

10 April 2024

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

Dear Colleagues

LLRLMC NEWSLETTER, APRIL 2024

Welcome to our April Newsletter which includes feedback from our LMC Board meeting held on 10 April 2024, and other current issues. I am aware that GPs and Practice Managers are inundated with newsletters and information from everywhere. I would recommend that practices consider nominating at least one manager and GP to read the LMC newsletters and share the information at practice meetings.

Topics in this newsletter:

- 1) [LMC Meeting April 2024](#)
- 2) [UHL Job Advert: LLR GP representation at UHL Trust Senior Leadership Team Meetings](#)
- 3) [GMS Contract for 2024-25/GPC Referendum/Next Steps](#)
- 4) [Minor Surgery](#)
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- 6) [CBS Updates](#)
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- 9) [LHIS Resource Channel](#)

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

LMC MEETING APRIL 2024.

The LMC considered various issues at our April meeting. We were joined by a non-LMC GP observing the meeting, and I would like to remind you that any GP, GP Registrar, or Practice Manager is welcome to attend and observe an LMC meeting. The LMC meets on the second Wednesday of every month. If you wish to attend, please [contact the LMC](#)

As usual the main discussions are included below, but one new 'Can We Fix It' we agreed to tackle today is the requirement for a report by a GP for "Bus Pass concessions for disabled persons." Similar to the previous requirement for GPs to complete a form for every Blue Badge Form, the LMC Board consider that it is inappropriate for GPs to be asked to complete these forms. If you come across any other forms that you feel GPs should not be requested to complete, [please let us know](#).

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UHL Job Advert: LLR GP representation at UHL Trust Senior Leadership Team Meetings.

University Hospitals of Leicester are looking to recruit three GPs to work with their Senior Leadership Team. Those appointed will not formally represent general practice, but will help UHL by providing a voice from the point of view of general practice. The LMC fully welcomes and supports this approach.

Message from Richard Mitchell (CEO, UHL) and Dr Andrew Furlong (Medical Director, UHL).

Dear Colleagues

We want to make University Hospitals of Leicester the best place to work and to receive care. We believe that we can only achieve this by working in ever closer partnership with colleagues across our system, particularly in General Practice, and more widely across the East Midlands.

Over the last two years we have had 3 GP colleagues from LLR join our Trust Leadership Team meetings on a Tuesday afternoon where, through their contributions, they have played an invaluable part in helping us to take important decisions relating to safety and quality, workforce recruitment and retention, colleague welfare and wellbeing, timeliness of care, finance and strategy.

The tenure of our current GP colleagues is coming to an end, and we would therefore like to readvertise the roles and extend an invitation to all GP colleagues across LLR. We anticipate that 3 GPs will join our Trust Leadership Team meetings for the next 2-year tenure, which will run from June 2024.

The Trust Leadership Team (TLT) meetings take place on a Tuesday afternoon (currently a mix of Face to Face and Virtual meetings) and usually last 2.5 hours. You do not need to be able to attend every TLT meeting but we would like you to attend at least 75% of them. We will reimburse you for your attendance and also make an allowance for time to read the papers.

You do not need to have particular skills or experience but we are looking for colleagues who are committed to helping us make UHL a great place to work and to receive care. As such, we would expect you to be a LLR GP on the performers list.

*If you would be interested in this opportunity, please submit an expression of interest letter (no more than two A4 sides) to carrie.laverick@uhl.nhs.uk giving your reasons why you feel you would be the right person to join our TLT meetings by **Monday 29th April**.*

Thank you.

Richard

Richard Mitchell
Group Chief Executive –
University Hospitals of Leicester NHS Trust
and University Hospitals of Northamptonshire NHS Group
Chair East Midlands Acute Providers Network

EA: Carrie.Laverick@uhl-tr.nhs.uk (UHL)
EA: Gemma.Clatworthy@nhs.net (UHN)

Andrew

Andrew Furlong
Medical Director/Dep CEO
University Hospitals of Leicester NHS Trust

EA: kieleley.dowell@uhl-tr.nhs.uk

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GMS CONTRACT FOR 2024-25 / REFERENDUM / NEXT STEPS.

