LOCAL LEICESTERSHIRE
MEDICAL LEICESTER
COMMITTEE RUTLAND

May 2025

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

Dear Colleagues

LLRLMC NEWSLETTER

Welcome to our **MAY** Newsletter which includes feedback from our LMC Board meeting, and other current issues.

No time to read this newsletter? Then listen to the Podcast:

MAY PODCAST (17 MINUTES)

INTERVIEW WITH LOUISE PINDER, HM SENIOR CORONER (46 MINUTES)

SUMMARY OF IMPORTANT INFORMATION:

- Listen to an interview between Louise Pinder (HM Senior Coroner). GPs - CPD for your appraisal!
- Nominate a GP Colleague to win a prestigious award. Click for Information. **Click to Nominate.**
- The GPC has produced a powerful evidence-based critique of the current crisis in general practice. A good read and consider sharing with your PPG, patients and MP.

Topics in this newsletter:

As always if you have any comments, questions, or suggestions please contact the LMC

1. LMC MEETING MAY 2025.

The LMC Board met on 14 May 2025. Unfortunately, due to a last-minute other commitment, no-one from the UHL senior management team was available to attend. The LMC continues to build relationships with consultants from different specialties within UHL via MS Teams meetings and attendance at LMC board meetings. Over the next few months A&E, Gynaecology and Radiology consultants will be attending LMC Board meetings, – please tell us about any issues you are having with these specialities so we will raise them when directly.

The Board meeting was chaired by board member, Dr Praveen De Silva (ST3/Resident Doctor Representative) as part of his GP training. He was well supported in advance and did an excellent job. He is completing his training soon and I predict an interesting career!

In addition, we had three medical students as observers. We had arranged a pre-meeting with them so they would understand what happens at a Board meeting, as well as the role and statutory duties of LMCs

Next month, the LMC will be taking an active participation in the East Midlands Early Career GP Conference on 26th June. Dr Tushar Shamji (First 5 Representative) and Dr Ebrahim Mulla (Sessional GP Representative) are doing joint presentations. The LMC has a stand during the day, so if you are attending come and say hello!

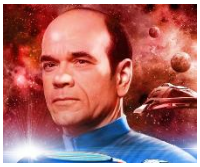
As part of the LMC Board's new vision, we are more proactively interacting with and including GPs and other doctors of the future.

As a reminder, any GP or Practice/PCN Manager in LLR can attend and observe at an LMC meeting. Contact the LMC if you are interested.

Return to top of letter

2. USING AI SCRIBES IN GENERAL PRACTICE.

In 2017 I was asked to write an article about whether AI would replace GPs (read here). My conclusion was that AI will enhance our work but could never replace GPs. I concluded "I look forward to the improved efficiency and safety that continuing development of computer systems will bring. But these will not save clinical time and the replacement of doctors by the likes of a *Star Trek* emergency medical hologram will remain science fiction."



Currently AI Scribes are being used more and more frequently in general practices. This has been in a vacuum of central advice or local support and was described to me by a fellow informatician as being a 'Wild West.' It is against this background, that it is important that practices as data controllers do not allow AI Scribes to be

used without first considering the potential risks and having a plan to mitigate these and formalise your approach.

This is a dichotomy between the lack of guidance and support from DHSC, whilst Health and Social Care Secretary Wes Streeting is saying that IA is an important future for the NHS and "We are bringing our analogue NHS into the digital age."

AI scribes are software solutions that use artificial intelligence to transcribe and document consultations and/or write letters and referrals. They aim to lighten the administrative burden on GPs and allow them to focus more on patients. They utilise speech recognition and natural language processing to create detailed clinical notes.

This guide provides very high-level guidance about what practices need to consider.

NHS England has recently published guidance regarding the use of AI, which although helpful, is aimed more at Trusts/larger organisations.

GPC has issued some high-level guidance for LMCs which looks at the possible risks, benefits and what to consider (the main contents are attached to the bottom of this section). They propose to produce a more detailed practical guide for practices soon.

