



10 November 2023

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

Dear Colleagues

LLRLMC NEWSLETTER NOVEMBER 2023

Welcome to our November Newsletter which includes feedback from our LMC Board meeting held on 8 November 2023, and other current issues. [THIS MONTH IN PARTICULAR PLEASE ENSURE YOUR PRACTICE DISCUSSES THE ITEM REGARDING UNDERFUNDED SERVICES AND GIVING NOTICE.](#)

Topics in this newsletter:

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

LMC MEETING NOVEMBER 2023

As usual the 'weightier' agenda items are discussed individually below.

Jon Melbourne (Chief Operating Officer UHL) attended the meeting. We raised with him the issue of some individual consultants inappropriately requiring additional investigations before accepting a referral. He promised to look into this, but please [let the LMC know](#) of any examples you come across.

We discussed UHL staff undermining general practice with patients. Jon reported that they have done a lot of work with the medical staff about this, but they will now look at engaging with non-medical staff. If you come across examples of this please [let the LMC know](#).

We also discussed the unilateral decision by UHL to discharge patients who had not responded to a request to make an appointment for 6 months without a further reminder to the patient first, or prior discussion with the LMC/General Practices. Jon promised to investigate this and to remind all departments that they should engage with the LMC before making any changes that could affect general practice.

We discussed that at times UHL have been sending information to the ICB that they believe is being forwarded to all GPs, but it has not been. We have agreed that in future UHL will include the LMC in any such communication so we can ensure that it is forwarded.

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UNDERFUNDED SERVICES/NOTICE TO TERMINATE

When I took over as Chair of your LMC Board I wrote to say that a crucial issue for practices was being expected to provide services for free or for an amount less than they cost. It is inappropriate to expect GP Partners to pay for NHS services out of their pockets or by using funding that should be used for core GP services.

Underfunding is one of the causes of the ongoing decrease in GPs, closure of practices, dissatisfaction of GPs and their staff, and worsening access of patients to core GP services.

Your LMC Board has held many discussions with the ICB regarding affected services with no positive movement by the ICB. Your Board has therefore concluded that the time has come to support practices in opting out of providing these services.

We thank the many practices who have contacted the LMC previously wanting to opt out of services, who have continued to provide them anyway whilst waiting for the outcome of negotiations with the ICB.

The three services that we are recommending practices consider giving notice not to provide from 1st April 2024 are:

- Phlebotomy
- Minor Surgery
- Wound care

PHLEBOTOMY

The LMC and ICB had agreed to request PCL to provide an independent costing for providing this service. This costing was finalised following input from both the LMC and ICB and agreement from the ICB that the costing was appropriate. The ICB have informed the LMC that they do not intend to honour the amount and are suggesting that they will offer a lower amount. This will mean that practices will continue to subsidise the service out of profits or from funding for other services.

The current funding is for £11.00 per hour, for one hour per 1,000 patients per week. This amount has not been increased since 2016. We have demonstrated previously that once overheads are considered this provides less than minimum wage to pay the phlebotomist. Assuming 10-minute appointments this provides £1.83 per patient.

The revised costing is £4.35 per patient (see below), meaning that for every patient, the practice is subsidising the cost by a minimum of £2.52 (more if the practice is having to use more senior staff to provide some phlebotomy or if providing more than one hour per 1,000 patients).

The LMC recommends that every practice should estimate how much providing this service is costing them, by estimating the total amount of appointments for phlebotomy per year and multiplying by £2.52. The annual cost to a practice with a list size of 10,000 will be approximately £7,900 as a minimum. This amount will be more if you are providing more than one hour per 1000 patients per week.

Revised proposal after ICB review for adult only Community Phlebotomy:

Phlebotomy costs - adults	Gross Pay per hour £	Cost for 4 hour clinic £	Cost per patient £
Staffing			
HCA	14.05	56.20	2.25
Admin	13.30	19.95	0.80
Subtotal Staffing		76.15	3.05
Direct Non-Pay			
Single use tourniquet			
Swab			0.04
Tape			
Butterfly needles			0.01
Subtotal Direct Non-Pay			0.05
Indirect Costs			
Phlebotomy chair		0.39	0.03
Estates		24.79	0.99
Training			0.02
5% Primary Care Overhead			0.21
Subtotal Indirect Costs			1.25
Gross cost per appointment			4.35

This was based on the following changes in assumptions:

- No changes made to staffing. This assumes an appointment time of 9 mins per patient.
- Confirmation received from NHSE that single use tourniquets and tape are reimbursed centrally and therefore these have been removed from the model.

MINOR SURGERY

The item of service fee paid for minor surgery is set locally and has not been increased since 2019. Due to inflation, this means that the amount has been reduced by 28%. The LMC gained mandates from most practices providing minor surgery to negotiate on their behalf.

