

4 March 2024

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

Dear Colleagues

## INTERIM LLRLMC NEWSLETTER MARCH 2024

Welcome to our Interim March Newsletter. This includes various issues that we felt could not wait until the usual monthly newsletter. **Please ensure that every GP you know reads the section on “Update on Imposed Contract.”**

Topics in this newsletter:

- 1) [Removal of patients from registered list](#)
- 2) [Non-core services](#)
- 3) [Personally Administered Items/Sutures](#)
- 4) [Update on Imposed Contract](#)

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

## REMOVAL OF PATIENTS FROM REGISTERED LISTS

I start with an apology. In my last newsletter I included a flow chart. This was an old flow chart which I quickly had updated and in doing so put the wrong contact details on it and had not brought it up to date in line with changes in the regulations..

I have revised the guide and flowchart, and this is attached as a separate document.

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## NON-CORE SERVICES

A common query received by the LMC is whether a service is included in the GP Core contract or not.

Last year we drafted a document based upon services that the BMA list as those that a practice can be contracted to provide as an enhanced service – [see this link](#).

The LMC shared the document with the ICB in June 2023 who we are aware shared it with NHS England. Despite reminders we have never received any reply.

The document should be considered a work in progress. Just because a service is not included in it does not mean that it is contracted for as part of the core contract. If unsure please [contact the LMC](#). Also as the core contract and enhanced services are developed the document will need to be updated.

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## PERSONALLY ADMINISTERED ITEMS/SUTURES.

The LMC has recently become aware of an issue with Personally Administered Items (PAIs).

Several sutures previously included in the Drug Tariff have been discontinued:

	Code	USP	Length	Needle Size	Needle Shape	Needle Point
<b>MONOCRYL™ Suture</b>						
All of the original tensile strength is essentially lost by 28 days post implantation	<b>W3207</b>	3-0	45cm	19mm	3/8 circle	Reverse cutting
	<b>W3205</b>	4-0	45cm	16mm	3/8 circle	Reverse cutting
<b>Coated VICRYL™ Suture</b>						
All of the original tensile strength is lost by 5 weeks post implantation	<b>W9074</b>	4-0	45cm	17mm	3/8 circle	Taper Point
	<b>W9515T</b>	4-0	45cm	19mm	3/8 circle	Reverse cutting
	<b>W9516T</b>	3-0	45cm	19mm	3/8 circle	Reverse cutting
<b>PDS™ II Suture</b>						
Absorption is minimal until approximately the 90 <sup>th</sup> day post implantation	<b>W9873T</b>	4-0	45cm	16mm	3/8 circle	Reverse cutting

The NHS Business Services Authority advise that they make no announcement when a drug or other prescribable item is discontinued, and practices are not informed. Once a drug or item is discontinued any further prescriptions as a Personally Administered Item are disallowed.

They also advise that the NHSBSA makes no arrangements or mitigation for practices that may have unused stock when an item is discontinued.

The LMC would like to gauge whether this is a significant issue so request practices to check and if they have any of these items in stock [inform the LMC](#) of which one and the amount.

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## UPDATE ON IMPOSED CONTRACT

As you are probably already aware, for the third year running, NHS England has decided to impose a revised contract. The GPC had rejected the offer as the once again sub-inflationary offer would lead to practice closure, staff redundancies, and loss of GP workforce. The result will be reduced capacity and poorer services for patients.

The NHS England letter about the imposed contract can be found [here](#), and the BMA response can be read [here](#). The increase for 'inflation' is 1.68%, with a 2% planned increase for staff and GP remuneration. With the increase of costs to practices being well over the inflation portion, and national minimum wage increasing by 9.8% to 12.4% the result will be that practices will not have

the funding to give uplifts for staff and also will have to reduce funding available for providing patient services.

The LMC warned about the risk of yet another sub-inflationary increase in our [press release](#) of 2 February 2024.

The GPC will be holding a referendum to gauge the profession's views. To take part you will need to be a BMA member. The BMA is looking at ways of enabling GPs to join short term purely to be involved in the decision making and outcome.

This will be the first step towards industrial action. We owe to our patients, we owe it to our staff and we owe it to ourselves to take whatever action we can to protect general practice.

The most bizarre part of the contract is the proposed requirement for continuity of care, although Amanda Doyle at this week's webinar stated that practices would not have to evidence this '*for this year.*' This just demonstrates how out of touch she and the whole of NHS England are.

**IMPORTANT:** The GPC have requested all LMCs to set up a WhatsApp Group of local GPs. This will not be used for discussion, but to rapidly disseminate information to GPs as the situation involves. The GPC has asked that this list is limited to GPs as it is will be used to communicate regarding potential industrial action. Please ensure that every GP is made aware of this. To sign up, [please email the LMC](#) ensuring to include your mobile phone number you would like to be added to the group.

The GPC are also planning a virtual 'roadshow' **this Thursday (7/3/2024) at 7.30pm** for practices in the East Midlands. We will let you know as soon as we have more details.

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There is an old adage - often referred to as *Wallace's Two-out-of-Three Theory* - that you can have any two out of:

- Speed
- Quality
- Price

For general practice, speed can be thought of as access, quality as holistic care with continuity, and price as funding of the core contract. As NHS England and DHSC are determined to increasingly undermine the level of funding year after year, then practices will either need to reduce access or quality – and I know which one practices would choose.

NHS England trying to force practices to do the impossible and deliver all three is the basis of why the job has become so undeliverable, unpopular, and unappealing. Without change in political direction, general practice will fail.

Yours faithfully



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