LMC Checklist

Before your practice starts to use an AI scribe, we advise that you consider the following:

- Decide whether you wish to (Read GPC guide below first):
  - Allow individuals to use an AI scribe, or
  - Roll out to all (majority) of clinicians, or
  - Not allow anyone in your surgery to use.
- Decide which of the many AI Scribe products you wish to use.
- Develop an DCB0160 and DPIA (your DPO should advise you on these – if you use the MLCSU, then premade DPIAs are available on their portal https://primarypoint.co.uk).
- Decide on your consent model
  - **Individual consent** (most relevant if only one or two clinicians using) and whether in writing or oral only.
  - **Opt-out model**. Advise patients by
    - Personalised messages (via AccuRx) to all in advance and on any message confirming appointments, and
    - Notice on website, and
    - Notices in waiting room and consulting/clinical rooms.
- Decide whether you will allow/encourage locums to use AI Scribe, and, if so, to advise of your protocol include which AI Scribe your practice supports (if you decide not to use AI Scribes at all, or not to allow locums, then make it clear in your locum handbook that they **must not** be used).
- Provide training for clinicians who will be using it.
- Inform the ICB if you plan to use or are already using an AI Scribe.
- Develop a protocol to include all the above and consider adding to your risk register.

GPC Guidance:

Overview

This document, published by NHS England on 27th April, provides guidance on the deployment of AI-enabled ambient scribing products including advanced ambient voice technologies (AVTs) used for clinical or patient documentation and workflow support in health and care settings. It is of relevance to GPs aiming to implement a specific product. This is the first in a series of documents to be published over the next six months. An AI Ambassadors network will be established to support best practice and sharing of insights.

What are AI-enabled Ambient Scribing Products?

These are speech recognition and natural language processing (NLP) systems that:

- Record and transcribe conversations between clinicians and patients during consultations.
- Use AI algorithms to generate structured clinical notes, such as SNOMED-coded entries.
- Can auto-populate sections of the patient record, with clinician approval.
- Can generate outputs in the form of medical letters or other documentation.
- Can recommend actions such as onward referral.

Some tools include features such as:

- Automatic summarisation of discussions based on text transcripts.
- Intelligent prompts for missing clinical information.
- Real-time transcription during the consultation.

Potential Benefits for GPs

Reduced Clinician workload

- Save time otherwise spent on typing or dictation.
- Potential to reduce burnout related to administrative overload.

Improved Patient Engagement

- Enable GPs to dedicate more time to providing care rather than documenting it.
- May enhance rapport and patient satisfaction with the GP solely focused on the patient not the computer screen during consultations.

Improved Consistency and Quality

- Potentially more comprehensive and standardised notes improving the quality of the patient record and supporting clinical decision making by having up to date, detailed, real-time accurate records.
- Assists with clinical coding and claiming for work carried out.
- Improvements in operational efficiency and potential cost savings by reducing administrative workload and improving data quality.
- Intelligently automating workflow, promoting scalability and interoperability across health care settings.

Key Governance and Safety Considerations

Clinical Responsibility and Legal Liability

- NHS organisations (including GP practices) may still be liable for any claims arising out of the use of AI products particularly if it concerns a non-delegable duty of care between the practitioner and the patient. This is a complex and largely uncharted area, with limited case law to provide clarity. Clear and comprehensive contracting arrangements with suppliers setting out their roles, responsibilities and liability can mitigate this risk.
- Even though AI creates the draft, GPs must validate, correct, and sign off on all content as the final output is legally and clinically attributable to the practitioner.
- Practices must complete the DCB0160 documentations (including related safety case, hazard log, and monitoring frameworks) and a Data Protection Impact Assessment (DPIA) and ensure that the supplier has completed the DCB0129.
- If a product is registered with the MHRA, training for intended users may be necessary to meet safety requirements.
- The Yellow Card reporting mechanism **needs to be used every time** a medical device does something unexpected or gets something wrong. Most AI scribe products will be classed as medical devices.
- CQC inspection teams will consider if:
  - Technologies are safely deployed (practices need a DPIA).
  - Staff have been trained.
  - There are reporting processes for incidents.
  - There is innovative practice which improves patient care.

