



## Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 16<sup>th</sup> July

### Help us grow our audience - LMC Distribution list

We would like to grow our LMC audience. If you know any GPs or PMs in your practice that don't receive this Brieflet and/or is not on our distribution list, please ask them to [get in touch with us!](#)

### Message from LMC Chief Executive, Dr Adam Janjua

Last week I met two GPs who were surprised that I was an actual working GP! Anyone who has (at the very least) read the LMC newsletters over the past year will not have failed to notice that I have mentioned being a GP several times. So that brings me to the conclusion that the two GPs in question clearly hadn't read the newsletter – even once.

Over the past 12 months the LMC Consortium Office has radically changed how we operate with regards to the actions we have taken to protect you (our constituents and members). We have averted several workload dumps on General Practice and listened to the views of our practices when it comes to fighting your corner.

But the fact remains that we still encounter GPs, and some PMs, who are clearly still surprised by issues that have regularly been in the newsletter and that are regularly communicated by my team to practices. This isn't just via newsletters or direct emails, or even Newsflashes. Its also via PM forums and Soapboxes. And Twitter/X. I know everyone is busy and its extremely difficult to keep on top of everything to a sufficient level. But we can not make you read the newsletters or any other source we share our information to practices by. That must come from you.

The next six months are make or break for practices – having an engaged membership has never been this important to the wellbeing of General Practice. The LMC can be your best friend. We have the ability to collectively ensure that your/our working day is considerably improved by the events that may unfold over the next six months. The workload dump that is being inflicted on General Practice will suffocate the profession. ONLY if we allow it to do so.

I can help with that.

My team can help with that.

The LMC can help with that.

But only if you allow us to help with that. Ensure that you are, at the very least, up to date with what's happening and what the LMC is doing. An investment of 5 minutes to read the weekly newsletter (comes out today – Tuesday) is a small price to pay for giving us a fighting chance. Maybe even share it with your colleague to ensure they are up to date too?

General practice can no longer carry the burden of convenience for Secondary Care. The push back has started and will escalate over the next months.

Mark my words – the survival of General Practice is at stake here. The question is: will you help be a part of the solution?



Unsure of who to contact regarding support?

[Click here to meet the LMC Team.](#)

Please let us know of any feedback on how we keep you updated.

### **LMC Vacancies**

3 out of our 5 Committees have seats available for GP representation:

- North Cumbria - 3 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.

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### **General Practice Alert State (GPAS)**

You can see the latest SitRep results below. You can see the national GPAS SITREP [here](#).

A GPAS submission takes 3 minutes to complete and it is discouraging that colleagues have not been able to assist in this exercise to collect evidence that General Practice is working harder than ever.

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.

When completing the GPAS form please ensure that you are inputting the correct numbers to avoid incorrect data and please do continue to keep us updated on a weekly basis.

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.

### **LMC Celebratory Ball**

Please feel free to print a copy of the poster [here](#) to display in your Practice!

Tickets are selling fast and places are limited.

### **GPCE Ballot for GP Contractors/Partners**

The BMAs ballot will close on the 29th July. The ballot is open to all GP Contractors/Partners in England, and to vote you must be a BMA Member. Tell your GP Partners, friends and colleagues to join the BMA today to take advantage of the three months free membership. Join by the 22nd July to be able to take part in the ballot.

Protect Your Patients, Protect Your Practice

VOTE YES and use the BMA GP Practice Survival Toolkit

You should have received an email from [bma@cesvotes.com](mailto:bma@cesvotes.com). If you haven't received an email, see more information here and if you have any questions, please click here.

### **"Protect Your Patients, Protect Your GP Practice" Campaign - Non-GP Partners**

In recent weeks, the GPCE Team has been speaking at roadshow events across the country, hosted by regional LMCs. Thousands of GPs and other practice staff representatives have joined to hear directly about the GP campaign to reform services and working conditions, understand the implications of the non-statutory BMA GP Contractor/Partner Member ballot and proposed collective actions, and engage in discussions with fellow healthcare professionals on how to collaboratively achieve safer services for patients and staff.

As the non-statutory ballot is only open to BMA GP Contractors and Partner BMA Members, GPCE have created a form for non-GP Partners/Contractors to sign and show support for GPCE's "Protect your patients, protect your GP practice" campaign. Further information on the campaign can be found here.

Sign this form to support our "Protect your patients, protect your GP Practice" campaign.

### **BMA GP Practice Survival Toolkit**

The BMA will be inviting GP Partners to work with their practice teams and, in liaison with their LMC, to determine the actions they will be willing to take. Each of these actions is outlined in the BMA GP Practice Survival Toolkit.

It is for each practice to pick and choose how they see fit. You may decide to add to your choices over the days, weeks and months ahead. Read the BMAs contract guidance to help you consider how to best approach the contract changes.

