LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

11 August 2023

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

Dear Colleagues

LLRLMC NEWSLETTER AUGUST 2023

Much has happened since my last newsletter in June. For the first time in my career, I was on leave from my surgery for three whole weeks. The amount of catch up on my return has been such that I do not think I will ever do this again before retirement! The first week was spent at the BMA's Annual Representative Meeting where I represented all doctors from LLR. I spoke on several motions, and proposed one about ongoing discrimination within the BMA. How can the BMA take other organisations, like the GMC, to task if it has not put its own house in order? This motion was passed by an overwhelming majority.

I am no longer a member of the GPC so cannot give full feedback about the last two meetings, but I was appalled at the Vote of No Confidence proposed and passed in Dr Farah Jameel whilst she is on maternity leave. The optics to outside organisations must be incredulity and will not help restore the profession's confidence in the GPC. Whilst I understand the desire to appoint a new team, there must have been a better way of implementing this aim.

However, I have full confidence that the newly elected chair (Dr Katie Bramall-Stainer, CEO of Cambridgeshire LMC) will represent the profession robustly with a good chance of delivering some positive changes for GPs. She has been a colleague and friend for many years, and I have previously tried to persuade her to stand as chair.

Topics in this newsletter

LMC MEETING AUGUST 2023

The board considered a wide range of topics. Andrew Furlong (Medical Director) continued the new arrangement of a senior member from the UHL attending every LMC Board meeting, and discussed matters of mutual interest. It was interesting to realise that some PRISM referral forms are equally disliked by both GPs and consultants. Many of the referral pathways seem to need significant revision.

We discussed the closure of City Hubs. This is a financial decision by the ICB. The LMC feel it is short sighted especially if taking into account the increasing problem with GP recruitment and retention in Leicester City (see below).

The Primary Care Funding Model was discussed. I reported a meeting with the ICB. As per our email on this we jointly agreed that the financial sheets are not fit for purpose and need to be reworked to include:

- Clarity about what is included in the model,
- Changes between 21/22 and 22/23 set out line by line so practices can see what has changed.
- Full transparency, with the revised sheets easily understood with links to further notes and breakdown of figures as needed.
- Agree standard terminology, with explanation for each part.
- A consistent 'name' for the levelling up model produced by Dr Shepherd.

The LMC has been contacted regarding removal of the 1.7% inflation increase from the PCFM. This had neither been discussed with, nor agreed with the LMC, in advance.

The LMC Board supports the underlying aims of the PCFM, and we will continue to work with the ICB to make sure it is transparent, consistent, and supports development of general practice. This is the last year for the current PCFM. The ICB has sent out a questionnaire to every practice to gain feedback about the model. It would be very helpful if these could be completed and returned as it will help to form thinking about replacement next year.

The conference of LMCs in England will be held in November. This is our chance to influence GPC policy. If there are any issues that you feel should be debated, please contact the LMC and we can send in a motion.

We also discussed other topics which are included in separate sections below.

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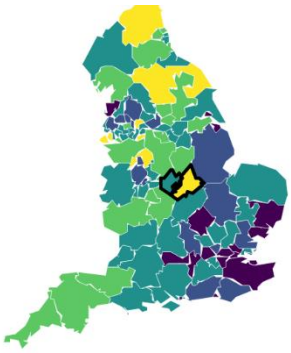
LMC SUMMIT NOVEMBER 2023

Following the successful LMC summit in June that I reported in my last newsletter, we are now looking towards our next event. We plan to base the next meeting on exploring the reasons why newly qualified GPs do not stay in general practice, why GPs in mid-career are leaving, and why those in late career are taking early retirement. We will invite system partners to talk about what changes we can make locally to improve working conditions, recruitment and retention.

We will be sending out a survey in advance to seek your opinions about the causes.

