

13 April 2023

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

Dear Colleagues

Re: LLR LMC Board meeting 12 April 2023

The following items were discussed:

- 1) [UHL/LMC Collaborative Working](#)
- 2) [Hewitt Report](#)
- 3) [Modernising LMC Board](#)
- 4) [Freedom to Speak Up](#)
- 5) [Why Can I Never Get An Appointment With My GP in LLR](#)
- 6) [IIF CAN-01 and FIT Testing](#)
- 7) [Can we Fix It?](#)

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

UHL/LMC Collaborative Working

With my deputy chair (Dr Fahreen Dhanji) we had a very productive meeting with Richard Mitchell (CEO) and Dr Andrew Furlong (Medical Director) of UHL. We have agreed that working collaboratively will benefit both UHL and GPs. From next month one or other of them will attend every LMC meeting.

We are also discussing other ways of improving joint working between GPs and Consultants.

If there are any questions that you would like us to put to them, then please contact the office.

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Hewitt Report

The LMC discussed the long-awaited "Hewitt Review: an independent review of integrated care systems."

Overall, the LMC did not think it was a well written report and seems confused in its vision.

Regarding general practice, it advocates moving from national to locally negotiated contracts within a national framework. The review advises that the partnership model should be built on "rather than sweeping it away entirely."

Finally, it advises replacing "practices that are not delivering at a high enough standard" and that there should be a "centrally-held fund to buy out contracts or premises, or both, where that is essential to improve access, care and outcomes in a particularly disadvantaged community."

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ADVISE SUPPORT REPRESENT

Leicester, Leicestershire and Rutland Local Medical Committee

109 Station Road, Glenfield, Leicester, LE3 8GS

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Modernising LMC Board

The LMC discussed and agreed changes to make the Board more representative and include succession planning.

From the next LMC election (2024), we intend to have a minimum of 3 sessional GPs on the committee. The LMC has a statutory role to represent Sessional GPs (mainly salaried and locums), but despite more than half of GPs in LLR now being sessionals only one member out of the current board of 11 is a sessional GP.

We will encourage sessional GPs to stand in the normal election, but if less than 3 are elected the Board will co-opt additional sessional GPs to make the number up to 3.

The LMC has also agreed to have a reserved seat for a GP within the first 5 years of completing their training. Similarly, to the sessional seats, if no GP is elected who meets the criteria, then the LMC will co-opt someone.

The LMC will include a non-voting seat for a practice manager to give a better insight into the problems with day to day running of practices and the challenges they face.

The LMC has undertaken to explore how we can include a GP registrar.

Finally, the LMC will reserve one observer seat at each LMC meeting. This is open to any GP, Registrar, Medical Student or Practice Manager. If you would like to observe a meeting, please contact the LMC office.

These changes will strengthen our board and make the LMC fit to carry out its statutory functions into the future. Please contact me if you have any questions or are considering standing for the LMC Board.

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Freedom to Speak Up Guardian

General Practices are expected to have a Freedom to Speak Up Guardian. This can be difficult to achieve, particularly in small practices.

The LMC has agreed that we will provide a Freedom to Speak Up Guardian service to all LLR general practices who wish to use it as part of our service at no additional charge. We will ensure that it meets the CQC requirements and provide all the appropriate information.

The LMC will write out over the next few weeks with further information.

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Why Can I Never Get An Appointment With My GP?

The LMC has finalised a report which includes all the information to demonstrate the pressures that practices are under locally, comparing activity with the reducing number of GPs.

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The document will be formally launched next week. We will provide all practices with copies and posters. We are arranging a summit in June, to include MPs and a wide range of other decision makers to discuss the issues and possible solutions.

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IIF CAN-01 and FIT testing for 2022/23

The LMC has been concerned that local practices could not achieve this indicator for no fault of their own, as FIT testing was not available for patients under the age of 65 for most of the year. NHS England had not included any ability to exception report as they say they had been assured by ICBs that the service was universally available.

We have escalated this nationally again, and will advise constituents as soon as we get a reply.

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Can We Fix It?

We continue to try and solve these niggling problems for general practices.

Currently ongoing:

Results from midwifery initiated investigations. The LMC has had a productive meeting with the community midwifery team, and they are working on a full solution for this which should be finalised in the next few weeks.

LPT Generated Tasks. Together with ICB colleagues we are developing improvements. So far we have agreed that all Tasks should be sent to the 'Practice Incoming Tasks' box and not to individual people, and also that no Tasks 'just for information' will be sent. We are still working on getting agreement that any Task should include the purpose/reason in the body of it.

Ability to Download from ICE. We have liaised with the ICB who are looking at how this could be enabled – ie at a click of a button to select and download results from ICE into SystemOne in a coded format.

New issue

Travel Concessions Form. It appears that practices are being asked to complete these forms more and more frequently. The form creates work, and sometimes tension between the GP and their patient. We will liaise with the Local Authorities to try and change the process (in preference similar to the Blue Badge process).

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The LMC continues to work hard on behalf of constituents to highlight the problems with general practice and the ever increasing risk that NHS general practice will fail. Unless we can reverse the year on year decrease in GPs locally the last job of the LMC may be to design a symbolic light switch for the last remaining NHS GP to turn off when they resign.

Yours faithfully



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