CHESHIRE LMC
LOCAL MEDICAL COMMITTEE LIMITED

Local representation and support for all Cheshire GPs

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MAY 2024

WHAT'S INSIDE

The BMA will ballot GP partners on 'collective action' following a vote at the GP Committee England (GPCE) meeting last week.

GPCE members have voted through a motion to proceed with a 'non-statutory ballot', which means any action taken by GP partners will 'not involve contract breaches'. The BMA has suggested that instead GP partners could limit appointments to the union's 'safe working maximum' of 25 or reject workload dump by stopping or reducing 'work that they're not formally contracted to do.

The ballot will be open to GP contractors/partners and, if there is a majority vote, then doctors will be able to take action immediately; the BMA will not direct GPs to breach their contracts in this initial phase.[2]

Collective action can include limiting the number of patient appointments per GP per day to the recognised safe working maximum level of 25 – something the BMA has been highlighting since 2016.

It can also mean GPs will stop or reduce work that they're not formally contracted to do, but, because of pressures elsewhere in the NHS, has been passed onto them, without any additional resource. This is on top of not having enough funding to carry out their own essential care services.

This could include the completion of fit notes, prescriptions or investigations which should have taken place in the hospital setting, or asking Trusts to communicate with patients about re-booking hospital appointments.

The decision to launch the ballot came at a meeting of the BMA's England GP Committee (GPCE) today, after the organisation entered into a dispute with NHS England over the 24/25 GMS contract changes.[3]

At a time of rising running costs and staffing expenses, the changes saw a funding uplift of just 1.9% for general practice from April, which could force surgeries, already struggling financially and on the brink of closure, to shut their doors for good before autumn 2024. The BMA is already aware of practices across the country having taken the decision to close since the April contract was imposed.

The contract also does nothing to make it easier for practices to afford to hire more GPs and practice nurses, further depriving communities of the care they need.

In March, the BMA asked members in a referendum whether they accepted the changes to the 2024/25 contract. More than 19,000 GPs took part and almost 100% voted 'no'.

Despite these warnings, the Government has so far failed to make any improvements to the contract, prompting the committee to launch a ballot on collective action.

Read more

MESSAGE FROM THE LMC CHAIR

Dear colleagues,

There is no doubt that things are tough in general practice. Every day we are reminded of the shift of work from secondary to primary care which has continued relentlessly unfunded over the last few years. “GP to kindly” do something that previously and appropriately would have been done elsewhere in our creaking system. Every clinic we are faced with the reality of dealing with an NHS slowly sinking. Our clinics are full of patients waiting for outpatient appointments which sometimes seem to never come. The harm is all too obvious and the cost to our patients and indeed to ourselves, trying to deal with the fallout is significant.

All this on top of recurrent real term cuts. Doing more for less. A strategy from our political masters which has gone dangerously wrong. Any investment has gone to “additional roles”. Analysis has shown quite how inefficient this strategy is. We are now seeing the absurd situation of fully qualified GPs unable to find work because of the refusal to fund GP practices in favour of ARRS. It is dangerous ideology at its worse.

I have recently discovered the Bank of England inflation calculator. Google it if you want to be depressed. Look at your accounts from a few years ago or your pay packet and the harm of the last few years of inflation will become apparent. Due to the nature of how GP finances work it will differ in different practices, but I wouldn’t mind betting you will be at least 25% down in real terms, probably more.

So what can we do? Almost all GPs who took part, rejected the latest insulting and dangerous contract, recklessly imposed on the profession, in the recent referendum. Katie Bramhall Stainer and the GPC have been working on a response which would allow all GPs to be on board. We need to be united as a profession. We hopefully will hear more of this soon as we head towards the LMC Conference in Newport.

There are however, things we can and should be doing now. We need to be shouting from the rooftops as to how things really are for NHS General Practice and where we are heading. We need to be talking to our patients through our PPGs, our MPs, our prospective MPs. When I have had these conversations, the most common response was that they were unaware of quite how dire the situation was. Our communities are at risk of losing their Family Doctor and with an election coming up, they can do something about it.

We can be looking at our workload. It is right, it is reasonable and above all, it is safe to push back against uncontracted work. Real progress is being made in the primary and secondary care interface meetings. It feels too little as the challenge is so great, but every success is helpful and most importantly, almost always helps the patient as well as their GP.

