



Consortium of Local Medical Committees

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Letter to all GPs

We are very conscious of the extreme pressure that most of you are now under and, unfortunately there is every likelihood that it will get worse over the coming weeks. There appears to be a perfect storm of:

- Increased presentations of patients with COVID symptoms.
- Increasing backlog of people with non COVID, but serious conditions.
- A challenging ask of general practice to deliver COVID vaccinations (supplies allowing!)
- A workforce shortage as staff are absent due to COVID, the need to isolate, or sheer exhaustion.

Whilst this letter is aimed at general practice, we are aware that all parts of the health and social care system are under impossible pressures and the interdependencies within the system mean that problems in one part of the system have implications everywhere.

There has been talk at national and regional level of step up and step-down arrangements, relieving some of the pressures of general practice through relaxing QOF, enhanced services and quality schemes. As I write this letter, national guidance [Coronavirus » Updates and guidance for general practice \(england.nhs.uk\)](#) has just been released which now effectively suspends the whole of QOF with the exception of flu and smear targets, together with previous statements from NHSEI about the ability for practices to focus on urgent care needs, means that you should prioritise workload, and you don't need to do routine annual health checks, minor surgery or audits at the moment, but will still receive the income related to these activities.

There are also prioritisation frameworks such as that from RCGP that can help set a framework for the decisions you may need to make. Whilst some of this may help, I fear we are about to go well beyond the stage when this is sufficient and need to consider alternative ways of keeping essential services going.

We have been heartened by the way that local clinicians and managers have come together during this crisis and feel that the only way forward is to build on this with local, flexible solutions. We have waited too long for national solutions and "permission" to stand things down, but it is unlikely to come in a form that will be useful.

The situation is changing so rapidly on an hour-by-hour basis and each practice is affected in a different way - one day a practice will be able to cope with its workload and staff whilst down the road a neighbouring practice might not. The next day it could be the other way round. Ultimately each practice, and clinician within that practice will be called on to make clinical judgements and use

clinical discretion to offer the best service they can to patients who are most in need. We expect the NHS to respect and support these decisions and the LMC will be fully behind all GPs in supporting their actions.

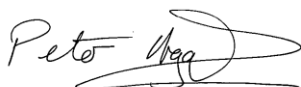
In reaching such decisions we encourage GPs to use whatever prioritisation frameworks are available, accepting that these are not always applicable and that in the middle of a crisis it is not always possible to do as much research as one would like. We thought it might be useful for a GP, when contemplating ceasing a component of service, or having to make a difficult decision, to be able to talk their likely decision over with someone before they actually enact it. We are therefore arranging to have senior LMC members available on the end of a phone for you to speak to. They are not there to act as experts or try to influence your decision either way, but to give you someone to talk to and help you reach the decision that is right for you, the service and your patients. Attached is a simple checklist that you might find useful.

At the same time, we are working with colleagues at ICS and ICP level to give some urgency to putting measures in place that can help. These include:

- Sharpening up arrangements to respond to practices in crisis.
- Dusting off and reviewing contingency and escalation plans.
- Making a renewed effort at local level to harness the retired and other health professionals that have volunteered their services but not been utilised and cutting through the unnecessary bureaucracy that seems to prevail.
- Renewing efforts to establish banks of health professionals and admin staff at local level to augment service provision as necessary and to utilise fully our locum workforce.

We remain committed to supporting general practice through this unprecedented crisis and welcome feedback and other ideas on how the LMC can help general practice.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Peter Higgins', with a stylized flourish underneath.

Peter Higgins
Chief Executive