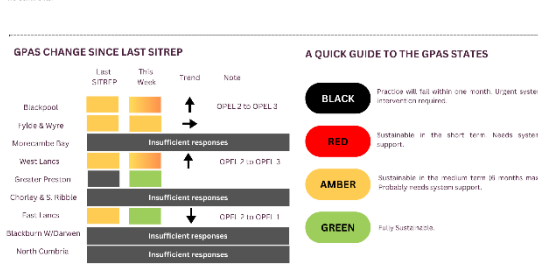
We really appreciate you taking to the time to **help us to help you**.

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

GENERAL PRACTICE ALERT STATE SITREP | 04.10.2024



A SELECTION OF THIS WEEK'S PRACTICE COMMENTS



LMC NOTE: Please continue to share your data with us so that we can ensure the system is aware of any capacity and demand concerns pertaining to General Practices.

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Rejection of Pathway - Sarcoma

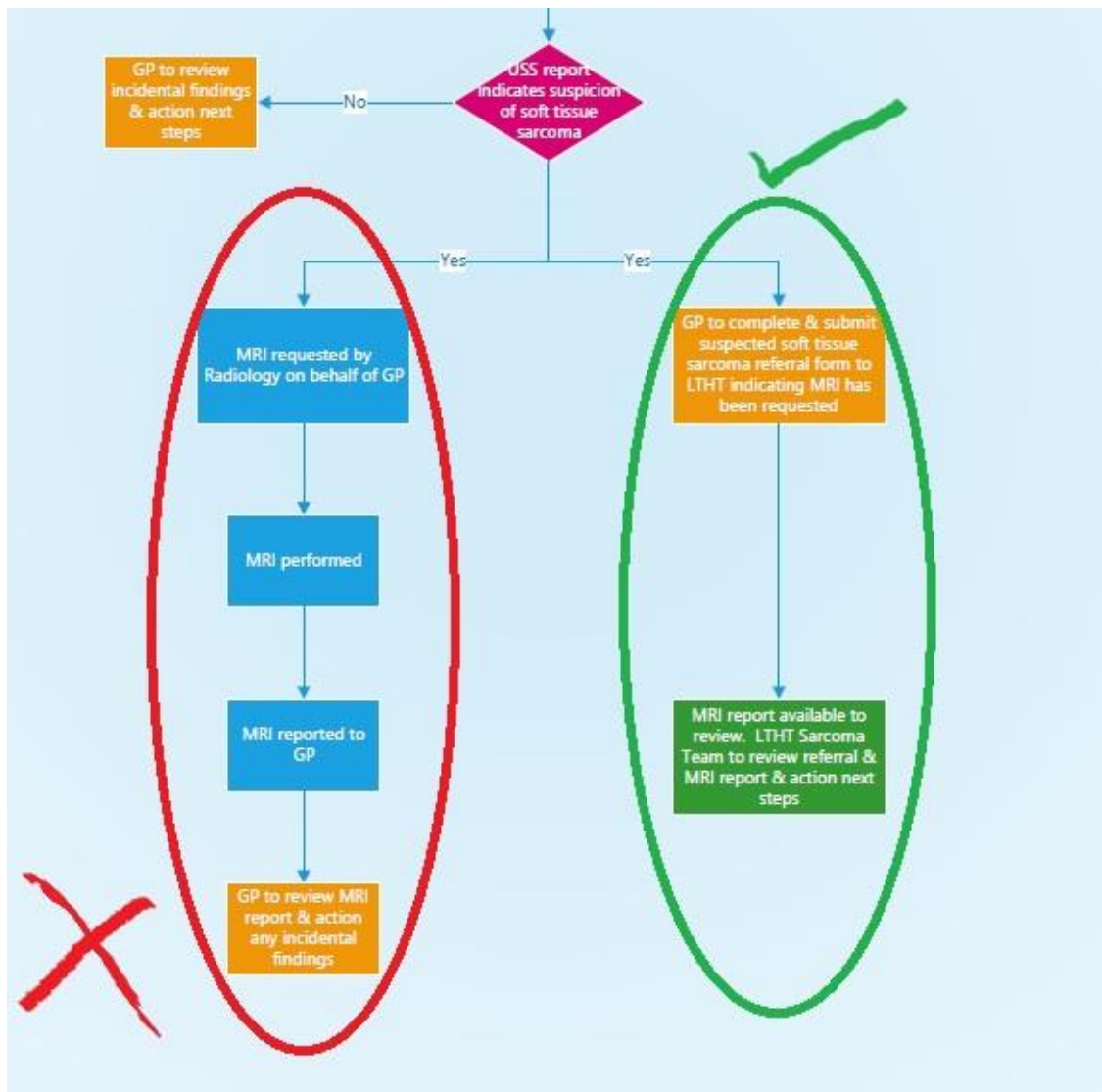
When is a pathway not a pathway?