The LMC has formally approached the ICB, but the ICB are refusing to even commence discussions about this with the LMC. The ICB responded that no other ICB are paying more, and that GPs in no other areas are requesting an increase. A quick survey of LMCs across England has found that this is incorrect.

WOUND CARE

In the county and Rutland where wound care is being currently contracted from practices, many GPs have contacted us about ongoing problems with the service. This is partly due to LPT abusing practices, refusing to take on wound care that practices are not contracted for, as well as the fee being inappropriate for the work required.

The LMC believes that most Leicester City practices have advised that they do not wish to take on wound care in a recent survey by the ICB.

We have raised this with the ICB, but again there has been no clear agreement about performance management of the contract with LPT or improving the fees.

NEXT STEPS

The LMC will contact all practices separately asking you to complete a notice to the ICB to stop providing one or more of these services. We are requesting that these notices are sent to the LMC and not to the ICB. The LMC will hold onto them until we have received sufficient responses. We will then inform the ICB of the number of patients that these practices provide services to.

We hope that the ICB will then agree to open formal negotiations to reach an appropriate solution to these three areas. The LMC will not forward the individual notices to the ICB unless the ICB continue to refuse to adopt a collaborative approach. The LMC would give practices warning before this stage to give other practices who had not already done so to give notice, or for practices who had already given notice an opportunity to reconsider which services they wish to give notice for.

The LMC preferred solution is for the ICB to agree to appropriately fund practices for these services from those practices who wish to continue to provide them, or otherwise to commission a separate service.

We recommend that practices discuss these issues with their Patient Participation Groups and gain their support.

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CREMATION FORMS

The LMC has been contacted by a crematorium medical referee. There was a minor error on a cremation form that they needed to check with the doctor who completed it. The only telephone number that the completing GP had given on the form was the general number for the surgery. The medical referee was unable to get through due to how busy the practice was.

The LMC would encourage all GPs to use the online PRISM version of the Form Cremation 4. This version includes guidance how to complete and does not allow you to miss out mandatory questions.

We also recommend that you consider providing a 'back door' number for your practice, your personal mobile number, or an email address which is monitored regularly so that you can be contacted in a timely manner if there is any query.

Please also consider this when completing a referral using the Coroner's Portal.

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CORE/NON-CORE SERVICES

A common question from practices has been about what services that are included as part of the core GMS/PMS contract.

The LMC created a draft document which they shared with the ICB in June 2023. Despite various reminders, the ICB have still not responded with any information. We are aware that they have also shared this with NHS England.

In the absence of any reply, we will circulate our document to practices.

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GENERAL PRACTICE ANNUAL ELECTRONIC SELF-DECLARATION (eDEC).

The LMC has received several concerns from practices about the new questions added to eDEC for this year.

[New Question]

2N Has the contractor (a sole medical practitioner running the GP practice or the partners running the GP practice) complied with the contractual pay transparency requirement to self-declare their NHS earnings if above £156,000 for financial year 2021/22?

Yes

No

n/a - applies if no individuals are in scope of the policy

[Pay transparency guidance](#)

[New Question]

2O Has the contractor complied with the obligations in respect of cascading the requirement to self-declare NHS earnings if above £156,000 for financial year 2021/22 to persons within scope of the policy (including those who are engaged by the contractor, sub-contractors and those who are engaged by sub-contractors and individuals engaged by a third party to provide clinical services)?

Yes

No

n/a - applies if no individuals are in scope of the policy.

The requirement to declare income was a deliberate ploy by the government to single out general practice and to provide ammunition for the press. The initial agreement was that every person funded via the NHS would be included, but the DHSC dropped the requirement for every other service except GPs. Steve Barclay (Secretary of State for Health) made the personal decision that this would be unilaterally enforced and be implemented only for general practitioners.

The person completing the eDEC is unlikely to be in the position of knowing GPs' personal income within scope of this policy, nor whether a declaration has been made.

The LMC cannot suggest or encourage practices not to complete this mandatory return nor to suggest GPs should breach their contract. The GPC is currently actively seeking senior legal advice to assist practices in completing these questions. The return does not need to be completed until 1 December 2023, so we recommend that practices do not finalise until we have received guidance from the GPC.

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LLR ICB CONTRACT ASSURANCE PROCESS 2023-24.

The ICB has circulated this questionnaire to practices. Concerns have been raised by constituents that many of the questions do not refer to requirements under the contract.

In the past we have agreed with the ICB that it would be appropriate to ask additional questions, AS LONG AS THEY ARE VOLUNTARY AND FLAGGED AS BEING NON-CONTRACTUAL.

Despite raising over a month ago, and despite the return date being 10 November, the ICB have offered to discuss this on the 16 November 2023.

The LMC advises practices that have not already done so, NOT TO complete this return. If your practice has already submitted, the LMC recommends that you ask for the information to be returned and that you withdraw your permission for the information to be used by the ICB.

