

15 June 2023

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

Dear Colleagues

**Re: June Newsletter.**

This month I provide an update on the June LLRLMC Board meeting, the LLRLMC Summit, and GPC Meeting. In particular I would ask all practices to discuss [Minor Surgery Enhanced Access](#) (Section 7):

May LLRLMC Board Meeting:

- 1) [New members](#)
- 2) [Joint Working with UHL](#)
- 3) [Can We Fix It?](#)
- 4) [LMC Summit](#)
- 5) [Non-core Services](#)
- 6) [LMC/CD Joint Working](#)
- 7) [Freedom to Speak Up Guardian](#)
- 8) [Wheezy Children/48 hour review](#)
- 9) [Minor Surgery Enhanced Service](#)
- 10) [Report from GPC meeting 15/6/2023](#)
- 11) [EMIS – panic button](#)

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

## **1) NEW MEMBERS**

As part of updating the board membership to improve its effectiveness the LMC has co-opted two practice managers who attended the LMC meeting.

- Sarah Gibson, Barwell & Holycroft Medical Centre, Leicestershire (County)
- Elizabeth Morton, St Elizabeth's Medical Centre, Leicester (City)

I would like to thank all of the Practice Managers that applied, and to congratulate the successful candidates, who I look forward to working with in their role on the LMC Board.

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## **2) JOINT WORKING WITH UHL**

Richard Mitchell (CEO, UHL) attended the Board meeting, and provided an update about UHL matters. In particular, he reported back about UHL's DNA policy. He advised that UHL is developing a new Access Policy and he has agreed that we can share a draft copy with all GP practices once it is available.

Please continue to report any issues where you think the DNA policy has caused a problem via Transferring Care Safely (TCS).

UHL are also hosting a joint consultant and GP evening event next week. The numbers are limited due to space, but we hope this will be the first of many.

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### 3) CAN WE FIX IT

Update on the ongoing issues we are tackling:

- **Midwife initiated investigations.** We have agreed that results should be returned to the requesting midwife and not the practice. We have been told that the resolution of this has been delayed due to a CQC visit and the midwifery service having to respond to issues raised. However, we remain confident that this can be resolved within the next few months.
- **LPT Tasks.** We have agreed that Tasks 'just for information' will no longer be sent, and that all Tasks will be sent to 'Practice Incoming Tasks'. We continue to push that the body text of a Task should include details of what is being asked. LPT are currently trialling these changes before they are rolled out organisation wide.
- **Ability to download selected results from ICE as coded entries.** The LMC is aware that this functionality is possible, and is in place in other ICB areas. The LMC will arrange a further meeting with the ICB lead to carry this forward.

The LMC has agreed to tackle two further areas:

- Whether a GP is required to complete Concessionary Travel Pass applications (similarly to the current Blue Badge Scheme, where GPs are not requested to provide information).
- Parking Permits to allow GPs to park near patient residences when carrying out home visits without being issued a parking fine.

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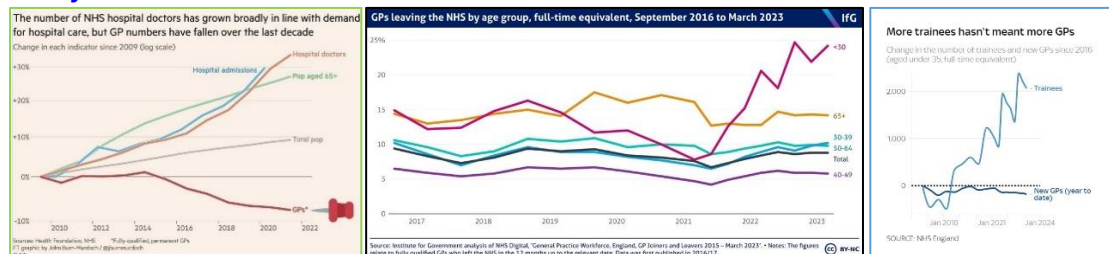
### 4) LMC SUMMIT

On the evening of 8 June 2023, the LMC hosted a Summit to focus on the current state of general practice. There was a good attendance. Representatives included CEO and Medical Director of the ICB, CEO of UHL, elected local Councillors, representatives from the three Health Watch committees, Chairs of Health and Wellbeing Boards, Medical Director of DHU and a member of Parliament.

Following presentations there was a good discussion, and round table groups. We will follow this with further directed meetings to develop practical plans.

Messages discussed included:

#### Workforce:



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## **7) FREEDOM TO SPEAK UP GUARDIAN**

The LMC team has undertaken the appropriate training and actions to be able to act as the Freedom to Speak Up Guardian for general practice.

The LMC will be offering this service free to all LLR general practices and will go live from 1 August 2023.

If you would like the LMC to be your nominated FTSU guardian, please [NOTIFY THE LMC](#). The LMC will then provide you with poster(s) to display for your staff and a copy of the FTSU policy.

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## **8) WHEEZY CHILDREN/48 HOUR REVIEW**

The LMC is disappointed that despite this service being recognised as non-core almost 2 years ago, practices are still being expected to provide these reviews despite not being contracted or funded to do so.