Patient Consent and Information

- Consent must be explicit and informed. Key points to explain to patients:
  - What the AI is recording and why.
  - How their data is stored and for how long.
  - Their right to refuse recording or withdraw consent.
- Consider using visual signage or digital consent forms. Make information available to patients in public areas, on practice websites and social media channels.

- Notes and recordings may need to be disclosed to the patient in case of a SAR. What the AI scribe records may diverge from what was said by the GP/ healthcare professional. At the current time, it is unclear who will be responsible for what if full records are not maintained. The practice should familiarise itself with the document retention policy, privacy notices and DPNs of the potential providers.

Data Protection (UK GDPR) Compliance

- Engage with information governance and cybersecurity support early to ensure legal and regulatory requirements are met. Seek help from your local ICB to ensure tools are compliant with:
  - UK GDPR and Data Protection Act 2018.
  - NHS Data Security and Protection Toolkit, CREST and Cyber Essentials Plus certification.
- Use the least amount of data necessary to deliver the function.
- Be transparent around how information is used and shared in relation to ambient scribing products including data storage, encryption, and retention.
- NHS England has developed guidance for IG professionals to assist with meeting the requirements of data protection legislation when implementing AI-enabled technologies. Further guidance will be released in 2025.
- The ICO provides guidance for data protection and compliance with UK GDPR for those adopting AI technologies, and specific guidance on using Generative AI that processes personal data.

Digital Technology Assessment Criteria (DTAC)

The use of Generative AI for further processing, such as summarisation would likely qualify as a medical device (requiring it to be registered with MHRA). A product is a medical device if its intended purpose falls under the definition of a medical device, for example if it informs or drives medical decisions and care. This includes incorporating a diagnosis or prognosis within its outputs, triaging and stratifying, or carrying a prescriptive function like managing or recommending treatments. Products that solely generate text transcriptions are not likely to be classed as medical devices.

Ambient scribing tools must meet DTAC standards for medical device regulation, including:

- Clinical safety (compliant with DCB0129/0160).
- Technical security.
- Interoperability with existing systems (e.g., EMIS, SystmOne).
- Accessibility and usability.

Bias and Inaccuracy Risks

- AI tools may generate inaccurate or fabricated content.
- Risk of embedded algorithmic bias (e.g., misinterpretation of accents or clinical context such as mistaking a patient's hypothetical statement for a confirmed diagnosis, misgendering, gaps in documentation leading to compromised care).
- Products that use Generative AI can introduce unique cybersecurity challenges.
- Clinical staff must identify and correct errors before notes are committed to record.
- Ensure ongoing quality assurance and monitoring such as error reporting processes, service usage monitoring, and comparison between reported and observed metrics.

Quick Implementation Guide

1. Assign a Clinical Safety Officer and identify key risks

- Consider technical risks (e.g. output errors, system unavailability) and clinical hazards (e.g. incorrect context or information).
- Be aware that new functions may be introduced unintentionally or through user-provided instructions.
- An Appendix to the guidance provides actions for technical and product teams leading AI adoption. A series of detailed questions are offered to aid in clarifying the specific features and functionalities of ambient scribing products. The answers should be sought from the supplier, technical experts, clinical safety, IG and IT teams before implementation.

2. Complete the DCB0160 documentation and a Data Protection Impact Assessment (DPIA)

- Develop a safety case, hazard log, and monitoring framework. If you do not have the right tools and capabilities to comply with these standards you should seek help from your local ICB.

3. Plan for appropriate integration

- Ensure integration with your IT infrastructure, systems and workflows.

