



12 October 2023

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

Dear Colleagues

LLRLMC NEWSLETTER OCTOBER 2023

Welcome to our October Newsletter.

Topics in this newsletter:

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As always if you have any comments, questions, or suggestions please [contact the LMC](#)

LMC MEETING OCTOBER 2023

The main discussion was again around the PCFM, and the recently shared information for the underlying cause of the huge swings some practices have experienced in the inequality payment. The analysis shows that this is due to a huge increase in patient 'need' as measured by the ACG System (population health analytics software that demonstrates population health care needs).

We have all experienced the surge in patient demand, and explanations have included increase in patient expectation, transfer of hospital work due to increased waiting lists, or just a backlog due to Covid. However this analysis has shown that patient need has increased by 20.5% since 2021 due to increasing multi-morbidities (ie patients are suffering from increased ill health).

The LMC agreed some core basic principles to underline their approach to future discussions with the ICB:

- The LMC recognises the inverse care law
- The LMC recognises that the Carr-Hill formula is unfit for purpose
- The LMC supports using additional funding to support practices with patient populations with higher need
- The LMC requires any local formula to be transparent
- The LMC requires the ICB to provide easily understandable practice level spreadsheets showing year to year changes
- The LMC requires any local inequality payment to be separate from any payment or activity
- The LMC requires all activity payments to be based on realistic levels of funding that covers the full cost of provision and a surplus.



The LMC is grateful to the ICB for now working closely with us to understand the problem with the formula and a way forward.

The LMC continues to challenge the ICB regarding the level of funding for services whenever this is insufficient, and where services are still unfunded.

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EXPEDITE LETTERS

Richard Mitchell (CEO, UHL) attended the LMC Board meeting. Amongst the issues raised, we discussed the ongoing problem of hospital staff telling patients that if they get their GP to send an expedite letter they will be seen sooner.

Richard advised that all staff have been written to advising that this should not be done. He agreed to remind UHL staff, but if you have an example of this please forward details to the LMC office so we can forward to UHL.

This does not include patients whose clinical condition has deteriorated whilst on a waiting list where it is appropriate for a GP to write and request an appointment to be expedited.

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WOUND CARE

The LMC has received concerns from county practices regarding the Wound Care service. Complaints relate to:

- 1) Leicester NHS Partnership Trust (LPT) staff pushing back to practices patients who are not covered by the service specification, and that
- 2) Costing of the service is inappropriate for the work required.

With regard to (1) we encourage practices to push back to LPT using the recently published specification. If you continue to have problems, please provide example(s) to the LMC office and we will take these up directly with LPT.

With regard to (2), we have raised this with the ICB and PCL have noted an interest in providing costings for this.

The LMC will again be raising this issue directly with the ICB next week.

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6% PAY INCREASE FOR ALL SALARIED GP STAFF

The BMA has finalised negotiations and payment to enable practices to give salaried staff a 6% increase. The agreement is for this funding to be added to the Global Sum.

I realise that this means due to practices having different numbers of salaried staff on different pay rates, as well as the payment will be subjected to the Carr-Hill formula. Therefore, some practices will receive less funding than needed and some will receive more. However, by adding to the Global Sum it ensures that the funding will be ongoing in future and not be a one-off payment.

Salaried general practice staff will include all staff working under a contract with the practice (eg receptionists, managers, practice nurses, HCAs, admin staff etc).

Practices are only contractually required to pay the 6% to Salaried GPs where the contract requires DDRB increases to be honoured. However, I encourage all practices to consider this opportunity to give all staff a pay increase, taking into account their overall financial position.

Practices should receive the first amount (including back payment) with the November payment.

The 6% increase does not apply to ARRS staff, who have been awarded a 5% increase separately which has to be paid from the existing ARRS envelope. This award is funded only for the part year from 1 July 2023 to 30 April 2024. If the practice wishes to back-date the increase to 1 April 2023 then this is not funded¹.

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PLANNED SWITCH ON OF AUTOMATED ACCESS TO PROSPECTIVE PATIENT RECORDS.

The LMC has been consistently very concerned about this project, and the risks both to patient safety and to practices.

I recently wrote to practices to highlight the most recent BMA guidance, which can be summarised as:

- Practices will be contractually required to implement automated access to prospective GP-held records from 31 October 2023
- Practices are also contractually required to comply with all relevant legislation.
- UK GDPR and the Data Protection Act 2018 requires practices as Data Controller to undertake a Data Protection Impact Assessment (DPIA) where “processing is likely to result in a high risk to the rights and freedoms of individuals” which includes this process.

¹ Paragraph 10.5.6 (j) of [Network Contract Directed Enhanced Service - Contract specification 2023/24 – PCN Requirements and Entitlements \(england.nhs.uk\)](https://www.england.nhs.uk/2023-24-pcn-requirements-and-entitlements/)

- The BMA advises that compliance with UK GDPR/DPA 2018 has supremacy over compliance with the GMS or PMS contract.
- The BMA has produced a draft DPIA, which each practice should personalise for their own use.
- If the practice notes area(s) of high risk that can only be mitigated by using an opt-in model, the practice must block automated access and advise patients as data Subjects how they can request access to be provided.

The LMC advises all practices to consider this, and to carry out a DPIA using the BMA template.

More information can be found at: [BMA general practitioners committee England](#)

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MEDICAL EXAMINERS.

The LMC continues to have a watching brief on the proposal to mandate the use of the Medical Examiner service. The 'centre' is still saying that they this should happen from April 2023.

Although we do not yet have the final details yet the LMC would encourage every practice to use the current service a few times to become familiar with the basic concepts.

Professor Furness and I have recently been asked to be involved in shaping the electronic MCCD which is a core part of the change. Despite having seen the first version a couple of years ago, the recent contact suggests that they have gone backwards rather than forwards and does not give any confidence that everything will be ready to go live next April.

The required legislative changes are complex affecting many current laws. The changes are being made piecemeal. Most recently "The Coroners and Justice Act 2009 (Commencement No.21) Order 2023" that brings sections 19 and 20 of The Coroners and Justice Act 2009 into force, and "The Health and Social Care Act 2002 (Commencement No. 7) Order 2023" that brings section 169 of the H&SCA 2002 (except subsection 5) to come into force all from 1 October 2023. However, these are only enabling changes allowing secondary legislation to be enacted and therefore still give no clue what the final legislative framework will look like.

I have been involved in many projects over the years requiring legislative change but this is the most unnecessarily complicated one I have ever experienced. It feels like a strange game of pass the parcel peeling off each layer to find another minor change in legislation but never reaching the final central prize.

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I hope you have found the contents of this and previous newsletters useful and interesting. Any and all feedback is always welcome!

Whilst decluttering my room at work I came across my first ever newsletter I wrote to my then constituents as a newly elected GPC member in 1994. I headed this first newsletter with an Ancient Chinese Curse, which seems to be as applicable now as it was then.



Yours faithfully

A handwritten signature in blue ink that reads "Grant Ingrams". The signature is fluid and cursive, with a slightly larger 'G' at the beginning.

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