We need to push back when uncontracted and unreasonable work comes our way. Write back in a polite way to our secondary care colleagues, copying in the medical director of the Trust and explain why you feel it is inappropriate. Dr Jon Griffiths, who has been doing work on behalf of the ICB on the primary/secondary care interface has written in his recent blog "No one is trying to do a bad job” https://drjongriffiths.wordpress.com/2024/05/10/no-one-is-trying-to-do-a-bad-job-myth-busting-for-the-primary-secondary-care-interface/ arguing that usually inappropriate demands are usually misapprehensions. If they are, I’m sure colleagues would want to know about them and to stop doing it in the future.

The most important thing is that we stick together as a profession, whether we are geographically aligned or not, whether we work in big practices or small, whether we are salaried or partners. We are all facing the same challenges and if we are allowed to be divided we will all face the same fate. We cannot allow the mismanagement of recent years to define the future of General Practice. We are too important to our communities and the NHS for those who are enabling the managed decline of General Practice as we know it, to win.

David Ward
LMC Chair

REBUILD GENERAL PRACTICE

MOBILISING GENERAL PRACTITIONERS: A CALL TO ACTION TO REBUILD GP

The General Practice contract has devalued by £620million in the past 5 years.

Despite concerted efforts to recruit GPs, we find ourselves grappling with a shortage of over 2000 practitioners.

The demand for general practice is skyrocketing with over **6million *MORE* patients** registering with English practices since 2015.

ACTION: Download the comms attached to this email for NEXT STEPS!

Hot Topics

Please see the below summary points of discussions to date between Cheshire LMC and the ICB regarding issues in relation to ADHD referrals.

For Children and Young People (CYP):

- The referral for CYP to Autism and ADHD assessment services should ideally come from schools, or where possible the parent/carer themselves.
- Currently healthcare professionals can refer and sometimes they need to be involved because the child is not in school, or the school does not think a referral is needed.
- CWP has implemented an online referral form for CYP which can come directly from parents or schools. Other NHS providers are looking to do the same.
- The process for Right to Choose referrals for CYP needs to be confirmed for GPs and patients in line with the process detailed below for adults.
- If there are issues with schools refusing to refer, this can be raised with the ICB Patient Experience Team and we will liaise directly with the school cheshire.patientexperience@cheshireandmerseyside.nhs.uk

For Adult ADHD:

Psychiatry UK – Adult ADHD 'Prior Approval Process'

- The rejection rate of GP referrals to Psychiatry UK for ADHD assessment has increased. This is happening at the point of 'Prior Approval'.
- This is causing frustration and wasted time for GPs and the IFR team (who oversee Prior Approval) and resulting in delays in ADHD assessment and treatment.
- There are 3 levels within the criteria. Currently only 'level 3' the most complex are allowed to be accepted. The clinicians in the prior approval team are asking if 'level 2' and 'level 3' referrals can be accepted. The ICB are completing a piece of work to understand what this would mean in terms of additional activity and costs.
- The costs for this pathway for 'level 3' referrals have also increased due to a significant increase in the number of referrals. A more cost-effective option could be offered, but this will take time to agree/implement.
- As more GP referrals are rejected, there has been an increase in patient requests under Right to Choose (RTC). There is no Prior Approval process for RTC (see below).
- It was agreed that the ICB would review/amend the existing Prior Approval Process with the IFR team to prevent GP referrals from being rejected and unnecessarily re-directed to RTC providers.
- The Prior Approval referral form has been amended. Further suggestions were - move much of section 3 (which the GP was to complete) into the patient to complete section.
- A meeting is being arranged with the IFR team to discuss/amend this process. This meeting has taken place. The clinicians working in the IFR team want the process/criteria to be amended so that they can approve level 2 and level 3 referrals. However, this will potentially have significant cost implications. The ICB are looking at the data to understand the impact of this before a decision can be made.
- The current Psychiatry UK contract is funded on a 'cost per case' basis. It is therefore on 'implied terms' which means one-months-notice could potentially be given by the provider. This is a risk in terms of the future provision of ADHD assessments for Cheshire. The Psychiatry UK contract has grown significantly. Their waiting times have also grown because providers (NHS and independent) are struggling to keep up with ADHD assessment demand. The ICB will request that Psychiatry UK complete the new Cheshire and Merseyside ICB provider accreditation process to ensure the contract is more secure/sustainable.