4. **Ensure appropriate controls**

- Consider legal and regulatory requirements. Ensure compliance with all applicable information law, the Data Security and Protection Toolkit (DSPT), and Medical Device regulations if applicable.
- Ensure users review any product outputs prior to further actions.

- Train staff to use the product.

5. Implement your monitoring framework

- Ensure ongoing audits of clinical documentation, and reviews of incident reports and system performance.

If you would like any more help or information, please contact the LMC

Return to top of letter

3. UHL GALA AWARDS EVENING.

Once again UHL has kindly offered to host an award for general practice at their evening extravaganza award ceremony on the evening of Friday 3rd October at Athena Leicester, Queen St, LE1 1QD.

Nominations can be made by any general practitioner, practice or other manager, member of practice staff, or patient. The award will be to recognise the "GP who has made the greatest positive impact on General Practice in LLR in the last year."

The nominator will need to provide a supporting statement of up to 300 words, which should indicate how the nominee has fulfilled one or more of the following criteria:

- Provided leadership to general practice
- Developed new service(s)
- Supported the development of general practice
- Supported diversity, inclusivity and/or health equality

Last year's winner receives their award.

Nominators should include specific example(s) of how the nominee has achieved one or more criteria, and what impact it has had.

The closing date for nominations is **Monday 28th July 2025**. UHL will arrange shortlisting, and the three shortlisted nominees will be invited to attend the award ceremony with their nominator where the winner will be announced and presented with an award.

This is a great opportunity to celebrate a colleague whose great work has gone unrecognised.

If you have any questions, please contact the LMC.

Return to top of letter

4. MOUNJARO / TIRZEPATIDE FOR WEIGHT LOSS.

In the January 2025 Newsletter we noted that NICE issued guidance in December 2024 about making tirzepatide available to patients in general practice. This is supposed to be live from next month (June 2025). At the time we contacted the ICB and advised that without a locally commissioned service they should not expect general practice to take on the significant additional workload to provide.

After chasing we were eventually invited to a first meeting with the ICB to discuss this on 20 May. We are aware that in some parts of England ICBs are considering commissioning community pharmacists to provide this service. Practices already prescribing for diabetes will be aware of the significant additional appointments and time needed to assess, commence, titrate and monitor prescription of tirzepatide.

At present the ICB has not decided whether to commissioning general practice to provide this service in whole, in part, or not at all.

However, the ICB is being funded to provide services to only 425 patients over this year for the whole of LLR. This includes those patients already under weight management services, leaving only 325 additional patients (2 or 3 per practice). The criteria are very strict, but even so the number of eligible patients will be far in excess of the number being funded.

Year	Estimated Cohort Duration	Cohort	Cohort Access Groups	
			Comorbidities	BMI*
Year 1 2025/6	12 months	I	≥4 'qualifying' comorbidities: • Hypertension • Dyslipidaemia • Obstructive Sleep Apnoea • Cardiovascular disease • Type 2 diabetes mellitus	≥ 40
Year 2 2026/7	9 months	II	≥4 'qualifying' comorbidities: • Hypertension • Dyslipidaemia • Obstructive Sleep Apnoea • Cardiovascular disease • Type 2 diabetes mellitus	35 – 39.9
Year 2/3 2026 and 2027/8	15 months	III	3 'qualifying' comorbidities: • Hypertension • Dyslipidaemia • Obstructive Sleep Apnoea • Cardiovascular disease • Type 2 diabetes mellitus	≥ 40

**Use a lower BMI threshold (usually reduced by 2.5 kg/m2) for people from South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds*

We have produced an information sheet that can be provided to consultants or other staff if they inappropriately request practices to prescribe, or to patients, or to display in your surgery/website. Click here to download.

Until a locally commissioned service has been agreed with the LMC, please DO NOT prescribe tirzepatide for weight loss.

For any comments or queries click here.

