

18 March 2024

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

Dear Colleagues

LLRLMC NEWSLETTER MARCH 2024

Welcome to our March Newsletter which includes feedback from our LMC Board meeting held on 13 March 2024, and other current issues. Please ensure that every GP – partner, locum or salaried – that you know receives this newsletter as it contains crucial information about the future of our profession.

Topics in this newsletter:

- 1) [LMC Meeting March 2024](#)
- 2) [Wheezy Children](#)
- 3) [GMS Contract for 2024-25](#)
- 4) [Minor Surgery](#)
- 5) [Complaints Training](#)
- 6) [Are You Recruiting Clinical or Non-Clinical Roles?](#)

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

LMC MEETING MARCH 2024.

The LMC considered various issues during the meetings including an update on the imposed GP Contract for 2024/25, DHU CYP Mental Health Triage and Navigation, LARC contract, Wheezy Children, and Health Equity Payments.

Dr Andrew Furlong (Medical Director, UHL) attended on behalf of the hospitals. He fed back on previous issues, and was asked to look into the following new items:

Poor communication between Midwives and practices causing various concerns including safeguarding.

Initial reports from DEXA Scans and ECGs being sent to practices via pathlinks and therefore available to patients online before practices receive the definitive reports causing confusion. Radiology – how do GPs raise a query when the reporting was outsourced, and there is no name who reported it.

MS Nurses – several members reported patients were unable to contact the MS Nurses.

ED Discharge Letters. Dr Furlong had explained why individual doctors do not sign ED discharge letters, and that they have a 'consultant of the week' arrangement to handle any queries. The LMC asked that this is made clear on every ED Discharge and the email to use if there are any queries.

[Return to top of letter](#)

WHEEZY CHILDREN.

The LMC has received many complaints about the ongoing expectation on general practices to provide reviews to children 48 hours after being admitted or being seen in ED with wheeze.

Whilst these are small numbers it is a clear indication of a commissioning gap that despite discussions for over 2 years has never been resolved.

The LMC has gained legal opinion, and our solicitors have drawn up two documents – one which has been sent from the LMC to the ICB, and the other a notice that each practice should send to the ICB. Both of these documents are included in the same email with this newsletter and will be available on the LMC website.

Once your practice has issued the notice to the ICB, every time the practice carries out a 48 check after the child was seen in the hospital, then the practice should send an invoice to the ICB. The legal advice is that the LMC cannot set the price, and this is up to individual practices. We recommend that practices refer to the [BMA guide](#) regarding setting fees. Invoices should include the usual terms for a commercial invoice.

The ICB have advised that they are working on a solution. We invited them to provide wording for this newsletter, but despite a delay in sending it out we have not received any.

As the ICB accepts that this service is non-core we expect that they will pay invoices without issue. If there are any problems please [inform the LMC](#).

[Return to top of letter](#)

GMS CONTRACT FOR 2024/25.

For a further year NHS England have deliberately and cynically offered a below inflationary settlement for 2024/25. This is despite general practice already seeing significant reduction in funding year after year, absorbing a 22.5% increase in patient need, and being the only part of the NHS which cannot be overspent. It feels like GPs are being punished for being the most cost effective and productive part of the NHS.

The GP Committee of the BMA rejected the offer, following which NHS England has imposed it. The letter from [Dr Amanda Doyle](#) disingenuously does not recognise that the contract change is being imposed implying that it is the outcome of consultation.

General Practice is in the last chance saloon. Unless the government is willing to invest in the most productive and cost effective part of the NHS which still provides 90% of healthcare, and/or reduce the unnecessary bureaucracy or workload determined by political diktat rather than patient need, then the number of GPs will continue to fall, the number of practices closing will continue to rise and patient satisfaction will rightly continue to plummet.

The GPC is running a series of webinars. Although the one for our area has already happened, if you missed it please feel free to join any of the remaining sessions:

West Midlands: Tuesday 19 March

- 7.30–9pm [Click here to join the meeting](#)

South Central/South West: Wednesday 20 March

- 12.30–2pm [Click here to join the meeting](#)

Yorkshire & Humber/East of England: Wednesday 20 March

- 7.30–9pm [Click here to join the meeting](#)

National catch-ups: Thursday 21 March:

- 12.30–2pm [Click here to join the meeting](#)
- 7.30–9pm [Click here to join the meeting](#)

Also, Dr Katie Bramall-Stainer will be presenting about the current situation at our Annual General Meeting on Thursday 21st March 2024 at 6.30pm. There are a few places left, and if you would like to attend please contact the [LMC Office](#).