In LLR there is a significant difference between the three old CCG areas:

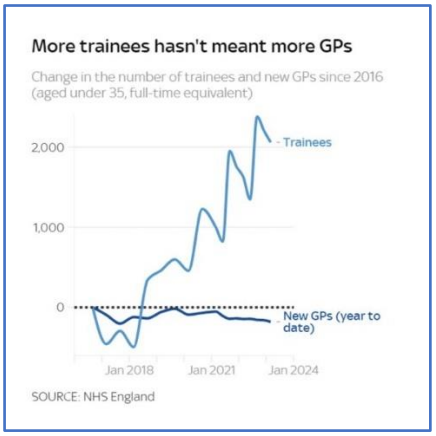


Area Name	Patients per fully qualified GP June 2023	Ratio Change since December 2016
Leicester City	2,052	+705
Leicestershire West	1,696	+219
Leicestershire East and Rutland	1,468	+435
England	1,738	+323

Source: UK Parliament, House of Commons Library, Constituency Data: GPs and GP Practices 9 August 2023

Every Full time GP in the City is now looking after 705 additional patients, 219 in Leicestershire West and 435 in Leicestershire East and Rutland.

The long waited NHS Workforce plan was short on details. There was nothing within it to improve recruitment and retention, and the only solution was to further significantly increase the number of trainees, not recognising the challenges in developing the capacity needed, nor that this policy has not worked so far:



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MINOR SURGERY DES

A reminder that the LMC is asking practices to mandate us to act on your behalf to negotiate a more appropriate fee for minor surgery. If your practice has not already contacted the LMC please consider doing this.

In LLR the amount paid per procedure this year is the same as it was in 2019, which, due to compound inflation, means that practices are now being paid 28% less. The LMC believes this is unsustainable for practice.

If your practice decides that it is no longer financially viable to provide this service, you can terminate your contract by giving the ICB one month notice in writing.

IF YOU WOULD LIKE TO MANDATE THE LMC TO NEGOTIATE ON BEHALF OF YOUR PRACTICE PLEASE SEND AN EMAIL TO ENQUIRIES@LLRLMC.CO.UK BEFORE OCTOBER 2023

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INFLUENZA AND COVID VACCINATIONS 2023

This year's shifting arrangements for the Influenza and Covid vaccinations Enhanced Services typify DHSC and NHS England's approach to general practice. Knowing that practices will already have made appointments for patients to have influenza vaccines they then decided to tell practices that they could not start vaccinating until October. Our new GPCE chair (Dr Katie Bramall-Stainer), pointed out to NHSE that the Influenza Enhanced Service contract states that it starts from 1st September, and NHSE had to immediately back track and in their revised letter they just 'ask' practices not to start until October.

The reason behind this? NHS England has decided that if practice give both Influenza and Covid vaccinations together then they can get away with only paying £7.54 for Covid vaccinations.

This misses the point that there will be some patients who only want the Covid vaccination, patients who will want them to be given separately, and patients unable to have the influenza vaccine.

In addition, the contract for Influenza vaccinations is practice based and for Covid vaccinations based upon PCN groupings.

I strongly urge that before agreeing to participate in the Covid Vaccinations you do your own costings. Include staff costs (vaccination, supervision, management, reception), costs of call and recall, and building costs (heat and light etc overheads). Any contract should also produce a surplus – recognising the additional responsibility and work by the partners. It is important that practices do not only look at the amount being paid, but at their costs, and therefore whether there is a profit or loss.

If your costings show that you will make a loss on providing this service, discuss with your partners whether the partners will pay the shortfall out of their own pockets, whether you will deliberately reduce another service, or whether to decide not to sign up for the Covid Vaccinations this year.

In summary:

- If you provide influenza vaccinations in September you will be paid for doing so.
- NHS England has significantly reduced the fee for each Covid vaccine to £7.54 (additional £10 for housebound patients).
- Do the costing for your practice before signing up to Covid vaccinations.

BMA guidance can be seen at: Seasonal influenza and COVID-19 vaccination programmes | GPC guidance (bma-mail.org.uk)

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INDUSTRIAL ACTION

Junior Doctors are currently on strike again and the Consultants are due to strike again on 24th and 25th August. This has not been done without considerable thought in advance. The Junior Doctors received a 98% mandate for action.

They are striking to seek pay restoration as this has dropped by 35% in real terms since 2008. However, in general practice we would need a 52% increase (£14 billion) in funding to restore to the same level as 2006.

The number of fully trained GPs continues to fall across England - including LLR - leaving GPs to be responsible for many more patients than previously (see here) at a time when: the number of elderly patients is increasing; the number of patients with multi-morbidities is increasing; and care is becoming more complex.

