

# Cheshire LMC Annual Conference

Welcome and introductions

Dr Jonathan Griffiths, GP and Cheshire LMC committee member



# Cheshire LMC Annual Conference

Keynote address

Dr Kieran Sharrock, GP and GPC Executive Team



# GPC England overview

**BMA**

Cheshire LMC



19 May, 2022

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# GPC England Executive team

**BMA**

Dr Farah Jameel, Chair

Dr Kieran Sharrock, Deputy Chair

Dr Richard Van Mellaerts, Executive Officer

Vacancy for Executive Officer – appointment process to start soon

# GPC England structure

72 members currently (61 voting and 11 non-voting)

Voting members:

- 5 elected by the Annual Representative Meeting
- 36 elected regionally
- 1-7 members elected (currently 5) by the UK LMC conference
- 4 ex officio (Chairs and Deputies of LMC UK and England Conferences)

[www.bma.org.uk/gpcengland](http://www.bma.org.uk/gpcengland)

Home > What we do > Committees > General practitioners committee >

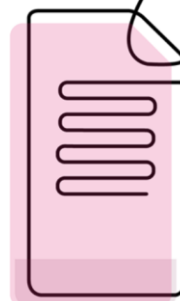
## England general practitioners committee

GPC England is the representative body for GPs in England. Find out more about our meetings, members and priorities.

📍 Location: England 👤 Audience: GPs 📅 Last reviewed: 6 May 2022

Advice and support for GP practices

BMA



# GP contract agreement for 2022/23

- 2022/23 is the 4<sup>th</sup> year of the 5 year contract agreement
- Following a stalemate in negotiations between GPC England and NHS England, the changes that came into effect 1 April 2022, were not agreed or endorsed by the BMA
- The five-year framework concludes at the end of March 2024; the existing GMS contract at that time will automatically roll forward unless it is changed
- GPC England will be discussing and consulting LMCs about the shape of the contract from April 2024 onwards

[Home](#) > [Pay and contracts](#) > [Contracts](#) >

## GP contract changes England 2022/23

Read guidance to understand the changes to the GP contract for 2022/23 and the impact on general practice.



# Core contract changes and requirements

- Online patient registration – removal of wet signatures and the need for hard copies
- Online appointment booking – removal of 25% minimum, to be replaced with all directly bookable appointments that do not require triage, a new contractual requirement which goes beyond the five-year framework
- Deceased patient records will no longer need to be printed and sent to PCSE (Primary Care Support England); practices will legally be required to process access requests forwarded to them from PCSE. However, these changes will only take effect following outstanding system changes. NHSE will notify the profession at that time, expected to be after July.

# Practice level funding increase

- The five year framework agreed funding to provide pay uplifts in line with predicted inflation (as at April 2019)
- 2.1% pay uplift for all GPs, practice staff and practice expenses, although GPC England sought additional funding given the economic changes, but this was refused
- As per the five year deal, global sum will increase by 3% from £96.78 to £99.70 per weighted patient
- Continuation of funding in Global Sum (£20 million) for one additional year (2022/23) to reflect workload for practices from SARs (Subject Access Requests)
- No amendments to QOF, but value of QOF point increase by 3.2% to £207.56
  - **Imms and Vaccs**



# Contract explainer and safe working

The BMA has produced a contract explainer and a safe working document, both of which are available on the BMA website

The explainer can be found in the pay and contracts section under the GP contract header: [www.bma.org.uk/pay-and-contracts/contracts/gp-contract/gp-contract-changes-england-202223](http://www.bma.org.uk/pay-and-contracts/contracts/gp-contract/gp-contract-changes-england-202223)

The safe working document under the advice and support section – Managing workload: [www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice](http://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice)

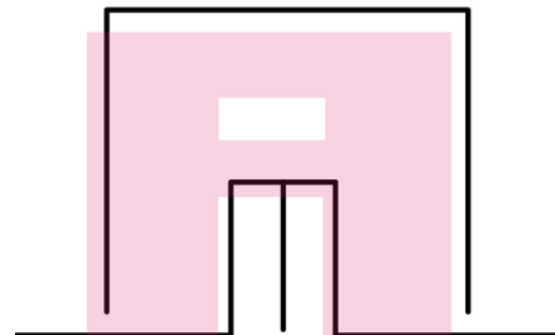
# Rebuild general practice campaign

- The BMA and the GPDF are funding the campaign which is urging the Government to deliver on its commitment to deliver an additional 6,000 GPs in England by 2024
- <https://rebuildgp.co.uk/>
- The campaign also demands that ministers and health leaders tackle the factors driving GPs out of the profession, such as burn out, and create a plan to reduce GP workload and improve patient safety