Right to Choose (RTC) – Activity, Referrals, Process

- RTC GP referrals are rapidly increasing.
- The process is defined nationally and requires providers to have a current NHS contract for ADHD assessment services (the contract can be anywhere in England).
- Short-term action - the ICB will provide GPs with assurance on RTC providers by detailing the key requirements to align with local Autism/ADHD pathways, this will lead to a list of providers who meet these requirements. Once agreed these requirements will be checked quarterly by the ICB team.
- Medium-term action - the aim is that all independent providers will complete the new ICB full accreditation process, which will enable us to direct GPs/Patients to a list of 'accredited providers' for ADHD assessment/ diagnostic services.
- Medium/long-term action - the ADHD pathway should be redesigned/procured to include therapeutic support and strategies, as well as assessment, diagnosis, treatment, monitoring and annual review. The ICB need to confirm if this is a priority piece of work for 24/25. Priorities are currently being agreed for each Place. GPs can influence this by liaising with the ICB GP Clinical Leads. The overall lead is Dr Paul Bishop who sits on the Cheshire East Leadership Team.

Dr Daniel Harle
Medical Director

NHS England announces pilots around new ways of working in general practice

ICBs will test new ways of using ‘more flexible staffing models’, data, and process automation within general practice in a pilot scheme that could change the way the profession works, NHS England has announced. A letter sent to Integrated Care Boards stated that seven ICBs, led by Suffolk and Northeast Essex ICB, will formulate new ways of working within general practice.

This will build on the 2022 report by NHSE national medical director for primary care Dr Claire Fuller. The letter doesn’t go into detail about what the pilots will entail for GP practices but does say ICBs should work with primary care networks.

Some ICBs are also putting forward plans to separate same-day access from general practice, leaving practices with responsibility for routine appointments only, which they have claimed is in line with the Fuller Report.

These new pilots will shape how the Fuller report is implemented more widely. The Fuller Report recommended that GP practices form ‘single urgent care teams’ across ‘neighbourhoods’ to improve patient access.

It also laid out plans to develop ‘innovative employment models such as joint appointments and rotational models’ to counter the GP workforce crisis.

The letter stated that the specific aims of the pilots would be to:

- Improve insight and data by ‘testing more flexible staffing models and ways of reducing administrative burdens’.
- Understand what is needed to ‘deliver the Fuller Stocktake vision consistently and sustainably’.
- Evaluate the use of ‘digital tools such as process automation and risk stratification’ to support GP teams.
- Use ‘dedicated multi-disciplinary teams’ to support patients with more complex needs’.

It added that these insights would be collected over a ‘two-year timeframe’. NHS England has previously stated that it was up to the commissioners to implement the Fuller report based on local circumstances.

In response to the announcement of new pilots, the BMA’s GP Committee argued that the way to ‘better optimise’ general practice is to provide ‘more funding for the existing operating model’. Deputy chair Dr David Wrigley said: ‘Rather than attempting new, untried and untested ways of working in general practice, we should be concentrating on ensuring that patients can see their family doctor quickly and easily, in a practice that is local to them, which is well-staffed and resourced, and safe.’

He said that during recent negotiations with the Government, the BMA sought to highlight the erosion of £600m investment from the GP contract – but this ‘fell on deaf ears. Our evidence also included how this was forcing practices to reduce staffing, particularly GPs and nurses, as well as to seriously consider closing their doors for good. We must invest to reverse the exodus of doctors we’ve seen in general practice over the last decade, and support GPs a to meet increasing demand and complexity of urgent and proactive care.’

Statutory implementation of community medical examiners service

In On 15 April 2024 the Department of Health and Social Care (DHSC) confirmed that new regulations governing medical examiners have been laid before parliament and a timeframe mapped out for the implementation of the new system. This is an important step forward in the implementation of a statutory medical examiners system and revamp of death certification in England and Wales.

These changes are being brought in to provide greater transparency on causes of death and strengthen safeguards to not only help the bereaved but also protect the public. High profile criminal cases such as those involving Harold Shipman highlight the need for a greater level of scrutiny. Colleagues from the East Cheshire service presented to us at the January LMC meeting.