The LMC is concerned that this is another area that the ICB have failed to work collaboratively with the LMC. We will provide an update as soon as possible.

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TRANSFERRING CARE SAFELY (TCS).

The LMC advises all practices to use the TCS process via PRISM for any procedural or patient safety issue with other providers. This allows 'themes' of concerns to be identified.

However, the LMC continues to have concerns about the Transferring Care Safely process. Although it can provide a useful process to address individual issues, it has not been effective in resulting in organisation wide change meaning that the same issues can recur repeatedly.

A further issue that appears to be becoming more frequent is that due to no quality assurance process, some of the replies sent via TCS are inaccurate (e.g. due to the consultant being unaware of the Consultant to Consultant (C2C) or other policy). If this happens to you, please forward the information to the [LMC](#). Please remember to anonymise the information unless you have consent from the patient to share.

The LMC has forged close links with UHL, and we are working effectively in collaboration and have been able to resolve various issues directly. A senior member of their management team now attends every LMC Board meeting.

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OLIVER MCGOWAN TRAINING.

The LMC continues to receive queries regarding this training. It is mandatory for all CQC registered organisations to ensure that staff undergo appropriate training on Learning Disability and Autism.

It is not mandatory to require staff to undergo the specific Oliver McGowan Training package, but if not, CQC will expect to see evidence that staff have completed an equivalent training package.

At present we are unaware of any alternative training package being available, so, in essence, practices will have no option but for all staff to undergo the training.

There are 2 tiers. GPs and other clinical staff will need to complete Tier 2 training, which includes both online training and a full-day face-to-face training. The online training is available via [eLearning for healthcare](#). The LLR Training Hub are working on how to provide the face-to-face training.

The LMC is concerned regarding the impact this training will have on GP appointments and patient access. We estimate this this training will result in the loss of 22,000 GP appointments in LLR, as well as appointments for other Health Care Professionals. The LMC has written to the ICB to request that they fund backfill to mitigate the adverse effect this training will have on patient services.

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HOLIDAY PRESENT FROM THE LMC.

The LMC recognises that general practices have continued to provide an excellent service to their patients during this year despite ongoing significant challenges and wanted to provide concrete recognition for this.

The LMC has previously arranged for practices to be able to subcontract core services from 4pm to 6.30pm on the days prior to the December and January bank holidays. This year the Board has decided to offer this service once more, but to fund it from our reserves.

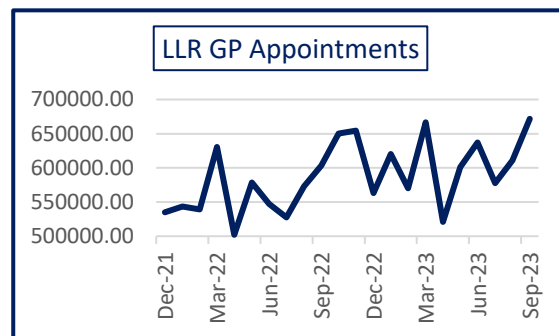
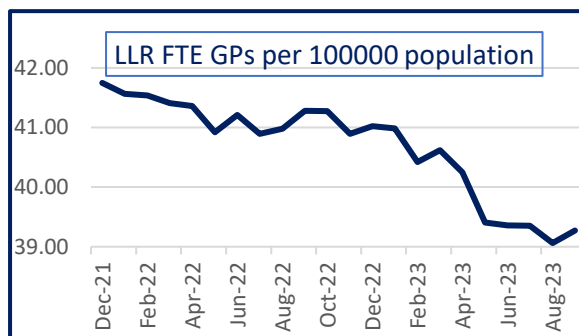
Please note that this does not affect practices requirement to fulfil their enhanced access obligations.

If your practice wishes to sign up for this, and has not done so already, please complete this [short survey](#).

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I took over as executive chair of the LMC Board one year ago this month. This was with the mandate that we would not accept general practices continuing to be expected to provide clinical services for free or for an amount less than the actual cost of providing them. I identified this as a cause of financial and other stress for practices, their managers, and owners. This was welcomed by the ICB Chair and Medical Director at the time. Unfortunately, despite the best efforts of the LMC Board we have not been able to reach any solution with the ICB. It is therefore with a heavy heart that the LMC has now agreed to support practices to give notice to terminate services, initially for Phlebotomy, Minor Surgery and Wound Care.

When talking to practices I am impressed that despite local and national toxic policies, leading to an ongoing exodus of GPs, practices continue to provide more and more appointments for their patients.



I hope that whatever government replaces the current one will recognise the need to support and invest in the bedrock of the NHS which continues to be the highest performing part of the service, providing the vast majority of healthcare.

Please look after yourselves and your teams and remember the LMC is here to support and guide you.

Yours faithfully



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