



Tuesday 13th December 2022

Notes from Your LMC Chief Executive

Strep A

Yet again, general practice is being inundated with an unforeseen outbreak of an infection with little preparation or signs of support coming to us. I am hearing from practices across the board that you are being inundated with requests for appointments from anxious parents. Fortunately, most will be found to be the normal coughs and colds of the season but I can well understand that you will need to respond to such requests.

This is a major disruption to a service that is already overwhelmed, and you are forced to prioritise seeing these children over other requests for appointments. It rather brings forward the need to prioritise your workload along the lines of the BMA document "[Safe working in General Practice.](#)" More of this later in this report.

[A letter](#) came out of NHSE on 8th December, signed by Amanda Doyle stating:

"This increased demand is placing pressures across 111, primary care and emergency services. Please therefore consider steps to boost in-person assessment capacity including:

- *acute respiratory infection hubs (where they exist or setting these up where they do not)*
- *across primary care*
- *enhanced access hubs*
- *local out-of-hours services*
- *urgent treatment centres"*

Yesterday a letter came out from NHSE requiring ICBs to set up "Acute Respiratory Hubs" on a footprint of no less than ¼ million population. It did not allow for any funds to be made available to practices or PCNs. £1.3m has been set aside for this purpose in Lancs & S Cumbria.

We believe this to be, yet again, a centrally imposed solution that excludes direct help to those most affected – i.e. general practice. We are working with GP colleagues across the ICB to see what can be done in the short term to give practices some relief. We are aware that other areas of the country have given direct support to general practice. In addition, we are seeking respite from other commitments such as QOF and IIF in line with our national negotiators ask of NHSE.

- *A formal request for a cessation to QOF and IIF targets to allow practices to focus on the current workload pressures*
- *Encourage all practices facing excess pressure to register this with their ICB via formal or informal OPEL/[GPAS](#) reporting*
- *All LMCs to communicate to practices the importance of realistic OPEL/[GPAS](#) reporting*
- *LMCs agree with ICBs what escalation processes are in place for when practices hit red or black on their OPEL/[GPAS](#)*
- *ICBs should also produce communications to inform local communities about these agreed escalation plans and operational procedures*

We will keep you informed of any success we get in our discussions with the ICB.





Roadshows – The Survival of General Practice

I have now facilitated 4 [roadshows](#) with the remaining area, Pennine Lancs, taking place this Thursday. There are two documents we explored in these workshops: The [BMA Guidance](#) on how to improve the safety of services in practices (by managing demand) and the [Health Select Committee Report](#) on the state of general practice. These documents give some indications of what practices can do now to halt the inexorable rise in demand that leads to stress, burnout and GPs leaving. Ultimately, when you are stretched to a certain limit the service for patients becomes unsafe.

The events have been attended by a cross section of GPs and practices and have stimulated lively debate. Whilst some of the proposals, at first sight, may seem alien to the culture of general practice, the status quo is no longer an option. The situation will get progressively worse with fewer and fewer GPs treating greater numbers of patients. We were all firmly of the view that there is no rescue package coming from government so we have to think about what we can do ourselves, in each practice to take greater control of our workload.

We acknowledged that this is the start of a journey and individual practices can't change working practices overnight. We have to take our patients with us on this journey and there is a lot to be said for taking a uniform approach across an area rather than individual practices standing out.

We will be writing up the experience of the workshops and share it with you in due course. We are also working with the BMA to develop a set of tools that practices can utilise to fit their circumstances. You can be confident that your LMC will be with you all the way on this.

ICB Management Review

The process of redesigning the Clinical Leadership model across the ICS continues, although most of the current incumbents will have their contracts terminated on 31st December. At the last minute they have recognised that, without anything in place to replace it, certain services are at risk and they will offer three month extensions to some staff. However, we do not know who these are at the moment, apart from Safeguarding Leads.

The ICB has entered formal consultation with the BMA over the process by which employed clinical leads will be able to transit to the new roles within the ICB structure. We are working closely with BMA colleagues during this process.

We are now aware that a significant number of Primary Care Support staff (our ex CCG Primary Care Teams) have applied for the voluntary resignation scheme and have been successful. We are extremely concerned that these staff, who know general practice in each of their patches, have a good organisation memory and have built up relations with us over the years are to be lost. Many of you feel this is another “kick in the teeth” for general practice.

Christmas and New Year Practice Opening Hours

Each year, we find out at the very last minute, what response primary care is being asked to give and access arrangements over the holiday period. Given the pressures that already exist this winter, coupled with the Strep A situation, it is hard to imagine there won't be a last minute ask of general practice. We are pressing the ICB management team for the earliest indication of their thinking.





Update from the Consortium of Lancashire & Cumbria LMCs

Nurse Strike Action

Please see the following from the LMCs HR team:

From checking Appendix 1 of the [NHS Terms and Conditions of Service Handbook | NHS Employers](#) it does not appear that GP Practices are listed or recognised as NHS Employers, although considered part of the wider NHS family in reality. Given that context, it therefore appears General Practice Nurses, even if RCN members, may not be eligible to take official industrial action, although we suspect many will be on whole or part A4C terms, particularly pay bands.

However, there is potentially a strong possibility that at least some nurses in GP practices may opt to take industrial action unofficially in support of NHS colleagues. Given that scenario, there is likely to be prima facie in breach of their employment contracts and a first obvious step would be to consider them AWOL in that circumstance, and to withhold pay. We would also suggest seeking to engage with any staff intending to take unofficial action to attempt to agree arrangements to maintain a level of service to ensure continuity of patient care.

LMC English Conference motion resolutions

The resolutions from November's English LMC conference have now been published and can be viewed [here](#). The carried motions will give BMA GPC a steer when negotiating with NHSE on behalf of the profession.

Wellbeing

Winter can be a challenging time for many and we all know the pressure that General Practice is currently under. The LMC website has a variety of resources that can be accessed by GPs and Practice Staff to support wellbeing. If you're struggling, please take a look at our [wellbeing page](#) and do feel free to get in touch.

LMC Training

2023 will see us continue with our training portfolio for General Practice staff. Don't forget to keep an eye on our [Training and Events page](#) for the latest. If you have any queries regarding training please contact our Events Officer, [Rebecca](#).