You can also download a range of materials produced by the BMA to help you engage with patients during this campaign. You can access the materials here.

### **GP Roadshow - The BMA's Vision for the Future of General Practice**

The BMA are holding a roadshow next week for the launch of their vision for the future of General Practice, and to hear more about the ballot and campaign to save General Practice.

The event will be held on Thursday 18th July, 19:00-12:00 at the BMA House, London. You can register here to attend in person, or click here to watch the live stream of the event.

### **Safe Working Guidance Webinars with the BMA & Practice Managers Association**

The BMA Safe Working Guidance is being refreshed. Join us to find out about the updates and how this can support GPs to manage their workload and protect their patients and practice. This is your opportunity to Protect Your Practice and Protect Your Patients. Click on the below links to book your place.

- 16th July - 19:30 - 21:00: BMA/Practice Manager Association
- 17th July - 12:30- 13:30: Practice Managers Association/BMA Safe Working Guidance

### **Working with the New Government to Rebuild General Practice in England**

GPC England has written to the newly appointed Secretary of State for Health and Social Care, Wes Streeting MP, offering to work together to rebuild General Practice in England. GPCE highlighted 'the

enormous frustration at the loss of over 2,000 GP practices over the past 14 years and of over 5,000 “home-grown” GPs whose training has cost taxpayers in the region of £2-3bn.’

You can read the GPCE letter to Wes Streeting in full [here](#).

### **GP Connect Update**

The BMAs position on GP Connect (Update Record function) remains that GPs must retain the ability to restrict access to third parties to update the GP record. It is important to say that the BMA do not wish to restrict the use of the GP record for direct patient care. GPs who wish to and have already switched off the update record need not make any further changes.

### **Template Letter Requesting Access to a Patient’s Record**

Following some concerns raised by our Consortium, GPCE wrote to the OPG (Office of the Public Guardian), suggesting that under Para 5 (a) of the Mental Capacity Act, the OPG has the right to access a patients’ health record if they are investigating the actions of a deputy or an attorney. However, the OPG letter referenced card 16 of the BMA MCA Toolkit: section 4 of this card confirms the right of access and ‘if GPs can release this information promptly it can help ensure these investigations are completed as quickly as possible’.

BMA GPCE suggested that practices may misunderstand the issue; the BMA MCA Toolkit is not saying that the OPG’s list of questions should be answered as soon as possible, but that the relevant health records should be released. Responding to the list of questions posed by the OPG is a private, non-NHS, matter for which a fee can be charged by the GP involved.

The OPG has reviewed the letter templates, which they agree could be viewed as unintentionally misrepresenting OPG’s statutory rights to medical information. As a result, the templates have been edited to clarify that the BMAs MCA Toolkit and the legislation on which this advice is based only apply to medical records and not to any of the accompanying questions. You can access the LPAs and enduring powers of attorney, and the form concerning lasting powers of attorney [here](#).

### **Haematology Letters**

The LMC have recently written to Lancashire & South Cumbria ICB with concerns regarding the lack of commissioned services for Monoclonal Gammopathy of Undetermined Significance (MGUS) and Chronic Lymphocytic Leukemia (CLL) as this issue presents a significant patient safety risk.

You can read the CLL and MGUS ICB letter to the ICB [here](#), or see our patient template letters for CLL and MGUS, as well as further resources and templates for managing inappropriate workload.

### **Travel Vaccinations**

The LMC have recently been informed of some confusion relating to what travel vaccinations are included in the GMS contract, and what vaccinations can be charged for.

It is important to know that vaccinations for Cholera, Hepatitis A, Poliomyelitis and Typhoid are included in the GMS contract and cannot be charged for. Please [click here](#) for further BMA guidance.

### **ADHD Rejection Letter Templates**

The LMC have been made aware of increasing requests for shared care agreements relating specifically to ADHD medication from private providers. We have created letter rejection templates for this which can be found [here](#).

## IIF and GPAD

GPCE recently wrote to NHSE about practices adversely affected by a significant flaw in the appointments and mapping data processing for GP surgeries using the TPP System One clinical system. It appears that although practices accurately mapped appointment slots in line with the indicator, an issue with the data collection/processing software meant that many did not achieve the necessary targets, as during processing for General Practice Appointment Data, the legacy mapping often persisted, rather than utilising the updated mapping by the practice. Some practices have lost significant sums of money; in some cases, running into thousands of pounds.

NHSE has now acknowledged that due to the issues we highlighted, GPAD will not be able to serve as a robust source of achievement data for 2023/24 and the usual route to correcting data locally through the declaration process is likely to require a disproportionate amount of local effort this year, given the unique difficulties in being able to access alternative local appointment data. For this reason, in 2023/24, all PCNs have been considered to have earned 100% of the points available on this indicator.