This isn't a tough question. Not really – especially when you consider that the LMC has (time and time again) informed local NHS organisations that they must engage with the LMC on any pathway development that involves General Practice. Especially if this pathway will potentially impact GP workload. If we haven't been involved, then it's not a pathway we will recognise.

Yet repeatedly we find ourselves having various “pathways” brought to our attention that have had absolutely no LMC involvement or input. It then ceases to be a pathway and is instead just a colourful set of geometric objects that have absolutely no purpose.

We encounter so many pathways that seem to have one purpose: push more work onto GPs. “They are already doing millions of pounds worth of “free” work so what's a couple of million more to add to the pile?”

Someone just sent me a new version of the Sarcoma pathway (see below) and [here](#) for Lancashire. There is a whole new arm of the pathway which I have circled in red below to go with the previously agreed bit (circled in green):



The new (unacceptable) part of the “pathway” would like GPs to start actioning MRI Scan reports following the receipt of a suspicious Ultrasound (that GPs are also to arrange). This has not been agreed with the LMC and is an unacceptable workload push towards GP and risks making the GP Practice hold clinical responsibility for patients that should very clearly be on a two-week cancer pathway.

This is just one example of the mushrooming of pathways where organisations think that GPs will continue to absorb the ever-increasing workload shift from Secondary care. We must resist this encroachment with continuous resistance.

Primary Care cannot be responsible for bearing the burden of convenience for Secondary Care.

Here is a pathway that should be simple enough to follow – and this one has been approved by us.

Developing a pathway? → Have you involved the LMC?

Yes → Well done!

No → Back to square one!

GPs are the backbone of the NHS, not an afterthought.

As always please get in touch if you come across any rogue pathways so we can push back on your behalf. The LMC is here to defend your rights and safeguard your future.

Thank you

Dr Adam Janjua

Chief Executive - LMC

Collective Action LMC Feedback

The following infographics presents the results of a questionnaire practices received from LMC representatives. The questionnaire was aimed at identifying the Collection Action currently being undertaken by GP Practices, and sought to explore which specific measure Practices have implemented in response to recent calls for unified action within the profession. By analysing the responses we aim to provide insights into the extent of participation and highlight common trends.

We are still encouraging Practices to send us in their information anonymously, please find below the template questionnaire to complete and return.

[Central Lancashire Template](#)

[Lancashire Coastal Template](#)

[Lancashire Pennine Template](#)

[Morecambe Bay Template](#)

[Cumbria Template](#)



Collective Action Feedback - L&SC

Top three actions currently being undertaken by Practices in Lancashire & South Cumbria

1 - ACTION 5
Switch off GP Connect functionality to permit the entry of coding into the GP clinical record by 3rd party providers – many of you will have done this already

2 - ACTION 4
Stop rationing referrals, investigations & admissions. Lower your threshold for referrals to Secondary Care and others

3 - ACTION 1
Limit daily patient consultations to the UEMO recommended safe maximum of 25

FOCUS ON - ACTION 4

There is no contractual or regulatory requirement for GPs to fill out proformas. Demands by Trusts that referral forms or proformas are completed prior to accepting a patient referral or transfer of care creates additional workload and bureaucracy for GPs, particularly when the information being requested does not pertain to medical information.



The GMC's Good Medical Practice requires GPs to refer when it is necessary to do so in the patient's best interest, and when doing so to ensure a safe transfer of care. This requires any referral letter should include relevant information about the patient's medical condition, background PMH, current medication and any allergies. Given the urgency of two week wait referrals, however, GPC England recommends GPs should take a pragmatic approach and continue to use ZWW referral forms so as not to risk any form of delay in transfer of care. Further information regarding referrals and proformas is available [in this BMA guide](#).



Collective Action Feedback - North Cumbria

Top three actions currently being undertaken by Practices in North Cumbria

1 - ACTION 5
Switch off GP Connect functionality to permit the entry of coding into the GP clinical record by 3rd party providers – many of you will have done this already

2 - ACTION 8
Switch off medicine optimisation software – look at what the requirements are for this in your patch

3 - ACTION 4
Stop rationing referrals, investigations & admissions. Lower your threshold for referrals to secondary care and others

FOCUS ON - ACTION 4

There is no contractual or regulatory requirement for GPs to fill out proformas. Demands by Trusts that referral forms or proformas are completed prior to accepting a patient referral or transfer of care creates additional workload and bureaucracy for GPs, particularly when the information being requested does not pertain to medical information.