Many of you will have heard Dr Katie Bramall-Stainer talking about the current situation at our Annual General Meeting on Thursday 21st March 2024, or at one of the GPC Webinars.

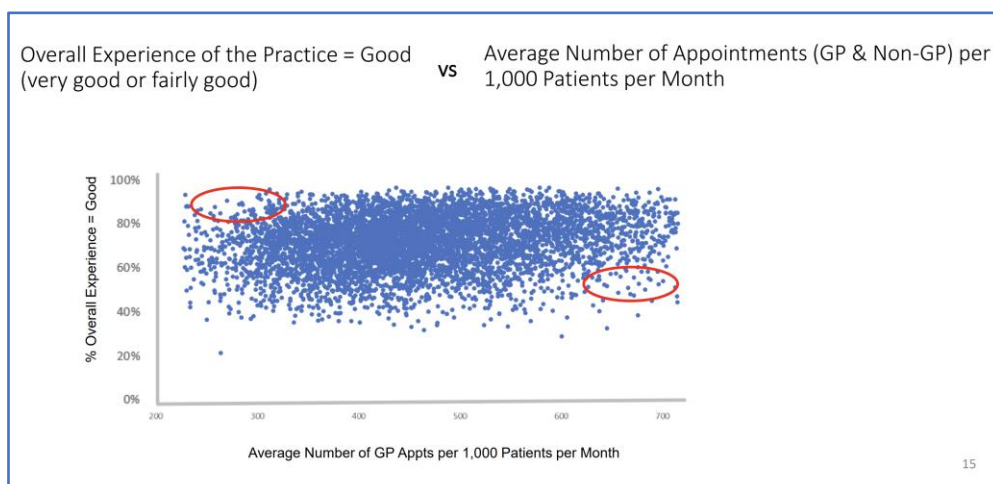
The GPC referendum was a fore runner to a possible ballot on industrial action. The final result was that 19,009 GPs voted, representing a turnout of 61.2% of those who had been sent a voting paper. Only 155 voted in favour of the proposed contract for 2024-25 meaning that **99.2% of GPs rejected it.**



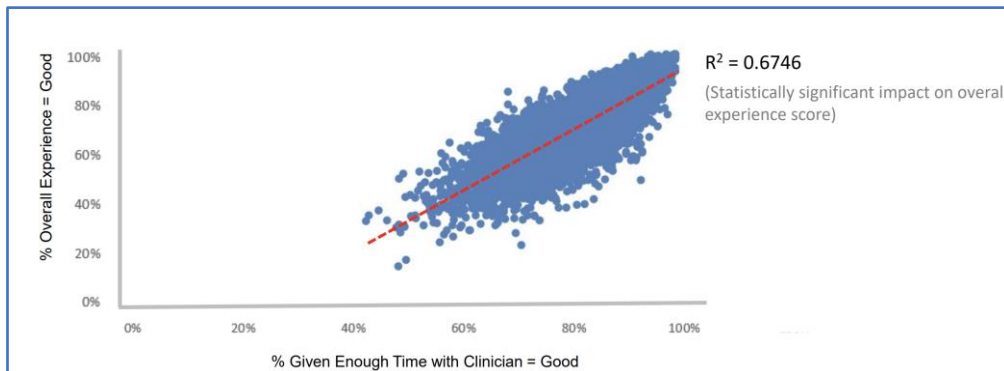
One of the issues that the referendum highlighted was multiple problems within the BMA database of GP members. If you or anyone that you know is a BMA member but was not able to vote, please contact the BMA or the LMC office, to ensure that this is sorted out before the ballot regarding industrial action.

The next step is that the GPC will hold regional meetings to discuss with as many GPs as possible your views, what action you would be willing to take, and what you hope the BMA can achieve. We will share further information in due course.

