

9 March 2023

To All General Practitioners and Practice Managers, Leicestershire, Leicester and Rutland

Dear Colleagues

Re: LLR LMC Board meeting 8 March 2023

The following items were discussed:

- 1) [Contract Imposition for 2023/4](#)
- 2) [Can we Fix It?](#)

As usual, the LMC is happy to receive any comments or questions about anything in this letter.

Contract Imposition for 2023/4?

The most important debate at the LMC Board was about the imposed contract for 2023/24. So far we only had the information from the [letter](#) to all GPs without any of the detail.

I advised the Board that the contents of the letter differed from the detailed proposal that had been previously put forward to the GPC which had been roundly rejected.

The Board was angry but not surprised that the contract was being imposed and had been sent out without the usual courtesy of allowing the BMA to agree joint communications.

In essence the contract will do nothing to improve general practices or their services to patients. Indeed it is likely to lead to further GPs leaving and a worse service for patients due to provision being driven by time of access and not quality or services being related to clinical need. Other than the 2.1% already agreed there is no money to cover the various cost pressures including increase in national minimum wage, and the significant hike in energy costs etc. This will result in a further real term decrease in funding to provide patient services.

The contract also implies that the issue with access is due to general practices, and can be solved by withholding money and then re-paying it, if GPs only got on and sorted it out. It fails to recognise that there is not a problem with access, but one of capacity. The workload has increased with an estimate of 30% of GP appointments driven by work transferred from secondary care, together with a continual reduction in GPs. If we set a maximum of 1800 patients per FTE GP there would now be 300k patients without a GP in LLR.

Having considered the imposition, the Board then discussed possible actions. The LMC is not a trade union and cannot lawfully suggest or coordinate any specific action, but we agreed to circulate a short survey over the next few days to all GPs in LLR to gauge the feeling, and see what sort of actions GPs could think about, and would be prepared to take. This may include actions open to practices at any time (for example stop providing services that are not contracted/funded, or funded at less than actual cost etc) or those more like traditional industrial action (for example providing an emergency only service for one or more days etc).

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The LMC will also organise a Face to Face evening meeting with Kieran Sharrock, acting Chair of GPC England open to LLR GPs and PMs, and the GPC has arranged online webinars that you can register for. The dates and times are:

- **21 March**, 7–8.30pm
- **22 March**, 12.30–2pm
- **29 March**, 7–8.30pm
- **30 March**, 12.30–2pm
- **30 March**, 7–8.30pm

[Find out more and register >](#)

I have included the press release from the GPC below:

Responding to the publication of the new GP contract for 2023/24, Dr Kieran Sharrock, acting chair of GPC England at the BMA, said:

“It’s extremely frustrating to see a second GP contract imposition forced on the profession, especially one that does absolutely nothing to improve what is fast-becoming an irreparable situation for practices and their patients up and down the country.

“GPC England approached these contract negotiations in the spirit of collaboration, hopeful that common ground could be found, with the profession, finally, given the support it needs. Instead, the profession was roundly insulted by an inadequate first offer - which the Committee had no choice but to reject - and later subjected to a tick-box exercise meeting with the Secretary of State, who flatly refused to supply additional help to practices.

“This contract is the result of a failure to listen to what GPs actually need, and totally ignores the calls for any extra support to help practices meet the rising costs of keeping their doors open. Despite warnings from GPC England, it also introduces more bureaucracy and arbitrary targets that only set practices up to fail and take GPs away from direct patient care. “Ministers have focused on eking out more without providing the resources to do this. Without investment to do more, practices have to free up resources from elsewhere. This hasn’t been properly considered, ramping up GP workload, and without the support needed, will lead to more GPs leaving the profession. Ultimately, it’s our patients who suffer most, and this means more of them will be left waiting longer for the care they desperately need.

“This is not the contract our profession or patients need or deserve. Staff will be incredibly worried about how their practices can now possibly survive. The Government must surely understand the link between ignoring the profession and the fact that we’ve now lost the equivalent of more than 2,000 full-time, fully qualified GPs in England.

“General practice can no longer be expected to take whatever is thrown at it, and the Committee’s recent rejection of the contract offer still stands. We will now look to enter serious discussions with our membership and the wider profession on what action we take next.”

The view of the respected independent health commentator Roy Lilley about the imposition was:

It was health secretary Virginia Bottomley who had a falling-out with the dentists, over a contract.

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The upshot... dentists walked and joined an embryo company, set up by two disaffected dentists.

It's since become a multi million pound business, employing over 6,000 dentists, It's called Denplan.

Try and find an NHS dentist, these days.

GPs will go the same way.

The imposed contract is another nail in the coffin for NHS general practice.

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Can We Fix It?

The LMC has two ongoing projects to complete at present:

- 1) Midwife generated results not to be sent to practices.
- 2) LPT Tasks to include the reason why they have been sent.

The LMC have meetings with decision makers for both of these items in the next fortnight.

In addition the LMC considered a proposal from an LLR practice to request that all hospital generated results are downloaded into practice clinical systems.

The Board considered the proposal as worded would cause problems for practices. The first issue is that during one hospital stay, a very large number of results can be generated. The second, more important issue, is one of liability. Once a result has been downloaded to the practice clinical system there will be a duty on the practice to act on every result. However, the LMC considered that it would be useful to have the ability to highlight and download specific results which was under the control of the practice. The LMC will discuss this with the GPIT group.

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I am writing this on a train to London travelling through snow at the beginning of Spring. It appears that this government have now also taken over organising the weather.

Yours faithfully



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