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To download please see below:

[Lancashire & South Cumbria](#)

[North Cumbria](#)

GP Action

The GPs Committee England met last week where they discussed the next steps of GP collective action as part of their '[Protect your Patients and Protect your Practice](#)' campaign and other upcoming issues affecting General Practice.

They are encouraging practices to continue to take action using their [safe sustainable action menu](#). It is up to each practice to choose which actions to take, and whether to do one, or

many. None of them represent a breach of your contract, but they will help you manage your workload and keep you and your patients safe.

The BMA [GP practice survival toolkit](#) provides for a menu of actions you can choose from, to support a safer delivery of services for patients and practice teams:

- Limit daily patient contacts per clinician to the [UEMO recommended safe maximum of 25](#)
- Serving notice on voluntary services that plug local commissioning gaps
- Cost up the value of providing locally commissioned services and serve notice on contracts which are undermining practices' ability to sustain a service
- Withdraw permission from secondary-use data sharing agreements
- Freeze sign-up to new data sharing platforms
- Stop engaging with the e-Referral Advice & Guidance pathway
- Stop rationing referrals, investigations, and admissions
- Switch off GP Connect Update Record Functionality
- Ignore medicine optimisation software which diminishes patient choice in return for system savings never seen by GP practices
- Defer your PCN declaration regarding online triage to 2025

The BMA are urging the Government to engage constructively with us as soon as possible to determine short, medium, and long-term solutions to save General Practice.

Urgent action required re: 4G data sim cards (GP practices in MLCSU supported areas only)

In MLCSU supported areas there are currently approximately 250 4G data sim cards in use within GP practice devices. Due to supplier contract changes happening soon, practices will be required to take action to ensure the continued connectivity in those devices with existing mobile data sims.

Details have already been shared directly with practices but are repeated here for reference. Please do not delay acting on the enclosed updates:

- [L&SC Update 1](#)
- [L&SC Update 2](#)
- [Poster](#)

We are advised any queries can be directed to Alistair Riley at MLCSU: alistairriley@nhs.net

Managing Inappropriate Workload

We have recently uploaded new guidance within the Managing Inappropriate Workload section of our website. This includes templates for MGUS, CLL and a disclaimer template for not using the standard referral letter. They are available to view [here](#).

GP IRS - 07.10.24

The latest GP IRS update is available to view [here](#).

Practice Resilience – Promoting a Healthy Partnership

Are you interested in joining a Partnership or are you new to joining?

Does your current partnership not have a partnership agreement?

Would you like to learn more about how a partnership agreement can protect you and your fellow partners?

Join us for a one off training session on all things partnership agreements! In that session we will go through what clauses are important to have included and why. We will also discuss

how a partnership agreement contributes to a resilient partnership and how it can protect the individual partners, outlining particular liabilities etc.

Date: Tues 19th November – 9am arrival, 9.30am start – 11.30pm

Venue: Ribby Hall, Preston

If you are interested then please get in touch with our Events Officer - Rebecca.Noble@nwlmc.org

Propranolol Letter

Please find letter raising the potential risks of overdose in Propranolol [here](#) from Lancashire & South Cumbria ICB.

Modern General Practice Transition Funding - Still Available (L&SC ICB area)

The funding to support practices to move to a [Modern General Practice](#) model is available until the end of March 2025. If you are interested in moving to this model and applying for the transition funding, please ensure your [application](#) is fully completed and return to your Primary Care Place Team, email addresses below:

Lancashire Central & West – primarycare.chorleypreston@nhs.net

S Cumbria, Lancs North & Blackpool – Lscicb-bl.healthierlsc.scnlbprimary@nhs.net

Lancashire East & Blackburn with Darwen – Pennineccgs.primarycare@nhs.net

Practices who have had their application approved but have not yet submitted their evidence for reimbursement will also need to meet the March 2025 deadline.

GP Additional Roles Reimbursement Scheme (ARRS)

The updated PCN DES bringing in the GP ARRS was released last week. Pay for these roles will be set at the lowest level of the DDRB recommended sessional pay range, with PCNs able to claim up to £92,462 (including on costs), together with London weighting if applicable. The funding available to PCNs to fund these roles will be £1,303 multiplied by the PCN Contractor Weighted Population on 1 January 2024. The GP in ARRS allocation is separate to the pre-existing ARRS allocation, and PCNs cannot cross-subsidise between the two funding streams.