NHS England continue to be either blase or uncaring about the actual state of general practice as seen in their [most recent letter](#). They continue to be obsessed with quick and easy access to general practice regardless of the effect that this narrow approach is having on quality of care, including continuity of care. In addition, the evidence from the national patient survey is that this is also not what they value the most. As can be seen from this infographic produced by Beds and Hart LMC, there is no correlation between number of appointments and patient satisfaction:



However, there is correlation between patient satisfaction and being given enough time with the clinician.



The LMC continues to advise 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, including voting in the unavoidable.

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](#) (i.e. did you receive this newsletter directly, if not please [let us know](#)).

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MINOR SURGERY.

The LMC is getting frustrated with the ICB regarding minor surgery. We cannot get a straight answer from the ICB regarding the current situation. It is unclear whether procedures done at present will be paid at last year's prices, this year's prices or not at all.

Practices may wish to contact the ICB to try and get individual assurance before continuing with minor surgery procedures that they will be paid for them.

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NON-GP INITIATED PATHOLOGY REPORTS.

There are clear professional, patient safety and workload reasons why someone who has initiated an investigation should be in the position to interpret and act on it, and not expect the patient's GP to do this. The LMC is aware that from time to time one or other service does abide by this.

If you find yourself being expected to act on results of an investigation initiated without your knowledge by another service, please let the LMC know.

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CBS UPDATE.

The LMC continues to work closely with the ICB on the final parts of the Community Based Services. In particular we have been working jointly on the contract to ensure it is fair for general practices controlling exposure and risk. We are also working so that all the information needed is provided in an understandable and transparent manner.

It is important that all practices are aware what coding is needed to ensure that the activity is properly captured so that practices receive the correct funding for work done.

We remain concerned about the Medicines Optimisation Framework, and whether the funding is in balance with the expected work.

For Wound Care, there has been an agreement with LPT that they will continue to treat patients where they have already started wound treatment, so practices starting to provide this service will only treat new patients.

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LOCAL PRACTICE CLINICAL PROTOCOLS.

Practices across LLR have developed clinical protocols that improve efficiency, and/or safety of providing various services. We were recently sent one regarding provision of Hormone Replacement Therapy.

My own practice has pathways for handling urine samples, prescribing repeat contraception, and prescribing repeat hormone replacement therapy using patient self-declaration forms and patients measuring their own BP or weight etc.

The LMC is suggesting that we keep a database of these protocols on our website for other practices to adapt for their own use. Please send copies of your clinical protocols [to the LMC](#) so good practice can be shared, and practices can avoid reinventing the wheel.

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GENERAL PRACTICE QUALITY ASSURANCE FRAMEWORK 2024.

The ICB has sent out this 'Toolkit' to be completed by practices. The ICB consulted the LMC and our view is that it is excessive, bureaucratic and will divert practices away from other work. There is no contractual requirement to complete it.

Please look through the Toolkit and see whether you may benefit from considering the contents. You can use the Toolkit to inform your practice without fully completing and returning.

If your practice is contacted by the ICB or have any undue pressure to complete the Toolkit, please contact the LMC for our support.

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LHIS RESOURCE CHANNEL

LHIS have asked us to advertise their MS Teams Resource Channel: [LHIS Primary Care Resource channel](#).

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The LMC continues to work to protect, support and promote general practice across LLR. Similar to practices across England, you are all providing more appointments for an ever decreasing amount of funding.

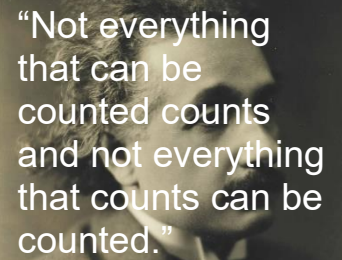
NHS England appears to only believe its own rhetoric that everything is great in general practice, and the ICB still believes that it is appropriate to be sending out excessively bureaucratic and time consuming questionnaires.

If there is to be any long term future for general practice, NHS England must listen to general practices as to what would help them to improve and develop. NHS England and the ICB must adopt a high trust, low bureaucracy approach, which will lead to practices innovating and delivering what their patients need.

Yours faithfully



Dr Grant Ingrams
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"Not everything
that can be
counted counts
and not everything
that counts can be
counted."

Albert Einstein