Return to top of letter

5. ADVICE AND GUIDANCE ENHANCED SERVICE.

NHS England has published the Advice and Guidance Enhanced Service – CLICK HERE.

The ICB has now contacted all practices to sign up via CQRS by 27 May 2025. Once signed up practices will be able to claim for each pre-referral A&G request made since 1 April 2025.

An Advice and Guidance episode will include using the e-Referral Service **OR** dedicated email **OR** a telephone call. Practices must have a protocol which should include what is in paragraph 6.2.1 of the Enhanced Service. Consider using the SNOMED CT concept '**Choose and Book Advice and Guidance Request**' (820641000000100) to record referrals.

Practices will receive £20 per episode (i.e. if two A&Gs are sent regarding the same patient and issue, only one fee will be paid).

The amount is capped nationally. The amount allocated to LLR ICB does not cover the number of Advice and Guidance requests there were last year. The ICB have told the LMC that they will not top up the budget.

This is disappointing and so locally it is unlikely to encourage practices to increase use overall, but the ICB is looking at how to ensure that practices who have been low users previously are encouraged to increase their use.

The LMC has agreed with the ICB that for the first quarter (April to June 2025) there will be no cap. Following this, depending on activity, it is likely that the ICB will provide practice level budgets/caps, but with an agreement to further refine this towards the year end to ensure that all the money is used within LLR general practice and none returned to the centre.

Last month we also advised that the ERS service enables a referrer to preauthorise the provider to convert an A&G request to a referral, and we would recommend that practices tick this on the ERS referral as default. In addition, the purpose of A&G is NOT to allow inappropriate transfer of work from hospitals to practices. We therefore recommend that you consider adding the message below to each A&G request. Also, if you are requested to refer a patient despite preauthorising conversion from A&G to a referral, OR you receive an A&G expecting your practice to do work that would normally be considered to secondary care, please raise via TCS, and consider letting the LMC know (anonymised only).

The purpose of Advice and Guidance is not to act as a method of transferring hospital work to general practice, and we ask you to respect this.

This A&G request includes preauthorisation to convert it to a referral. If your advice is that the patient needs to be referred, please convert without sending back for the practice to do this.

For comments or queries please email the LMC.

Return to top of letter

6. CHILD IMMUNISATION PROGRAMME – CHANGES FOR 2025/26

NHS England has now confirmed the following, previously heralded, changes to the Childhood Immunisation Programme.

From 1 July 2025

- Cessation of the Hib/MenC 12-month dose
- PCV 13 dose 1 moved from 12 weeks to 16 weeks
- MenB dose 2 moved from 16 weeks to 12 weeks
- Cessation of the monovalent HepB for the selective HepB programme 12-month dose

From 1 January 2026

- Introduction of an additional dose of DTaP/IPV/Hib/HepB vaccine at a new routine 18-month appointment
- MMR dose 2 moved from 3 years 4 months to the new routine 18-month appointment

Full details of these changes are available in an NHS England/UKHSA update at:
Changes to the routine childhood vaccination schedule from 1 July 2025 and 1 January 2026 letter - GOV.UK

There is also a UKHSA webinar planned for Wednesday 11 June, 2.00 – 3.15 p.m., to discuss these changes further and colleagues can register their interest for this at:
Registration Form UKHSA webinar: childhood immunisation schedule changes (11 June).

Return to top of letter

7. FREE JOB ADVERTS.

The LMC continues to advertise vacancies associated with General Practice/PCN in LLR – this is a free service for LLR practices, and we hope extends reach outside the usual mailing groups.

All we require is the relevant details relating to the vacancy e.g. advert and any supporting information you wish to be included like Job Description, person specification, how to apply and a contact person for role.

To advertise, please email the LMC.

Looking for a role? All our open vacancies are available -click here.

Return to top of letter

8. PODCASTS.

The LMC is developing a library of Podcasts.

The main Podcasts are monthly roundups based on the newsletters, but the library will be expanded to include interviews with other local people important to general practice.

