



Update from the Consortium of Lancashire & Cumbria LMCs

Thursday 12th May 2022

UK LMC Conference

Members of the LMC office and GPs from our 5 consortium committees attended the UK LMC Conference in York this week. The full agenda from the two days can be read [here](#). We will have a further update and feedback on the conference in our next Brieflet.

Rebuild General Practice

The [Rebuild General Practice Campaign](#) continues to tackle the crisis facing general practice. GPs from across Great Britain called for government support to recruit and retain doctors in general practice. Watch the film [here](#).

The film was released alongside new data highlighting how workforce and workload pressures are impacting the mental health of GPs. This includes 84% of GPs have felt symptoms of anxiety, stress or depression because of their job in the last year.

There has been considerable interest from both national and regional media outlets, but we need your help to amplify the message and make the campaign a success. Show your support by sharing the video on [social media](#) and using the **#RebuildGP**. You can also follow and share content, news, and updates on the campaign on [Twitter here](#).

Contact [Mariah](#) if you would like further involvement in the campaign – you can sign up for media training and speak to local media, learn more about how to engage your local MP, and join the team of GPs working together to Rebuild General Practice.

PCN Governance Webinar

If you missed the PCN Governance Webinar with Nils Christiansen from DR Solicitors, you can watch the recorded meeting on our [YouTube on the following link here](#).

Nils presented on incorporation, employment options, money management and organisational structure in PCNs which lasted around one hour.

GP workforce and appointment data

The latest [GP data](#) releases on workforce and appointment bookings (both for March 2022) show that while appointments in England were up by 4 million, GP numbers continued to spiral downwards. Compared with this time a year ago, England has the equivalent of 369 fewer full-time, fully qualified GPs – having lost 30 in the most recent month alone. This means each day there is one less doctor for patients to see. On top of that, we have lost almost 1,600, fully qualified, full-time equivalent GPs since 2015 (when the current collection method began).

Read the BMA analysis about pressures in general practice on their analysis webpage [here](#) and the full BMA statement [here](#).

In addition, the March release of the appointment's dataset includes for the first-time statistics on: the duration of appointments, SDS role and the recorded national category, service setting and context type of the appointment. Further information can be found [here](#).





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GP abuse

A UK-wide [survey](#) by the Medical and Dental Defence Union of Scotland found that three out of four GPs reported facing increased patient abuse during the COVID-19 pandemic. Read the full [BMA statement](#).

We offer the [Support and Development Service](#) for GPs and Practice staff in need of support.

Health and Care Bill becoming an Act

The [Health and Care Bill for England](#) has now [received Royal Assent](#), meaning it is now an Act of Parliament. The BMA has said consistently that this is the [wrong bill at the wrong time](#), which completely fails to address the main problems the NHS and our members are facing: too few resources, a crisis in social care and crucially, a huge shortfall of staff.

While we have seen some concessions from the Government – responding to BMA calls for greater protection from private providers influencing commissioning decisions via membership of NHS decision-making bodies, and safeguards to help prevent undue political interference in the running of local health and care services - ministers have ultimately failed to listen to frontline workers and demonstrate its commitment to safely staff the NHS and care services.

As the Bill now becomes an Act the BMA will continue to campaign for a publicly funded, publicly provided and publicly accountable NHS that gets the investment it needs, is properly staffed and protects the health and wellbeing of its workers so they are able to provide the high quality and timely care that patients deserve. You can find out more about the changes, what they mean for you and BMA work on the Bill [here](#).

GPFR pilot

A new pilot has started to trial a replacement to the existing [GPFR](#) (General Practice Factual Reports – also known as DS1500 or the PIP form), which GPs are asked to complete to support patients' claims for Personal Independence Payment. The new form is designed to be quicker and easier for GPs to complete, whilst still capturing the information needed. The trial will run for six months and DWP hope that GPs will engage with it and provide any helpful feedback and comments they may have on the new form. During the pilot GPs may sometimes receive the existing GPFR and may sometimes receive the version being trialled.

Lancaster Medical School actively recruiting new medical student placements

Consider placing MBChB medical students with you in General Practice for 22-23 academic year. [Lancaster Medical School](#) continues to expand and thrive with additional student numbers now moving through to the upper years. They need more GP and Community Placements.

They are in particular need of additional Y5 GP and community placements as a priority, as higher student numbers move through to this year. They also need Y3 GP placements. Perhaps you have capacity for both- they have varying levels of commitment.

See [attached document](#) for further details or contact them on lmsprimarycare@lancaster.ac.uk

