



Tuesday 17<sup>th</sup> January 2023

## Notes from Your LMC Chief Executive

### Pressures in General Practice – RAG Rating System

We all know the pressures that general practices are facing. But nobody else does!

At meetings with the Acute Trusts, Community Trusts and ICB Managers they see that practices are reporting themselves as green. So, all is well in General Practice and they can continue to offload their pressures onto GPs, expect us to take more 111 calls and criticise us because A&E Departments are full.

It is for this reason that I introduced the simplified, anonymised RAG rating system. Despite encouraging comments from practice managers, I am disappointed that few practices are reporting to us on their status. It is true that we are now getting “Red” practices, where before we never had any, and an increasing number of amber practices. You can see these figures on [our website](#).

Now the acute trusts and ICB Managers are starting to take notice and want to see our figures. It is vital therefore that you report these to us by emailing [enquires@nwlmc.org](mailto:enquires@nwlmc.org). Not doing so is a disservice to all of your colleagues in general practice.

### Industrial Action by Health Workers

You will know that there are further nursing strikes on Wednesday 18<sup>th</sup> and Thursday 19<sup>th</sup> January. These will impact on services at Morecambe Bay Trust and Lancashire Teaching Hospital. You should already have received a notice of this and its potential impact on general practice from the ICB.

Further ambulance strikes are planned with the next on Monday 23<sup>rd</sup> January. The action last week, on 11<sup>th</sup> January, reportedly passed without incident.

However, if there is any impact on general practice, it is vital that you let us know. We are in daily contact with the Acute Trusts, Community Trusts and ICB Managers about the impact of the surge in respiratory infections and industrial action. We need to feed in the impact on general practice and we can't do this if we don't know!

It is highly likely that there will be further industrial action within the NHS unless the Government can come to a deal with the health unions.

### State of the NHS

You will all have noticed an increased focus on the NHS on the daily news and in the papers. Whilst the current pressures are due, in part, to COVID and now the respiratory infections surge, there is an underlying feeling that the Government has mishandled the NHS for years, particularly on inadequate workforce planning. The result is we have too few staff, whether these be doctors, nurses, or allied health professionals. The same can be said of social work staff.

So yet again there is talk of radical reform of the NHS with think tanks and commissions being established. The Times is setting up its own such group with a variety of members, most of whom probably know very little about the health service. I thought we already had a plan to provide a long-term solution to the NHS – it was called the “NHS Long Term Plan.” Out of this came “INTEGRATION” as the answer to everything and the establishment of ICBs and Place Based Partnerships. The ICB is





just getting its act together, Place Based Partnerships are not there yet, and the nation is now talking about moving on to the next shake up.

All the political parties have their own version of the truth, none of which hit the mark. The Labour Party is now courting the idea of a salaried GP service and abolition of the partnership model/ independent contractor status. This has a long way to go yet, but the LMCs are preparing themselves for this debate, to vigorously defend the best interests of general practice at local and national level.

A reflection of this increased concern and interest in the state of the NHS is this week's Question Time which is devoted entirely to questions on the NHS. It is aired at 10.40 on Thursday 19<sup>th</sup> January on BBC 1 and we are organising the GP Voice to be heard at that meeting. Watch if you can to get some early indication of national thinking.

### Medical Examiners

The system to review death certification has been operating for some time on an informal pilot basis across much of the Northwest. The medical examiners (the so-called death doctors) are based in a hospital setting but they are hoping to recruit GPs to some of these roles. Cultures in hospitals and general practice are very different so we need to carefully monitor implementation of this service.

Fortunately, so far, we have developed a good informal relationship with the lead medical examiners. However, the system becomes formally adopted on the statute on 1<sup>st</sup> April 2023. The intended requirement is for medical examiners to provide independent scrutiny of all deaths not taken for investigation by a coroner. It is likely that the statutory system will introduce national proformas and operating systems. We are reviewing what this might mean and will keep you informed and prepared. We will be looking to ensure there are no increases in bureaucracy and preservation of the independence of the "attending GP" to offer their reason of the cause of death "to the best of their belief" without any interference from a medical examiner.





# Update from the Consortium of Lancashire & Cumbria LMCs

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## Christmas Appeals

Our 5 LMCs have donated to [The Cameron Fund](#) and [The Royal Benevolent Fund](#). Both charities support Doctors and their dependents in times of financial need. Please visit their websites or let us know if you or someone you know may need any help.

## Academy Matters - MLCSU IT Training Newsletter

Please see the MLCSU IT Training [monthly newsletter here](#). The newsletter covers what they have to offer, such as training, and how they can possibly help.

## Role of General Practice teams in supporting patient access to COVID-19 treatments

To help GP teams and reception staff deal with queries from patients on treatments for COVID-19, NHSE has produced [a fact sheet which explains the pathway](#).

This is being shared to help practice staff assess and refer patients for antivirals correctly and includes a fact sheet for reception staff to ensure that potentially eligible patients receive an urgent triage call or review with the practice clinical team and, where appropriate, a referral to a COVID-19 Medicine Delivery Unit.

Full details on how GP teams can help support access to COVID-19 antivirals can be found in the [letter issued to GPs in May 2022](#).

## Free PPE provision

On 10 January, the government announced its decision to extend the central, free provision of COVID PPE to the health and care sector, by up to one year to March 2024 or until stocks are depleted. The scheme will provide protection for frontline staff against COVID as part of the government's Living with Covid strategy. DHSC will publish details about stock-out dates by PPE category by April 2023. [Further information about the extension and the scheme can be found on the DHSC website](#)

## Digital and Transformation Lead ARRS role

The Digital and Transformation Lead role [was introduced as a reimbursable role via the ARRS in October 2022](#). The key objective of the role is to support PCNs and their practices to deliver ongoing improvement to services utilising data to improve quality, efficiency, to support population health management, workforce or estate planning.

[New guidance on this role, alongside an example Job Description and an FAQ section](#) have now been published on FutureNHS (log in required) in order to support PCNs in implementing this role.

## Primary Care Hub

NHSE Primary Care has launched a new [Primary Care Hub](#), which connects all current primary care FutureNHS spaces together onto one single homepage. It includes information and resources, such as GP career support, resources for primary care employers, managers and leaders on effectively managing teams - all available for PCNs, workforce teams, and primary care professionals.

