



# Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 9<sup>th</sup> November 2021

## Subsidy issues – Premises

In light of system transitions taking place in early 2022, practices have contacted the LMC regarding their worries over continuing subsidy arrangements for their premises.

If you think there is a risk around your current subsidy arrangement, then we are asking practices to please review documentation you hold and let us know what you think the risk is i.e., whether the current local arrangement is not in writing at present. There may also be ongoing commitments or building projects about to start that you are worried is not evidenced in writing or whether the current plans will change (which is unlikely). Please share any concerns you have with [Abigail Askew](#).

We will then advise practices going forward once we have gathered this information.

## Firearms

An update to Firearms licencing legislation should have been published on 20 October, however, following the tragic death of Sir David Amess it was postponed. Since then, documents have been published on the government website on 1 November.

Key points:

- Medical suitability can be obtained from GPs or ***‘another suitably qualified doctor registered with the GMC’***. It also states that this can be obtained by a doctor from a private company (although in these instances the doctor ***‘must receive the applicant’s medical information direct from the GP practice and not via the applicant’***)
- All firearms holders must be and remain registered with an NHS GP throughout their period of application and licensing.
- A list of conditions considered incompatible with holding a firearms licence has been compiled and is with tech colleagues so that the codes are inputted so that if a firearms licence holder or potential firearms licence holder has suffered from an incompatible condition or starts to suffer from such a condition then provided (**on a best endeavours basis**) the application for a firearm is coded into the computer an alert will pop up on screen rather like the sepsis alert which should advise the GP to notify the firearms licensing officer of a potential medical condition conflicting with the ability to hold a firearms licence.

More can be found [here](#).

It is also worth noting that a GP does not determine an applicant’s suitability for issuing a firearms licence and is the responsibility of the police under all circumstances. The LMC are looking to arrange a meeting with the local constabulary to discuss this matter further. After this meeting an additional update will follow.

Please do get in touch if you have any questions.





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## GP earnings threshold

Due to the imposition of contract regulations in October 2021, it is now a contractual requirement to ensure [GPs earning over the earnings threshold \(£150k\) to declare their income](#).

Declarations apply to GP partners, GP subcontractors or locum GPs operating under the core contract and earning above the income threshold, and if they fail to declare their earnings, then the practice will be in breach of its core contract.

Individuals employed by the contractor or employed by a sub-contractor (including where a locum GP is engaged by a third party to provide services) are not within scope and so do not need to declare their earnings. Therefore, salaried GPs and those who are employed by a contractor or sub-contractor, which is a company, and the individual is not named on the contract or sub-contract, will not need to declare their earnings if above the threshold. Company directors are also not included unless they fall under the definition above. If the practice breaches its contract, the Commissioner can take action against the practice and the BMA cannot prevent them from doing this due to the inadequacy of trade union laws in protecting GP Partners.

Through the act of self-declaration, the individual will be consenting to publication. Individuals should, therefore, carefully consider the implications before self-declaration. The BMA has highlighted that this policy provides no benefit to patients but will potentially increase acts of aggression and abuse toward GPs and practices. It will be damaging to morale among the profession and wholly counterproductive in terms of the ability to recruit and retain GPs. The position the government and NHSEI have taken on this matter, singling out GPs alone rather than applying this requirement to all other healthcare professionals, is completely unacceptable. The BMA will continue to do all they can to address this.

Read more about the consequences of taking this action or not in the BMA [Indicative action supporting information](#)

## Response from the Secretary of State on the Government 'access package'

Following the emergency GPC England meeting on 21 October [the BMA GPC wrote to the Secretary of State for Health & Social Care](#) to highlight concerns about the government's GP access package. They outlined why the existing package had been rejected and was insufficient to meet the needs of patients or adequately support GPs and practice staff. They also stated that GPC England's resolutions in relation to the access package meant the BMA would now be carrying out an indicative ballot of GP members.