General Practices are already performing 20% higher than pre-pandemic.

This trio of falling funding, falling workforce and increasing workload cannot continue without general practitioners burning out, and general practices failing.

DHSC/NHSE actions are making the situation worse rather than better. The last two imposed contract changes have resulted in higher workload, diverting resources away from front line services, increased risk for practices, reduced funding and will decrease rather than increase recruitment and retention.

The Winter Plan provides no additional funding for general practice and the only support is via acute respiratory hubs. Only this month, NHS England have announced that to ease pressure on secondary care general practices will be expected to refer directly to a host of additional diagnostics tests – transferring both risk and workload to general practice with no additional funding. Just a couple of days ago Dr Amanda Doyle (National Director for Primary Care and Community Services), said that the contract for 2024/25 would be “a stepping stone to take us in the direction of travel that our strategy directs” (see here) thus confirming that they have no intention of considering what patients or general practices need, but purely their centralistic, out of touch, strategy.

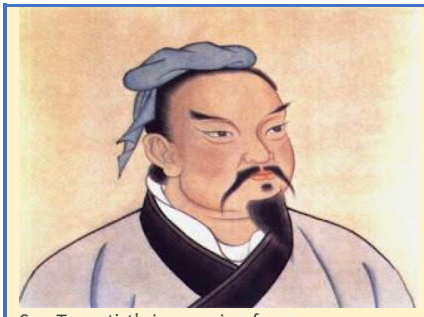
So how can general practices hope to survive when dealing with a tone-deaf monopsony? We are being forced into the only solution to assert pressure, and this would be industrial action.

This does not mean GPs being on strike, manning a picket line, waving placards, and symbolically throwing copies of NHS diktats onto a blazing brazier. Industrial action can also take many other forms. This could include agreement across LLR or England for all practices to:

- Give notice to stop providing NHS services funded at less than cost.
- Implement safe working – moving to 15 minute appointments and limiting to 25 to 30 per day.
- Decline to complete forms for external agencies for less than a commercial rate.
- Close for half a day each week (except for emergencies) to provide time to catch up with paperwork, and for training and teambuilding/development.
- Informally close practice lists for a defined period, on the grounds of safety.
- Etc etc etc

All of these could be done within the terms of the current PMS/GMS contract now, but the LMC recognises that many practices feel that they would be too exposed if they did it alone. In June the LMC provided a webinar with Krishna Kaseraneni how his practice and others in the area implemented safe working. Not only was he able to demonstrate that the use of the local Emergency Department had not increased, but also that patients liked it.

Please discuss this in your practice teams. What would you do, or wouldn't you do? Please contact the LMC with any ideas you may have.



Sun Tzu artist's impression from *Qīnggōngdiàn Cánghuàběn*

Great results can be achieved with small forces.

Sun Tzu, Art of War

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FREEDOM TO SPEAK UP GUARDIAN

All practices are required to have a Freedom to Speak Up Guardian which the CQC advise can be included in their inspections of general practices.

The LMC is now accredited to be able to provide this service to all practices in LLR as part of our membership services for no additional cost.

To sign up to the service please contact the LMC

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REPLACEMENT OF COMPUTER HARDWARE

Since 2004 it was agreed that the NHS is responsible for providing and maintaining computer hardware. The most recent version of this is agreement is the NHS England, CCG:Practice Agreement "Terms governing the provision and receipt of GPSoC services and GP IT services"

This responsibility also includes external hardware components like keyboards, mice and printers. The LMC has become aware of at least one practice being charged for replacing faulty keyboards. If your practice has also been charged, or you are advised that you will be charged, please let the LMC know.

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6% STAFF PAY INCREASE

The DDRB recommended 6% increase for salaried GPs, and this was followed by a government announcement that all NHS staff should receive the same 6% increase. The GPC response can be read here.

If a salaried GP has a contract which includes the standard clause from the national contract that they receive all DDRB pay awards, the practice will need to give them the 6% pay increase.

The RCN has written to General Practice Nurses to advise that they should receive this pay increase (see link), but it is unlikely that many (if any) practice nurses are on a contract which includes national increases. It will be a similar situation for all other staff. So, each practice will need to decide what pay award to give staff who are not on a contract hat includes honouring national uplifts.