From **9 September 2024** it will become a statutory requirement that all deaths in any health setting that are not referred to the coroner in the first instance are subject to medical examiner scrutiny.

Medical examiners will consult with families or representatives of the deceased, providing an opportunity for them to raise questions or concerns with a senior doctor not involved in the care of the person who died. This process will provide greater transparency after a death and ensures the right deaths are referred to coroners for further investigation.

Further updates on legislative changes and operational guidance will be issued by the DHSC in due course and we will keep you up to date when further information is released.

A Reminder about LMC Buying Group Membership

The LMC Buying Group helps GP practices save money on products and services they regularly buy. The Buying Group have negotiated excellent discounts on a wide range of products and services from their approved suppliers.

Buying Group membership is completely free and there is no compulsion to use all the suppliers. They do the hard work associated with finding the most competitive suppliers in cost and customer service, so they save you time as well as money on your purchasing!

Although the Buying Group was originally set up to help GP practices save money on the products and services they regularly buy, membership is now also open to GP Federations and Primary Care Networks.

Why use the Buying Group?

- No membership fees
- Excellent negotiated discounts from a range of suppliers
- Quality products and services
- Free cost analysis for members
- No need to 'shop around' anymore – we've done the hard work already!
- Access to a recruitment platform to advertise your clinical and non-clinical roles for free and a premium 'Featured Job' package for a small fee
- Access to a community resource hub

If you're not sure whether you're a member and/or have access to the Buying Group website (this is where you can view the pricing/discounts and get quotes) then contact the Buying Group team on 0115 979 6910 or info@lmcbuyinggroups.co.uk. They can also help you with any questions you might have about your membership or the

The Cheshire Sessional GP Group

This independent group provides educational events, peer support, discussion groups and networking opportunities for Sessional GPs across Cheshire. The group started out over 20 years ago as the 'Chester Sessional GP Group' but widened its footprint last year in a bid to reach more Sessional GPs.

However, the group has committee vacancies of Chair, Treasurer and Secretary and is seeking offers of help in order to continue supporting Sessional GPs in its current form.

If you would like to support this group either by joining the committee or as an 'ad-hoc' helper, if you have new ideas regards its running or would like further information, please contact Dr Sarah Lazarowicz, at sarah.lazarowicz@googlemail.com

Cheshire GP Locums

Launch of our pilot Peer Support Programme took place on Monday 13th May

This programme is a collaboration between Cheshire and Merseyside Training Hub and Cheshire LMC, funded by GP Retention monies from Cheshire and Merseyside ICB.

Looking forward to seeing you at the next session!

Dr Shana Tam

Sessional GP Newsletter

In this newsletter: GP referendum results | update your member details | our letter to NHS England | locum rates survey |questions to ask when taking a new role.

Cheshire now has it's very own First5 Group for GPs. Supported by Cheshire LMC.

William Greenwood LMC Chief Executive attended the Launch of the First 5 event in West Cheshire. Dr Penny Morris, Dr Ellie Borton (West), Dr James Ricketts and Dr Kristina Milne (East) have held a couple of meetings each and are well supported. I'm delighted to hear they are going well and to see such positive feedback.

Outcomes have been achieved, as indicated by those attending the events:

Improved morale and support for health and wellbeing of GPs in their first 5 years post CCT
GP network and community of practice established
Quality improvement through shared learning and best practice
Reassurance and confidence for GPs through peer support
Retention of GPs in their first five years
Better awareness of and access to programmes and educational opportunities available to GPs
Increased knowledge of support and opportunities available for GPs wishing to take up salaried positions, locum work or partnerships.

The next event is currently being planned.

For further information about First 5 Group please contact.

West - Dr Ellie Borton or Dr Penny Morris
East - Dr James Ricketts or Dr Kristina Milne

SAVE THE DATE - General Practice Workforce Conference 27th June 2024

Please see flyer attached to this email for further information and to save the date for a **General Practice Workforce Conference** that Cheshire and Merseyside Training Hub will be hosting on 27th June 2024. Further details about the conference content will be made available in the coming weeks. **To register please email Rachel Whitehead**

Our communication with your practice is extremely important to us.

If there have been any GP/Locum/Salaried/GP/Practice Manager changes within your practice could you please email *Julie Hughes* at Cheshire LMC with an update to ensure our distribution list is up to date.