Featured Podcast

- 2025 05 21 Interview with Louise Pinder, HM Senior Coroner, Rutland and North Leicestershire.

Monthly Podcasts

- April 2025 LLR LMC Podcast
- March 2025 LLR LMC Podcast
- February 2025 LLR LMC Podcast
- January 2025 LLR LMC Podcast (Long Version)
- January 2025 LLR LMC Podcast (Short Version)
- December 2025 LLR LMC Podcast

Other Podcasts

- 2025 03 05 BBC East Midlands Today re Migration

Please contact the LMC to let us know if you have any comments or questions.

Return to top of letter

9. UPCOMING LMC EVENTS.

The LMC has started to confirm its events schedule for 25/26 and are pleased to announce the events below are confirmed. Please book early to avoid disappointment.

We are also planning to schedule the proposed events, and details will be announced soon:

- Understanding Practice accounts
- Maximising QOF
- Managing Complaints
- NHS performers team – understanding their role and what it means for GPs.
- CQC
- Vaccinations/Travel Advice
- Safeguarding

Local Action Webinar

Following the announcement of the GP Contract 25/26, Collective Action has now finished and has been superseded by Local Action.

The LMC will be hosting a webinar around what this means in reality for LLR practices, what has changed and what remains the same. This will be an hour session which provide an opportunity to hear about Local Action ask questions on the new contract and local action.

Target Audience:	All GPs, Practice Managers
Date:	Tuesday 10th June 2025
Venue:	Remote by MS Teams
Time:	12.30 – 1.30pm
Speakers:	**Dr Grant Ingrams** Chief Executive LLR LMC

To register for this event or to read more about this and other events, please click on **our training page.**

Is your Partnership Agreement up to date?

What you need to know about Partnership Agreements.

If you have answered 'no' to the above, it might be beneficial for you to attend the above LMC webinar. The LMC recognises the importance for practices having a well drafted and up to date partnership agreement. As a result of this, we are pleased to confirm that we will be hosting a lunchtime webinar on Partnership Agreements for practices of LLR to attend. The session will be presented by Daphne Robertson, Dr Solicitors on Wednesday 25th June, 1.00 – 2.00pm.

Partnership Agreements – what you need to know:

- Why a deed is so important and how to ensure it is valid
- Key clauses in a well drafted partnership agreement
- Common issues/pitfalls
- Dispute resolution
- Q&A

Target Audience:	GP and other Partners, Practice Managers, anyone considering partnership
Date:	Wednesday 25th June 2025

Venue:	Remote by MS Teams
Time:	1.00 – 2.00pm
Speakers:	**Daphne Robertson,** Founder and Senior Partner, DR Solicitors

To register for this event or to read more about this and other events, please click on **our training page.**

Understanding Notional Rent Reviews & Improving Property

The LMC will be hosting a lunchtime webinar on Notional Rent Reviews & Improving property.

The Notional Rent Webinar – Your Expert Guide – is designed to help practices gain a thorough understanding of the entire Notional Rent review process. How to ensure your practice receives the correct rent and ways in which you can increase your practice's reimbursement. This webinar will provide valuable insights that can be utilised by both Partners and Practice Managers. There will be ample opportunities to ask questions throughout the session, with plenty of time allocated at the end for discussion.

Agenda

- Changes under the Premises Cost Directions 2024
- The facts about Notional Rent Review deadlines in figures letters (CMR 6s).
- How Notional Rent is calculated.
- Your CMR 1 Form – avoiding potentially costly mistakes.
- Checking your Notional Rent figure is correct.
- How to challenge your Notional Rent figure.
- Common discrepancies in Notional Rent valuations.
- Improving practice property and abatements.