Last week the BMA received a response from the Secretary of State who praised the work of general practice and outlined measures to address abuse of NHS workers. However, he did not address the key concerns reading the lack of measures to reduce bureaucracy, resourcing premises and providing more support in an accessible way. The BMA GPC will continue to lobby the Secretary of State and Government to what is really needed for GPs and practices, as they progress with the indicative ballot.





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## BMA Virtual GP parliamentary drop in event

The BMA held a virtual parliamentary drop in event last week to address the scapegoating of general practice in the media and to provide MPs with the facts about how general practice is meeting the needs of its patients, and what more government must do to support GPs to meet the growing demands placed upon them.

The event was attended by over 20 MPs and their staff from across the political parties included helpful discussions on overall access to general practice; what MPs could do to support practices in their local areas - including tackling abuse; what was missing from the access package; and how recent statistics showed that GPs are doing more than ever, despite receiving insufficient resource and support to meet this growing demand.

The BMA will be following up with attending MPs to ask them to further support the campaign both within parliament and within their local constituencies. The LMC has also contacted local MPs and have upcoming meetings with them. We will keep you updated following these meetings.

## TPP access to records

As part of the accelerated access to records programme, practices will have seen communications about patient access to records held in TPP SystemOne is planned to go live in December, with EMIS and Vision to follow in 2022. GPC England has been engaged in discussions on this and have expressed significant concerns, including the timing of the launch during winter months, with anticipated unprecedented demand adding to patient safety risks that would result from a December rollout. The BMA GPC are seeking a pause to ensure the views of the profession are better represented and the programme delayed until there is appropriate time to work through our list of concerns.

The LMC are also looking into this and are in the process of arranging a meeting with the CSU.

## NHS Confederation – an open letter to primary care

The chair of NHS Confederation, Lord Victor Adebawale, has written an [open letter](#) to everyone working in primary care. He says:

‘I want to say thank you on behalf of this organisation to everyone who works in primary care. You don’t need me to tell you how challenging the past 20 months have been. Primary care has met those challenges head-on, rapidly adapting to new ways of working and managing nearly 250 million appointments from January to August.

We know that primary care is a team sport. You have worked together across practices, primary care networks, primary care federations, at place level, and you are taking up the mantle as the drivers of system working too.’ Read the full letter [here](#)





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## New GP workforce data

The latest [GP workforce data](#) for September show the continuing contraction of the General Practice workforce, which the Government's clearly failed to acknowledge in its 'rescue package'.

September's data shows only a total increase of 42 FTE GPs compared to the previous month – which is an increase of 99 fully qualified GPs set against a loss of 57 trainees. This increase is clearly insufficient to cope with the current workload, with the enormous jump in [GP appointments](#) in the last month alone (up by 4.7 million, from 23.9 million to 28.6 million).

General practice is now the equivalent of 1,704 fewer fully qualified FTE GPs than 2015 levels. Over the last year (September 2020 to September 2021) general practice has lost 154 fully qualified GPs (a gain of 759 salaried and locum, set against a loss of 913 partners), and 282 fully qualified FTE GPs (430 FTE Partners set against a gain of 148 FTE Salaried).

Meanwhile, the number of patients continues to rise, which means the number of fully qualified GPs per 1,000 patients in England is likely to further fall soon (currently 0.45, compared to 0.52 in 2015) Full analysis can be found on the BMA's [Pressures in General Practice](#) webpage. Read the BMA [press statement](#).

## BMA COVID-19 data analysis

The latest BMA COVID-19 data analysis is [attached](#).

## King's College London brief survey into the management of IBS in primary care

King's College London are currently carrying out research that aims to capture how Irritable Bowel Syndrome (IBS) is diagnosed in clinical practice by GPs and the dietary advice provided to patients with IBS. They would like to ask GPs to participate in a short [survey](#) that should take no longer than 5 minutes.

Upon completion of the questionnaire, you will be eligible to enter a prize to win a 32GB iPad.