We have been contacted by many GPs who are extremely unhappy with the current situation. The LMC will provide clear guidance within the next week or two.

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## **9) MINOR SURGERY ENHANCED SERVICE**

The LMC has noted that the amount per procedure this year is the same as it was in 2019, which, due to compound inflation, means that practices are being paid 28% less this year compared to 2019.

This is unsustainable, and we are therefore asking for practices to mandate the LMC to negotiate a significant, appropriate increase for the financial year 2024/25.

If a practice decides that it is no longer financially viable to provide this service, you can terminate their contract by giving the ICB one month notice in writing.

**IF YOU WOULD LIKE TO MANDATE THE LMC TO NEGOTIATE ON BEHALF OF YOUR PRACTICE PLEASE SEND AN EMAIL TO [ENQUIRIES@LLRLMC.CO.UK](mailto:ENQUIRIES@LLRLMC.CO.UK) BEFORE OCTOBER 2023**

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## **10) REPORT FROM GPC MEETING 15 JUNE 2023**

The GPC met today.

This was the last meeting of GPC England in the BMA's 2022-2023 session. This meeting followed the extraordinary meeting on 27 April, where the committee discussed when they should plan for potential industrial action.

The outcome of that meeting was that GPC England officer team were directed to accelerate preparations around balloting. To ensure the membership is fully prepared to take industrial action if

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the Government does not engage meaningfully with GPC England, to agree a radically improved working environment for General Practice in England.

We heard regarding the legal success that the BMA had achieved against NHS Property Services who have been unilaterally changing service charges and demanded extortionate amounts. The BMA backed 5 practices. One practice had their service charge reduced by 80%, and across the 5 practices the total bill was reduced by £750million.

The rest of the day was taken up with discussing the current state of negotiations, potential industrial action and alternatives to the current NHS general practice model as a last resort.

### *GPC England Timeline for next 12-18 months*

Following the GPC England meeting on 27 April, the GPCE officer team, along with the Chairs of LMC England Conference, co-Chairs of Sessional GP committee, and the Chair of the GP Trainees Committee, held a strategy away day. This was to plan the key programmes of work, to ensure that GPC England was prepared for the forthcoming contract negotiations, and fully-prepared for any potential industrial action by GPs, should contractual negotiations deliver an unsatisfactory outcome.

An outcome of these discussions was a timeline for when these various programmes of work related to contract negotiations and membership mobilisation would be undertaken. These included a safe working campaign, engagement around Call to Action, a national survey of GP opinion, updating of membership data ahead of any ballot, contractual negotiations, and potential points where the committee may call for an industrial action ballot.

#### *Timeline outline:*

- June 2023 - GPCE 'Call to Action' to be shared with GPs and LMCs to build awareness and understanding of the profession's five key demands.
- June / July 2023 – Safe Working Campaign
- July to September 2023 – National Survey of GP opinion- which will explore the profession's expectations of a new contract and willingness to participate in industrial action.
- October 2023 - 2024/25 GMS contract change negotiations scheduled to begin.
- November 2023 – GPCE meeting to review progress of negotiations, consider whether ballot is required.
- November 2023 – LMC England Conference
- February 2024 - GPCE meeting to review progress of negotiations, consider whether ballot is required (if November meeting did not decide to launch ballot)

During these discussions, concern was raised that the government may not be able to deliver a wholesale new contract consistent with the aims of the profession and GPCE to be negotiated within the timeframes set out. GPCE felt that this would be unacceptable. It was thus agreed that the committee will decide, at a future meeting, what changes to the current contract framework would be required to enable GPCE and the profession to accept a short-term continuation of the current contract. These requirements would need to be met during negotiation to hold off a ballot for industrial action. For the longer-term reform, GPCE would also have to be satisfied that the government was showing a genuine commitment to long-term contractual reform consistent with the scope demanded by the profession via GPCE.

Discussion around planning for this potential scenario will be taken as a substantive item at the next

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GPC England meeting.

It was also emphasised there have been a considerable number of motions made through successive LMC Conferences and an expectation for these to be reflected in the future contract negotiated with Government. It was acknowledged that the above timeline may need to be flexible or change dependent on the outcome of each stage.

#### *Call to action for General Practice: Communications plan*

This item followed a **Call to Action** document being approved at the previous meeting, which set out overarching themes for GPC England's asks for general practice, along with more detailed policy positions.

The committee received a presentation regarding the planned communication strategy around the **Call to Action** document. This plan had been agreed by the GPC England officer team, with advice from the BMA's strategic communications and public affairs teams. The **Call to Action** will have high level demands for a long-term contract which are aimed at public and politician consumption and will be backed up by a more detailed document. The underlying theme of the **Call to Action** is ensuring the general practice contract enables GPs to provide services in a way which is safe for both GPs and patients.

#### *5 key themes in the Call to Action:*

- more investment per patient to deliver better local, long-term care for patients.
- support to expand the GP workforce to keep the GPs we have and so that we have the equivalent of at least 40,000 full-time, qualified GPs in post by 2030/31.
- safer, greener infrastructure to bring general practices into the 21st century and provide better care.
- more control to practices so they can work collaboratively at scale, while offering continuity of care.
- the necessary time to provide better quality care by removing unnecessary bureaucracy and box-ticking.