Target Audience:	Premises owning GPs and other Partners, Practice Managers, anyone considering buying into GP premises.
Date:	Wednesday 30th July 2025
Venue:	Remote by MS Teams)
Time:	1.00 – 2.00pm
Speakers:	**Rebecca Reynard** Director of Agency and Sales, GP Surveyors

To register for this event or to read more about this and other events, please click on **our training page.**

Succession Planning & Partnership Change

The LMC will be hosting a lunchtime webinar on Succession planning & Partnership change.

The GP Property & Partnership Change webinar is designed to assist practices undergoing or anticipating partnership changes. This webinar is tailored for practices owned or co-owned by partners and is ideal for current Partners, GPs considering joining partnerships, and Practice Managers responsible for managing partnership changes. Participants will leave the session with a solid understanding of the crucial factors in managing partnership changes, how to identify potential issues and available solutions.

Managing partnership change

- Partnership agreements
- Property at partnership change
- Valuations – buying in, cashing out & avoiding disputes.

Succession planning and property

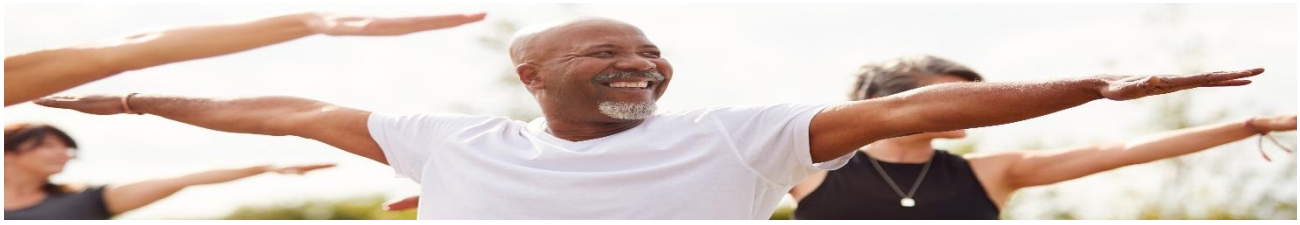
- Identifying potential issues
- Finding the right solution for the practice's circumstances
- Leases – the key considerations
- The importance of an NHS approved lease
- Sale and Leaseback.

Target Audience:	GP and other Partners, Practice Managers, anyone considering partnership
Date:	Tuesday 9h September 2025
Venue:	Remote by MS Teams
Time:	1.00 – 2.00pm
Speakers:	**Rebecca Reynard** Director of Agency and Sales, GP Surveyors

To register for this event or to read more about this and other events, please click on **our training page.**

Return to top of letter

10. AVAILABLE TO WORK



There is an increasing workforce crisis in General Practice, with many GPs unable to find a job or being underemployed.

The LMC has been continuing to spread the word on our local 'Available to Work' initiative. This is a free service which is open to LLR practices and GPs, Nurses and Practices and allows clinicians/practices the opportunity to share:

- availability of locums (GPs, practice managers, nurses)
- details of people looking for a more substantive post with LLR practices e.g. salaried GP, Salaried with view to partnership.
- to provide practices with details that could potentially fill such roles

It is important to note that, the LMC does not endorse any adverts for vacancies (GP, PM or Nurse), availability or opportunities which have been included on our website, and it remains the responsibility of interested parties for conducting relevant checks.

- FOR INDIVIDUALS: I am an individual who is available to work and wish to share my details with interested LLR practices
- FOR LLR PRACTICES: I am a LLR practice looking for role to be filled