# GPCE plan for the future

- New contract set to be implemented in April 2024
- Extensive profession-wide engagement exercise
- Exercise will directly influence our objectives and strategy in negotiations for April 2024 contract
- We encourage you to take any opportunity to engage with this exercise



Please send any comments or feedback to [info.lmcqueries@bma.org.uk](mailto:info.lmcqueries@bma.org.uk)

# Cheshire LMC Annual Conference

Transforming primary care – What does that really mean and how will we do it?

Dr Paula Cowan, NW Medical Director for Primary Care, NHS England



# Transforming Primary Care:

What does that  
really mean?  
&

How will we do it?

**Dr Paula Cowan**

MB ChB LRCSPI DFFP DRCOG MRCGP

**NW Medical Director for Primary Care**

**18<sup>th</sup> May 2022**



# Introduction

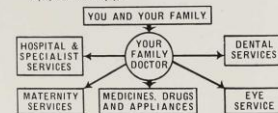
RCSI, Dublin	1995
Eastham Group Practice, GP Partner	2003-date
Wirral LMC: 2 terms Vice Chair	2006-2015
<u>NHS Wirral CCG</u> Clinical Lead Urgent Care Medical Director Clinical Chair: Digital Lead, Inequalities Lead	2012-2022 2015-2016 2016-2019 2019-2022
NW Joint Clinical lead NHS@Home Programme	2021-2022
NW region Medical Director Primary Care	2022-

1948  
Once upon a  
time .....



## YOUR NEW NATIONAL HEALTH SERVICE

On 5th July the new National Health Service starts. Anyone can use it—men, women and children. There are no age limits, and no fees to pay. You can use any part of it, or all of it, as you wish. Your right to use the National Health Service does not depend upon any weekly payments (the National Insurance contributions are mainly for cash benefits such as pensions, unemployment and sick pay).



### CHOOSE YOUR DOCTOR NOW

The first thing to do is to pick up with a doctor. When you have done this, your doctor can put you in touch with all other parts of the Scheme, as you need them. His duties will be to be to you, personal and confidential. The big difference is that the doctor will not charge you fees. He will be paid, out of public funds, to which all contribute as taxpayers.

So choose your doctor now. If one doctor cannot accept you, ask another, or ask to be put in touch with one of the new "Executive Councils" which

has been set up in your area (you can get its address from the Post Office).

If you are already on a doctor's list under the old National Health Insurance Scheme, and do not want to change your doctor, you need do nothing. Your name will stay on his list under the new Scheme.

But make arrangements for your family now. Get an application form (N.C.1) for each member of the family either from the doctor you choose, or from any Post Office, Executive Council Office, or Public Library, complete them and give them to the doctor.

There is a lot of work still to be done to get the Service ready. If you make your arrangements in good time, you will be helping both yourself and your doctor.

Edited by the Department of Health for Scotland

This advertisement appears in selected Sunday, Morning and Evening newspapers in Scotland.



# 2021 Media Storm

- **Fury as UK's top doctor says patients will 'GET USED' to not seeing their GP face-to-face - as he admits many now only work three days a week**



'If travel to Spain is green-lighted, I can recommend a doctor in Madrid!'





## Transforming Primary Care

Many reviews underway

Fuller Stocktake

Government scrutiny

# Access




# Transforming Primary Care?

- Where are we now and what does access mean?
- 1948 vs 2022
- What is Primary Care?
- General Practice Team
- WAF, Enhanced access
- Place – System - ICB
- PCN ( Primary Care Networks)
- CCPL (Clinical and Care professional Leadership) and link to ICB

**And if we want to Transform Primary Care... we need to look & engage across our systems.....**

**.....and have the *honest* conversation with the Public..**



A photograph of a desert landscape with a paved road leading towards a large, dark red sign. The sign is positioned in the middle ground, and the road leads directly to it. The background shows sand dunes and sparse desert vegetation under a clear sky. The entire image is framed by a thick black border.

Fight for the things that you  
care about, but do it in a way  
that will lead others to join you.

