



Wednesday 21st December 2022

Notes from Your LMC Chief Executive

Pressures

Yet again practices are in an impossible situation with the relentless pressures from Strep A and other seasonal respiratory illnesses presentations. As a colleague said yesterday, it isn't complex medicine, it's just the sheer volume.

Suspension of non-core work

We did meet with the ICB Primary Care Team (L&SC) yesterday and made a formal request to suspend QOF and IIF. We are also in discussion in North Cumbria on these issues. While they were sympathetic to the plight of general practice, they were being heavily leaned on by the NHSE at the centre to hold the line. There are rumours that a national announcement will come out soon but so far this is just a rumour. What the ICB Team did offer was flexibility with local schemes – LIS, LES, Quality Contracts, and I am waiting for a form of words to come out on this.

Funding extra capacity

Funding has also been made available in each health community to offer overflow of respiratory cases into hubs. These won't be fully up and running until January, but health communities are being encouraged to use the money flexibly until then.

Full and safe working capacity

In the meantime we are being increasingly contacted by practices that are "full," asking what they do now. I have mentioned in previous notes that I am encouraging practices to think about Safe Working in Practice and how to manage demand. This was always intended as a process that would take some time to implement, but the current situation is forcing practices to take uncomfortable decisions now.

It is for each practice to decide what works best for them, but it is likely to include some form of robust triage, prioritisation, and diversion, coupled with holding back a number of slots to deal with genuine urgent cases that arise during the day.

Registering through an OPEL System

Last week I did refer to practices registering pressure with the ICB through an OPEL reporting system. The current situation gives a false picture. For a start very few practices report on the system. The report for 20th December shows no practices declaring red and only 3 in Morecambe Bay reporting Amber. This is quite clearly not an accurate reflection on what is going on out there and is doubly dangerous as it gives our colleagues at the ICB and in the acute and community sectors the impression that all is well in general practice!

Perhaps we should move to a simpler reporting mechanism. The example below is taken from an NHSE document, so it is not at variance with what is expected of us.

RAG definitions: updating temporary capacity changes

Red-amber-green (RAG) statuses (captured on DoS) indicate the capacity of the service and when the change would be used. In addition to this, reasons for a change in capacity are also listed below.



RAG

DoS definitions

Green

Service has capacity available. The service can accept referrals and is likely to meet any disposition timeframe.

Amber

Service has limited capacity. The service can accept referrals, but they are busy and may not be able to meet the disposition timeframe. Alternative services should be considered where possible.

Red

Service has no capacity. The service is not able to accept referrals or has run out of appointments. Services will not present as an option (apart from an emergency department in a catch all event).

Services can also be suspended by changing the service status to show it is 'suspended'.

If practices are reluctant to report to the ICB then perhaps they could report to the LMC office. I would suggest that this is done by exception. i.e. it is presumed that you are green unless you tell us otherwise. That way practices don't have to report every day / week. We could collate the returns and send to the ICB on an anonymous basis. Is this something that practices would find useful?

Industrial Action

As I write this, we are in the middle of the first day of the ambulance strike. It is difficult to see how this will impact on general practice, but it is having a profound effect on hospital services and patients. We are in uncharted waters, and we need to feel our way through. I have a daily catch-up call with the ICB at 5.00pm so if any practice is experiencing problems as a result of industrial action, then do let the LMC know.

Next week we have another ambulance strike and further action by the nurses. So far, the RCN has not called out nurses at any of our hospitals but as the situation escalates it is only a matter of time.

We are in unprecedented times and these actions, coupled with the unrest in the rest of the NHS, including general practice, could fundamentally change the value set and culture within the NHS.

Christmas & New Year

You may remember that last week I referred to a lack of guidance from the ICB on expectations over the festive period. Well, it came shortly afterwards and landed like a lead balloon in practices. It was a legalistic document that instructed practices on what they were required to do over this period and offered no recognition of the pressures you were facing. We took this up in the strongest terms with the ICB who acknowledged the insensitivity of the letter – they had merely passed on a national

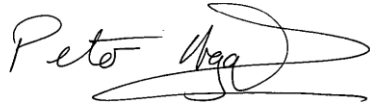


template letter. Communications now coming out of the ICB in the form of the GP Newsletter newsflash is far more supportive.

The LMC Office will remain open over the Christmas new Year period and can be contacted by phone.

During all this mayhem I do wish you all get the chance for some peace and tranquillity over the Christmas period with your families and friends. And I hope that we can regain some hope in the New Year.

Best Wishes,

A handwritten signature in black ink that reads "Peter Higgins". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

PETER HIGGINS

Chief Executive

