



Tuesday 1st November 2022

Notes from Your LMC Chief Executive

Prospective Online Patient Access to Records

This appears to be turning into a total shambles. We acknowledge that some practices will be confident in switching on prospective access and have made all the necessary preparations to minimise risks to patients.

However many practices do not have this confidence and the pressures /workforce shortages means they are not in a position to allow total risk free patient access at this time.

As ever the LMC will support every practice, whatever their decision.

We had thought that the national position was now clear – only yesterday EMIS notified practices that they would not be switching on prospective access in view of the difficulties and risks being expressed. The situation changed overnight, and we are now told it is going to be switched on “imminently.” We had understood that the talks had been reasonably positive between BMA and NHSE, but it appears our political masters have a different agenda. It appears to be a battle of wills between BMA, NHSE and the Government. Hence, we sent out an urgent message to all GPs and practices this morning:

This morning there appears to be a change of approach and that prospective access is going to be turned on imminently for any practice that hasn't sent in a template letter, despite the messages from system suppliers yesterday.

For those that have sent in letters - access is planned to be turned on 30th November (after a 4-week delay) irrespective of your wishes.

If you do not want your patients to have access from today and have not sent a template letter, please do this as soon as possible today – Template attached.

The only options for stopping an uncontrolled and chaotic rollout is to bulk add the enhanced review indicated code to your patient population and proceed at a pace which you think is safe.

If you are happy to have access turned on you don't need to do anything.

Further BMA [advice is here](#).

The Future of the Fuller Stocktake

Last week I highlighted to you the Health and Social Care Select Committee Report on “The Future of General Practice” A fundamental issue in this report was that Continuity of Care was more important than Access. This would seem to challenge the very basis of the Fuller Stocktake. Whether the Government acts on the report remains to be seen and we are not clear whether the new Health Secretary will review existing government policy on the NHS.

The one thing that is clear is that there is not going to be any spare cash flying around so we can expect a period of relative austerity for the NHS (It does seem to be protected more than some government departments). Given that Fuller was predicated on there being extra money for primary care this also puts Fuller implementation in doubt.





We understand that the Health and Social Care Select Committee Report will be used by the BMA as a major lever in their discussions with NHSE in Contract negotiations.

Locally we have carried out a survey of all GPs to establish their views on the main proposals within the Fuller Stocktake. The results make interesting reading, and we will be sharing them with you in the near future. We are also presenting them to ICB senior management.

I am trying to bring together several threads –

- [Fuller Stocktake](#)
- [Safe Working in General Practice](#)
- [Health and Social Care Select Committee Report](#)

to see if we can glean a sense of direction for general practice and help you cope in these difficult and turbulent times. I am organising a series of roadshows to share with you my thoughts on this and hear at first hand your views on how we can move forward, protect, and sustain general practice. They are likely to take place in early December.

The GP Voice at ICB Level

We now have good Alliances / GP Leadership Teams in each of our health communities. We are using these to combine the experience and strengths of GP leaders from PCNs, Federations, ex CCG leaders and the LMC to feed into the decision-making processes in each health community.

However, it is increasingly obvious that we need a strong voice at ICB level. It is at that level that the GP Contract is commissioned and our Acute and Community Colleagues are also seeking to engage with us on ICB wide issues. We are therefore calling together representatives from each of our local groups to form an ICB wide Group. We are hoping to have our first meeting this month.





Update from the Consortium of Lancashire & Cumbria LMCs

CQC changes

CQC are in the process of introducing a new approach to regulation. They will be using a single assessment framework which will apply to providers, local authorities, and integrated care systems. For now, they will continue to monitor via the current format.

We will keep you updated and inform you when the changes are due to take place. If you have any questions in the meantime, please get in touch with [Toni in the LMC office](#).

Support eligible patients to get a medical exemption certificate

Patients with certain medical conditions are only entitled to free NHS prescriptions if they have a medical exemption certificate. General practice teams should support eligible patients to apply for the certificate by providing the application, form FP92A, and completing the doctor's statement. Read more about [medical exemption certificates](#).

Get Veteran Friendly Accredited this Remembrance Day

With Remembrance Day soon approaching, it is encouraged GP practice staff to [apply for the RCGP's Veteran Friendly accreditation](#) to best support veterans.

More than half of veterans (52%) have a long-term illness or disability, yet research suggests many may be reluctant to seek support for their issues, particularly if they feel they may not be understood. With an estimated two million veterans in the UK, the average general practice sees a veteran patient every day. Being able to identify and support veteran patients is crucial to ensuring best outcomes, as they may face different health challenges to the general population.

Training courses for professionals who care for children and young people with asthma

[Training courses for healthcare and non-healthcare professionals, including GPs and practice nurses, who care for children and young people with asthma](#), are now available.

Currently, the UK has some of the highest death rates in Europe for childhood asthma and outcomes are worse for those living in the most deprived areas. NHSE have published the [national bundle of care for children and young people with asthma](#) to support asthma care.

The training is divided into four tiers – each describes the level of care a professional is expected to deliver. This training provides a clear structure for both health and non-healthcare professionals to understand what knowledge they need and where to access training.