The communication plan for this is to take a phased approach, with two distinct phases. The distinguishing factor between these phases is the intended audiences during each.

**For the first phase**, the intended audience will be the GP profession as a whole. The aim of this phase is to make grassroot GPs aware of the aims of GPCE, and build support for these aims amongst the profession as a whole. This phase will be commenced as soon as possible.

**For the second phase**, the intended audience is politicians, the government, and the public. As the profession will be familiar with, and galvanised around, the aims of the Call to Action by this point, we will be in a position to persuasively and assertively lobby politicians around the asks of the Call to Action. The intention during this phase, is that the profession as a whole is demanding the asks of the Call to Action be delivered, so as to address the crisis in general practice and make it safe for both GPs and patients. This phase is planned to take place at the end of summer. The phase will ask GPs to take action to engage their patients around the call to action, and lobby their local MPs.

GPCE will be calling on LMCs to assist with this activism by spreading the message to their member practices and encouraging engagement and lobbying. LMCs will be integral for this and are encouraged to engage with GPC reps as much as possible. GPs are encouraged to use all resources

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especially social media to ensure the best results. Following the presentation, the committee provided some suggestions around how some aspects of the wording of points within the Call to Action could be adjusted to enable it to resonate better with the different audiences.

#### ***BB partners presentation on their activities in support of GPC England***

BB Partners had been invited to provide a presentation on how they were going to be supporting GPC England in their preparations ahead of contract negotiations and mobilising the membership ahead of potential industrial action. BB Partners are undertaking this work, due to funding from the GPDF.

BB Partners are the agency which previously delivered the Rebuild General Practice campaign in 2022, which sought to change the negative narrative around general practice. This campaign was jointly funded by the BMA and the GPDF.

In their presentation, they set out how their planned activities in support of GPC England's aims, would have two strands to it. One being around LMC engagement and trying to develop activism amongst the profession, and alignment with GPCE's aims within the Call to Action. The second being a revised version of the previous Rebuild General Practice campaign.

To inform the development of these strands, strategy sessions are planned to take place imminently with members to identify ways to engage LMCs and inform all aspects of the campaign. The committee were informed that the campaign would be progressing at pace in the coming months to ensure that it supports GPC England's preparations for contractual negotiations and potential industrial action.

#### ***Committee engagement and creating a culture of activism amongst the profession***

The committee received a short presentation from multiple members of the committee which covered two main areas; one, how can we improve the engagement of all committee members in the business of GPC England, and two, how GPC England can develop a culture of activism amongst the profession as a whole.

Following the presentation, the committee provided some suggestions around how some aspects of the wording of points within the Call to Action could be adjusted to enable it to resonate better with the different audiences.

#### ***Plan B Working Group***

The committee also received a paper setting out the outline of a number of different options that could be taken by GPs should contract negotiations and industrial action fail to deliver an outcome which radically improves the working conditions of GPs. The committee were asked whether the work on the individual options should be progressed further. The options covered a range of different eventualities, including potentialities where GPs were working predominantly outside of the NHS.

The committee voted in favour of all four options being developed further. This was to ensure that these range of options were prepared should contract negotiations and industrial action fail to deliver an acceptable outcome for the profession.

This will be my last meeting as the LLRLMC regional representative, which from July 2032 will be Dr Jonathan Cox of Northamptonshire LMC. I wish him luck as he takes over at a time of great turmoil

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and will have a significant role in providing leadership and promoting activism across LLR and Northamptonshire if we are to save NHS general practice.

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## 11) EMIS – PANIC BUTTON

BMA lobbying has helped GP practices to retain the EMIS panic button, which is used in emergencies, as EMIS has decided that the EMIS panic button will continue to be available for practices who wish to keep it.

The number one priority for any doctor is ensuring patient safety, which is why changes to the EMIS system have an impact. We have a duty of care to voice our concerns when there is a risk and are pleased to see they have been taken seriously.

Although we know that some practices face technical challenges with the system so do not use it, this is a sign that the NHS IT infrastructure is seriously inadequate. We need to see actual investment in practices to not only help them stay open but ensure that they are as safe a space as possible.

Practices will need to advise EMIS if they wish to retain the panic button.

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Examining data produced by NHS Digital it is clear that general practice has been in continual decline for the past decade, and the actions taken by NHS England/DHSC have done nothing to reduce this. Indeed, as per the graphs above, the significant increase in the number of training posts has not converted into an increase in new GPs, and the greatest loss of GP workforce is those under the age of 30. Without change, within a decade or so, there will be inadequate GPs to provide a universal NHS service.

To save general practice, we will all need to make difficult decisions – stopping services that are either not funded or funded below cost, and also, if asked by the BMA, to support and engage in industrial action (which does not necessarily mean striking). I encourage practices and PCNs to start discussing this now. If you would like me or another LMC member to talk to your team, PCN or other group please contact the LMC.

*"Dark times lie ahead of us and there will be a time when we must choose between what is easy and what is right."*

*Albus Dumbledore*

Yours faithfully



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