The GPC continues in discussion with the NHSE and DHSC regarding funding for this uplift. There has been an agreement that some funding will be made available to all practices, but so far it is far from clear how it will be implement. The questions I still have are:

- How it will be calculated (for example whether an average amount per practice or calculated by number of staff and current rates of pay)
- Whether the funding will fully cover the increase (on average or for each individual practice).
- How the money will be passed to the practices (I have advised the GPC that the only acceptable method is as an uplift to the Global Sum, so there is no reliance on any 'performance.')
- Whether the money will be recurrent or for just one year (if for one year, then practices could consider given as a one-off additional payment to those staff who do not have contracts stipulating that national pay increases will be honoured).

The LMC would encourage practices to pass on the pay increase to all staff once additional central funding has been agreed, or otherwise, to strongly consider this if practice finances permit. But, for most staff, it will be the decision of the practice what pay increase to give (regardless of what unions like the RCN are advising members).

We will update practices as soon as we have any further information.

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PRACTICE FINANCIAL PROBITY

Pulse Online recently reported about a Practice Manager who had stolen £155,000 from their practice: Link to article. Over the 25 years I have been involved in LMCs and the BMA I have become away of this happening on multiple occasions by partners, practice managers, and other practice staff who have access to practice bank accounts. With large amounts of money being available and sometimes limited financial governance, the temptation can often be too great to resist.

The key to any successful business is having a thorough understanding of the financial accounts.

> "Practices need to keep on top of their income and expenditure, carry out constant reviews of expenditure and be mindful of any opportunities to expand their income." Ramsay Brown and Partners

It can seem daunting to begin with, but itis extremely important each partner has a detailed understanding of the practice finances. As your LMC, we strongly recommend that all partners in the partnership have full oversight and understanding of the practice finances. Finances should never be left to just one individual to manage and access.

Your practice's partnership agreement should include details of arrangements for financial governance.

If you are a partner or practice manager in a GP practice, can you answer the following questions?

- Who can access the practice bank accounts and who can authorise transactions and payments?
- How much expenditure can an individual partner 'sign off' before approval from another partner/the partnership is needed?
- Do you know how to access and run your payroll system (if done in house)?
- Do you know how to access the practice bank accounts?
- Who has access to Open Exeter, CQRS and PCSE?
- How much can an employee/partner spend before approval is needed?
- How regularly do you meet with your practice accountant, and do you fully understand the information they provide you with?
- When are claims submitted to NHS England and the ICB? How often and by whom? Do you know how much you receive as a result?
- Do you have a robust financial plan in place for your practice?
- Do you know how much all your staff are paid? Do you have oversight of this? How is employee pay decided? How often is this reviewed and by whom?
- How often do you meet as a partnership to discuss practice finances?
- How are drawings divided between partners?
- What are the rights and responsibilities of each partner?
- When was your partnership agreement last updated?

- How are profits and losses distributed?
- Who signs off the partnership accounts?
- How often do you review your practice business plan?
- Who owns the practice premises and how are they paid for?
- Do you know the difference between reimburseable/non reimbursable costs?
- How often do you meet as a partnership to discuss practice finances?
- How are financial decisions made?

The LMC recommends that every practice should discuss this in your practice and update your practice agreement accordingly. If you are a single-handed practice, the it is as equally important to have a document outlining your financial governance.

If you have any queries or need further advice or support, please contact the LMC.

With significant thanks to Nottinghamshire LMC for their original article that this is based on.

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Congratulations for making it through to the end of this newsletter, and apologies for it being so long. Before the start of the pandemic I had changed my Zoom avatar and name to Kassandra, after the Trojan Priestess fated to utter true prophecies but never to be believed. I was highlighting to everyone I could, that the workforce data showed that general practice was heading towards collapse, like the Titanic heading towards the iceberg. Although more and more people locally and nationally have now woken up to this truth, there still appears to be no appetite to make any concerted effort to reverse the trend. Like the Titanic there appears to be a misplaced belief that general practice is unsinkable.

Like always I encourage any comment, feedback, or query about the contents of this newsletter.

Yours faithfully

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