GPs employed via the Scheme must be within 2 years of their CCT on 1/10/24 and PCNs will be required to provide terms no less favourable than the BMA salaried GP model contract, in line with the GMS/PMS contract. There are, however, no requirements on how these GPs should be utilised within the PCN. GPC England and the Sessional GPs Committee will be releasing guidance for PCNs, and individuals employed under this scheme, shortly.

Whilst there is progress in acknowledging the difficulties currently faced by many GPs struggling to find jobs, the BMA continue to stress to NHSE and the DHSC the underlying issue of GP unemployment and how this needs to be better addressed through additional support and funding at a practice level.

RCGP Changes Position on Physician Associates

At its September UK Council meeting, the RCGP voted to oppose a role for physician associates in General Practice, with 61% of members voting for the change of position. However, the College will still be pushing ahead with planned guidance development given the pre-existing presence of PAs in General Practice. The RCGP also voted to expunge a paragraph from their draft scope of practice guidance which would have exempted PAs already working in General Practice from the scope limits. The College now plan further work on this guidance before publication.

GPC UK recently published the guidance [Physician associates in General Practice: making it safe for patients and GPs](#) and will be discussing the RCGPs change in position at its next meeting on 17 October.

New Dispensing Fee Scales

The [new dispensing fee scales](#) for England and Wales, effective from 1st October 2024, have been published, showing a reduction in the average dispensing fee to 218.7p per item (average), a decrease of 0.2p compared with April 2024. This reduction is based on a new methodology designed to further smooth out the fluctuations seen in the previous biannual fee adjustments.

Dispensing fees are intended to cover the costs of running a dispensary, including staff expenses. However, from April 2025, the average fee is set to reduce further by 5.37p per item (on average) to 213.3p (compared to the October 2024 rate). This continued downward trend may prove to be a tipping point for some dispensing practices, as the cumulative impact of under funding in rural practices takes its toll. GPC England continues to work closely with the Dispensing Doctors Association; both organisations recognise and promote the value of dispensing practices to their patients and within their communities.

General Practice Appointment Infographics - August 2024

We have created infographics for Practices to use in your waiting rooms, websites and social media. These infographics raise patient awareness on the current state of General Practice and how practices are operating.

Some example infographics can be seen below. Feel free to pick and choose the images that are suitable for your practices needs [on our website](#).

If you would like the images in a different format [please get in touch](#).



Lancashire & South Cumbria GP Appointments

Data published September 2024 by NHS Digital

771,000

GP SURGERY APPOINTMENTS WERE OFFERED IN AUGUST

534,000

69% OF ALL PATIENTS WERE SEEN FACE TO FACE

384,000

50% WERE SEEN WITHIN 24 HOURS OF CONTACTING THEIR PRACTICE



- ✓ Our Receptionists and Care Navigators are here to help! Please be as specific as possible when discussing your needs. **You may not always need to see a GP.**
- ✓ Patients will be offered appointments with the **right clinician at the right place and within the right timeframe** - based on **clinical urgency and need.**
- ✓ Our Practice teams are here to help, not be hurt. **Aggressive, violent or threatening behaviour towards our staff will not be tolerated #BeKind**
- ✓ **Practice self-care prior to contacting NHS services for your minor illness.**
- ✓ GPs have no control over hospital waiting lists or follow up appointments.
- ✓ Tests ordered by the hospital will be followed up by the hospital.
- ✓ We are working as hard as we can to **meet your needs.**
- ✓ **We are grateful for your patience and support.**



North Cumbria GP Appointments

Data published September 2024 by NHS Digital

173,000

GP APPOINTMENTS WERE OFFERED IN AUGUST

97,000

56% OF ALL PATIENTS WERE SEEN FACE TO FACE

89,000

51% WERE SEEN WITHIN 24 HOURS OF CONTACTING THEIR PRACTICE



- ✓ Our Receptionists and Care Navigators are here to help! Please be as specific as possible when discussing your needs. **You may not always need to see a GP.**
- ✓ Patients will be offered appointments with the **right clinician at the right place and within the right timeframe** - based on **clinical urgency and need.**
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LMC Training Events

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

- [Complaints Training](#)
- [Managing Poor Employee Performance](#)
- [CQC Update](#)
- [Change Management](#)
- [Conflict Management](#)
- [Sickness Management](#)

To book your place or find out more information, please contact Rebecca.Noble@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.