The GPC is currently running a referendum as a fore runner to a possible ballot on industrial action. The referendum has only one question – whether you agree with the imposed contract or not. Due to Trade Union laws only BMA members can participate in the referendum, and only BMA members will be able to participate in the ballot. The LMC is therefore advising all GPs to [join the BMA](#) at least in the short term so you can participate in the most important debate about the future of general practice.

We ask all GPs to join our [WhatsApp group](#) to get timely updates, and also please ensure that every GP you know is on the [LMC distribution list](#) (ie did you receive this newsletter directly, if not please [let us know?](#)).

[Return to top of letter](#)

MINOR SURGERY.

The LMC has been working with the ICB regarding revising the contract for minor surgery. We understand that the new contract may not be available until after 1 April 2024.

We have contacted the ICB to ask whether any agreement will be backdated until 1/4/2024, and when will we have the revised DES with pricing to consider.

Until the LMC has received the draft DES for consideration and agreement, we recommend that practices do not sign up to the Minor Surgery DES, and stop providing the service from 1/4/2024.

[Return to top of letter](#)

COMPLAINTS TRAINING

The LMC session scheduled for Tuesday 30 April 2024 with NHSE is now full and we are operating a waiting list - we apologise for any inconvenience. If you have booked a space on the session but are no longer able to attend, please let us know so we can offer your space to the next person on the waiting list.

We are liaising with NHSE to deliver another session and details will be confirmed in due course.

[Return to top of letter](#)

ARE YOU RECRUITING CLINICAL OR NON-CLINICAL ROLES?

Are you currently advertising a GP, Other Clinical, or Non-Clinical role within your practice? If so, the LMC can provide free advertising on our dedicated section of the [LMC website](#).

This service is totally free to all practices in LLR.

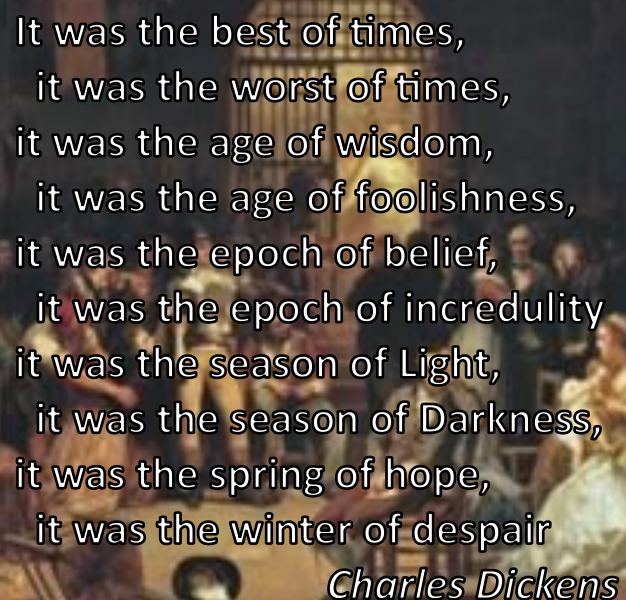
To use the service please send the details of the role and closing date to [the LMC](#).

[Return to top of letter](#)

This week will be my second AGM as chair, and my first full year in the role.

During the year I have noted the multiple dichotomies of general practice.

- We provide the best value for money, and receive the least funding.
- We provide the highest productivity, but are criticised for being the laziest.
- We provide 90% of healthcare, but receive an ever decreasing amount of the NHS budget.
- We want to recruit more GPs, but the amount of funding available means we can't.
- We want to provide high quality holistic care, but NHS England and government policy thwarts us.



It was the best of times,
it was the worst of times,
it was the age of wisdom,
it was the age of foolishness,
it was the epoch of belief,
it was the epoch of incredulity
it was the season of Light,
it was the season of Darkness,
it was the spring of hope,
it was the winter of despair
Charles Dickens

General practice is being ruined by those who do not understand it, and by those who should know better. We are at a fork in the road – let the government and NHS England continue to drive general practice into the ground, or stand up, be counted, and demand better for patients, our staff and GPs.



I implore every last GP in Leicester, Leicestershire and Rutland to join the BMA for the next few months so you can have your say in the future of general practice. As Joni Mitchell eloquently put it "That you don't know what you've got, Till it's gone, They paved paradise, And put up a parking lot."

Yours faithfully

Dr Grant Ingrams
Executive Chair, LLR LMC
Grant.Ingrams@llrlmc.co.uk