



## Consortium of Local Medical Committees

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Thursday 28<sup>th</sup> October 2021

Dear Colleagues,

### GPC Call to Action

Further to my letter of 22<sup>nd</sup> October, there has now been further communications from GPC (the General Practitioners Committee of the BMA) and I need to update you on how we plan to respond.

We recognise this is an extremely challenging time for you all with workload demands at an all-time high and many of you telling us that you struggle to cope with the day to day demands from patients. We want you to know we understand this and we are here to support you as much as we can.

Many of you will have seen in yesterday's brieflet, or the national media, what GPC is now asking of practices. GPC England have advised that practices should consider:

- Offering patients consultations that are 15 minutes or more
- Applying to close their practice list in order to focus on the needs of existing patients
- Stopping all non-GMS work to give priority to GMS care
- Rejecting all shifted work from secondary care that has not been formally commissioned
- Not accepting additional NHS 111 referrals above the contractual 1 per 3000 patients
- Stopping unnecessary cost based prescribing audits and focus on quality care
- Declining to do additional extended access sessions beyond routine patterns of working to focus on the core work of the practice and to maintain personal wellbeing.

These broad headings are not new, and most were first put forward in a [series of BMA documents](#) from 2016 to 2018. They did not achieve a great deal of traction at the time as GPs, as ever, put the needs of their patient first. However, the situation is now far worse than it was then, and general practice is on the point of collapse. Now is the time to address the GP workload issue.

These headings need amplification as to what they mean and need placing in context. What might be required will differ from practice to practice, area by area.

The most important message we can give you at this moment is that each practice needs to determine what is right for them, to stay safe for patients and for staff. It is for each practice to decide how they deliver care to their patients and the type of consultations they use. Practices should not feel pressurised to work in a particular way and need to use their clinical and professional judgement to provide optimum and safe care for patients within their workforce constraints.

We are all supportive of taking a national stand to stop the increasingly punitive and excessive demands placed on a depleted and exhausted general practice workforce. However whatever actions are taken must command the support of our GPs and practices. We want to hear from you and understand how you feel at the present time. The LMC is also here to support you and we take our mandate from you as our constituents. We would therefore welcome your views on the measures proposed by GPC and are here to offer you advice on workload prioritisation.

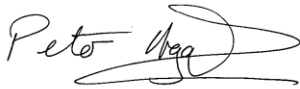
We will be discussing these measures in detail at each LMC meeting, and I would urge you to make contact with your local representative so that your views can be heard in our deliberations. (Your local representatives are set out on our web site under <https://nwlmc.org/about-us/the-five-lmcs>).

You can also reply directly to me, your Lead Executive or the LMC Office.

As CCGs disappear and we develop our “Unified GP Provider Voice” arrangements in the new system in each health community we will be sharing our thinking with PCN, Federation and CCG colleagues so that we can truly speak with one voice to our local, system and national NHS partners.

You can rest assured that we, your LMC, is here to support you in whatever you decide through these extremely difficult times.

Yours sincerely,

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

Peter Higgins  
Chief Executive