Ruth Bader Ginsburg



# General Practice and Primary Care



Workforce issues

Exhausted staff

Are we being kind to each other

Constant request to go “back to normal”... what is normal

New normal: harnessing innovation, MDT approach

True care navigation , with more closed episodes of care

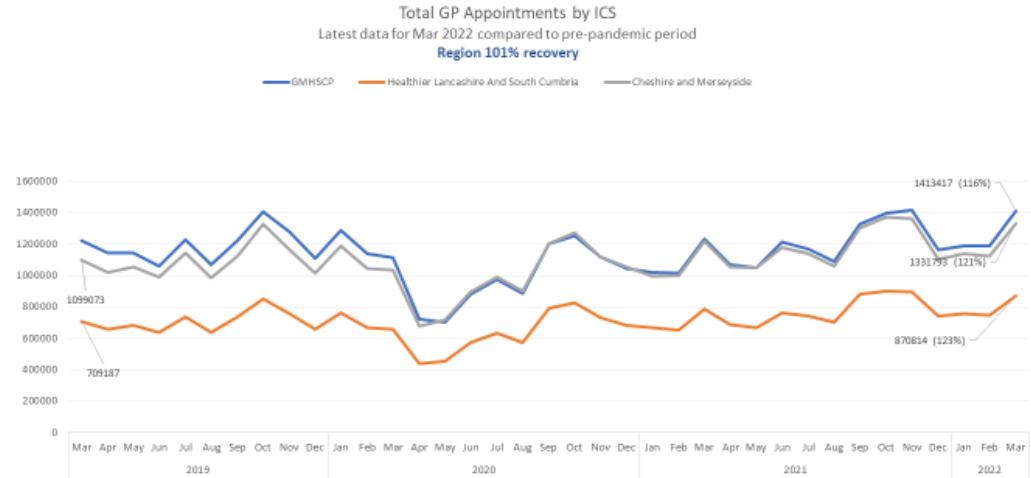
Digital Technologies and Platforms

Patient ownership, PAM

Right care, right place, right clinician



# Data confirmation....

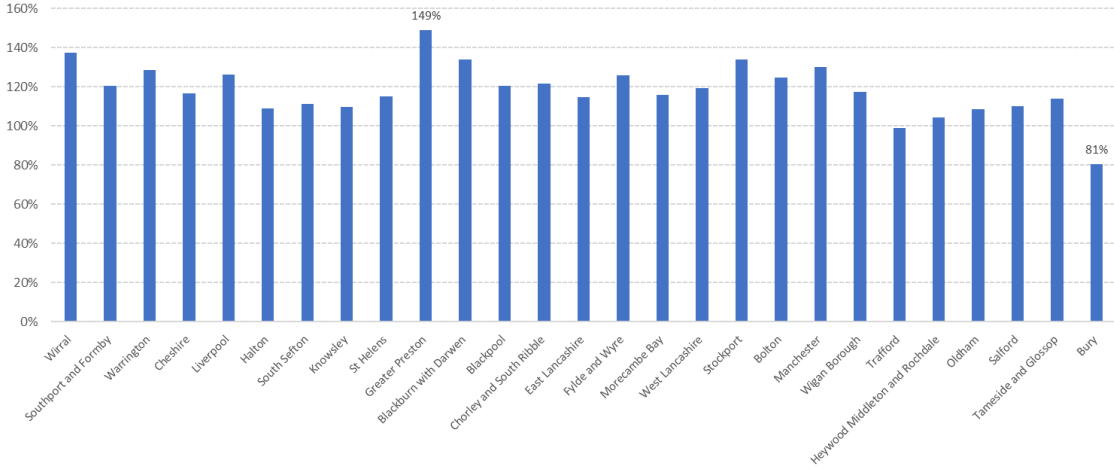


Source: NHS Digital monthly publication - GP Appointments



# Further Data per CCG

Total GP Appointments - CCG Variation  
Latest data for Mar 2022 compared to pre-pandemic period