Return to top of letter

11. FINAL THOUGHTS

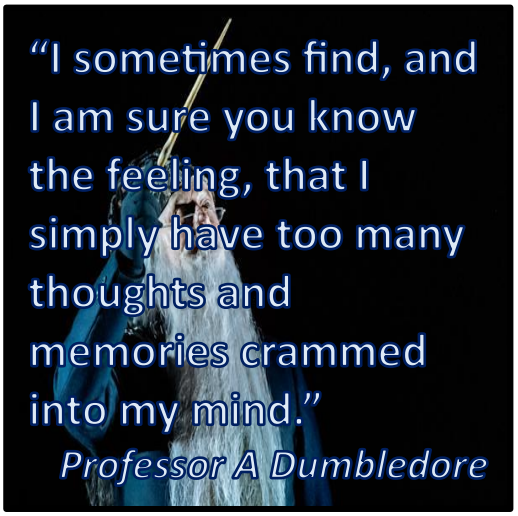
Dear Reader, I have been CQC'd. This was my first (and I hope last) experience of the process. I moved to my current practice in 2016, which was one year after the practice had received a 'Good' rating on its third attempt. My previous practice have never been CQC'd despite even volunteering to be one of the first. Multiple dates for the inspection were arranged and cancelled due to lack of inpectors, illness, or someone washing their hair. So when Professor Steve Field announced that every practice had been inspected, similar to Goscinny and Uderzo's stories about the Roman invasion of Gaul, this was not quite true. To misquote the famous Belgians "*General practice was entirely occupied by the CQC. Well, not entirely... One small practice of indomitable GPs still held out against the invaders.*"

I will not rehearse my view of the effectiveness of the CQC as an inspection process, but just note that after 16 years of the regime, there is no evidence of reduced poor care, abuse or scandals in the NHS or care

sector. To quote Roy Lilley "Arrive, inspect and find everything is OK: you've wasted your time. Arrive and things are a dangerous mess: it is too late. Inspection does nothing to make [services] better, never mind safer." So far CQC has cost over £230million in fees, but the cost to services being assessed is much much higher than this. Against this is the stress and anxiety the process causes to our teams.

As part of the preparation for the visit I was told I had to expunge the last few remaining box files, folders and trinkets from my room –detritus built up over decades of working as a GP. At the bottom of one such box, I found a dusty dossier of monthly newsletters I had written to GP constituents as their GPC representative from 1998 to 2000 (all just one side of A4). I was an elected member of the GPC for most years from 1994 (initially as a sessional GP) to 2018 and do not know why this particular batch survived. This two year period saw many developments and changes that are still important to us today.

Many of the topics were the same. The Labour government of the day had the same belief as current politicians that somehow reorganisation of NHS structures would improve healthcare. First they developed PCGs which went live in 1999, but the following year, they had proposed to replace PCGs with PCTs! In November 1998, I noted that the 'Autumn Guidance' regarding reorganisation to PCGs still had not been published - plus ça change.



The second reorganisation proposed moving GPs to a salaried service, and the 1999 Health Bill included the ability of PCTs to compulsarily purchase general practice premises, and that LMCs would no longer be formally recognised – fortunately neither of these saw the light of day.

It was also a time of great IT developments. With Tim Berners-Lee developing the World Wide Web only in 1989, it was early days for websites which were mainly written directly using HTML code. The GPC launched its first website in March 1999, closely followed by my first website, and the West Midlands Regional LMC website in November 1999 that I wrote to provide resources for the 13 West Midlands LMCs. The burgeoning use of data with increasing ease of online access meant tighter protection was needed. The Access to Health records Act 1990 was seen to be the first UK data protection regulation, and during this two year period I contributed to the development of the Data Protection Act 1998 and the Freedom of Information Act 2000.

This period also saw the introduction of GMC revalidation, the first TWW pathway, locum GPs being included in the NHS pension scheme, and Walk in Centres. Regarding the last, in one of the newsletters I concluded these were more about meeting patient demand rather than need, which was confirmed many years later in reviews after the majority had closed due to lack of cost-effectiveness.

During this period I also came across a Local Health Authority who were budgeting for one more PCG than actually existed. The LMC in the area had been 'strongly advised' not to raise this issue, but as the GPC representative working in a different area I had no qualms about passing onto a trusted member of the press to 'do the needful.' Such 'imaginative' accountancy continues to pop-up from time to time in the NHS, as a product of the enduring top-down bullying regime which prioritises ideology and balancing the books over quality of patient care.

Best wishes.

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