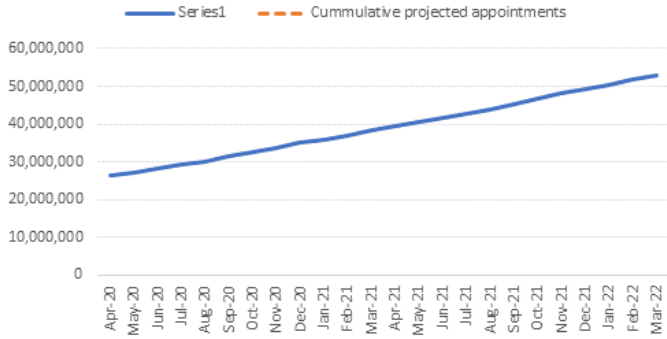


Source: NHS Digital monthly publication - GP Appointments



# Cheshire and Mersey

### Monthly Total GP Appointments (Cummulative)



### Monthly F2F GP Appointments



### Monthly Telephone GP Appointments



### Monthly Video/Online GP Appointments



# Future Aims

Visible

Work with you on how we truly Transform

Engage nationally, but ensuring what's right for the North West

MDT approach

Supporting Place, System, Region

Engage widely including LA and 3<sup>rd</sup> Sector

Addressing health and Care Inequalities

The Green Agenda

Promoting Digital Technologies and how we can do things innovatively





Thank you

Do not wait to strike till the  
iron is hot; but make it hot by  
striking.

• William Butler Yeats



# Cheshire LMC Annual Conference

A vision for the future – place based commissioning

William Greenwood, Chief Executive, Cheshire LMC



# Cheshire LMC Annual Conference

Considering the future primary care landscape

William Greenwood, Chief Executive, Cheshire LMC

Dr Paddy Kearns, GP and Medical Director, East Cheshire ICP

Dr Chris Ritchieson, GP and Medical Director, Cheshire West ICP



# Breakout session (questions to consider)

1. The priority for the NHS with the shift to Integrated Care Systems (ICSs) is for general practice to be able to act as a “partner” in the local health and care system. What this means is that in any individual “place” area they want one way of contacting and doing business with general practice (instead of, for example 40 practices, 9 PCNs, 2 federations and an LMC).

- What would your practice like to see happen locally?
- How can you get assurance that your views are being heard and taken into account?

2. PCNs already need far more of an infrastructure than they have (think training, HR, finance, governance, performance etc). It is unlikely they will get much more from the local ‘system’. The Secretary of State has shown support for the recent think tank paper extolling the virtues of the vertical integration of general practice and its assimilation into acute trusts. ICSs want to be able to do business with general practice, and this will be far easier if it is all sitting within an existing organisation with a Board and Chief Executive and clear lines of accountability. For the other provider organisations within an ICS, one of them taking this on seems a far more attractive option than anything else, if for no other reason than it limits the number of providers around the ICS table. The alternative is that general practice takes this on and organises itself. The GP organisations in an area can choose to come together and create a single leadership team, and bring the LMC, federation and PCN leaders all into one group. This group can start to operate as the leadership team for local general practice. They can build on any existing infrastructure they have, such as that within their local federation, and work with the CCG primary care team to take on more of the resources that are currently sitting there.

- What are your group’s views on these ideas?
- What would you support?



LOCAL MEDICAL COMMITTEE LIMITED

# Breakout session (questions to consider)

3. It's not a huge leap to think that not only will any additional resource for general practice continue to be channelled through PCNs, but also that ICSs will look to shift all additional, non-core GP funding through PCNs.

- What is your practice's view of such a move?

4. It would not be a huge surprise if all the PCN funding shifted at the end of the 5-year contract from national terms to local ICS-based terms, to allow "effective local tailoring of the resource to local needs".

- What is your practice's view on such a change in your core contract?
- Will it de-stabilise general practice?



# Cheshire LMC Annual Conference

PCN update

Dr Kieran Sharrock, GP and GPC Executive Team



# PCN update

**BMA**

Cheshire LMC



19 May, 2022

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# Network Contract DES

- NHSEI implemented changes to the PCN DES on 1 April 2022; while some principles were agreed in the 5 year framework, many of the details were not agreed by GPCE
- GPCE sought clarification from NHSEI and proposed practical solutions to alleviate our concerns any negative impact from the unagreed changes. None were accepted.
- Practices are reminded that the PCN DES and all it entails are optional
- If practices decide they cannot accommodate the changes and their patients would be better supported outside of the PCN DES, they are able to opt-out.
- Whilst the last opt out window has closed, PCNs have until July to agree plans for extended access with their CCG, and we have requested from NHSEI that another opt-out window be opened



# Cheshire LMC Annual Conference

Panel discussion with Q&A

William Greenwood  
Dr Kieran Sharrock  
Dr Paddy Kearns  
Dr Chris Ritchieson



# Cheshire LMC Annual Conference

Summary

William Greenwood



## Before you go.....



A copy of the presentation and any handouts will be circulated



Please complete the evaluation survey

## Thank you for your time