

West Pennine Local Medical Committee

Supporting and representing GPs in Glossop, Oldham, & Tameside

December 2024 UPDATE FROM YOUR LMC



Dr Amir Hannan, Chair



Dr Alan Dow, Secretary/
GM GPC Representative



Dr Andrew Vance, Vice Chair



Jane Hill, LMC Liaison Officer/
GP Practice Data Protection Officer

A message from the LMC Officers-

*On behalf of the West Pennine LMC, we **thank you** so much for all your hard work during what has been another challenging year in NHS primary care. GPs, Practice Managers, Nurses, Receptionists, and all staff have again risen to the challenges and have worked tirelessly for our patients. Please do take some time for yourself over the Christmas break to rest and relax; we cannot care for others if we don't care for ourselves and our teams.*

Please remember your LMC is here to help and support you.

Merry Christmas, Happy New Year and very best wishes for 2025!

West Pennine LMC meeting – Tuesday 10th December 2024

The committee met at the offices of GTD Healthcare in Denton. The ongoing GP Collective Action was discussed. It was acknowledged that some practices are still unsure how best to proceed with this; it was recognised that some GPs feel scared to act, and in some cases, they are just too overwhelmed by the relentless workload to challenge the system.

As flagged at the recent BMA-LMC England conference, Collective Action could also be referred to as Corrective Action - It is intended to be a reset for the profession, which is currently overstretched, underfunded and undervalued.

Letter re GP Collective Action in Glossop, Oldham & Tameside

Please see the attached letter from Dr Alan Dow and Dr Amir Hannan, highlighting the importance of GP Collective Action in the West Pennine locality. (With thanks to Kent LMC for some of the content.)

Summary of suggested lines of action:

Mark Lowton, West Pennine LMC's Tameside Practice Manager representative recently sent a summary of the suggested lines of action to his Practice Manager colleagues in GM. You may find the following summary useful:

1. **Limit Daily Patient Consultations**
 - Set a maximum of 25 consultations per clinician per day (UEMO guidance).
 - Redirect patients to local urgent care once capacity is reached.
 - Prioritize face-to-face appointments for better outcomes.
2. **Cease Voluntary Services**
 - Serve notice on unresourced voluntary services that plug local commissioning gaps.
 - Refocus on core services until proper funding is secured.
3. **Review Data Sharing Agreements**
 - Withdraw from agreements solely for secondary purposes (not direct care).
 - Pause signing any new data-sharing platforms.
4. **Reduce Advice & Guidance (A&G) Usage**
 - Only use A&G pathways when timely and clinically appropriate.
 - Otherwise, send professional referral letters directly to specialists.
5. **Streamline Referrals and Investigations**
 - Avoid unnecessary local proformas; refer or investigate as clinically appropriate.
 - Follow the 2-week pathway where necessary.
6. **Disable GP Connect (Update Record)**
 - Stop third-party providers from entering data directly into patient records.
7. **Switch Off Medicines Optimisation Software**
 - Turn off software focused on financial savings rather than patient benefit.
8. **Manage Online Consultations**
 - Defer signing declarations requiring online consultations 08:00–18:30.

Lines of Action successfully adopted by Practices in the West Pennine locality

The above steps are essential for ensuring safe working conditions, reducing GP burnout, and focusing on patient care without being overwhelmed by unnecessary workload.

From the above list, all actions have been successfully adopted by different practices in Oldham, Tameside & Glossop; lines of action which are designed to support safer working practices, reduce unnecessary workload, and protect both patients and practice teams.

There is specific advice on the data sharing element in Jane Hill – GP Practice Data Protection Officer’s update in the DPO update section, letter templates for pushing back on inappropriate workload follow, and if you want further advice on how to implement any other lines of action, please do not hesitate to contact the LMC office at westpennine.lmc@nhs.net

Collective action to bring about:

- Essential and overdue investment in general practice
- More GPs and more practice nurses
- Fair pay and conditions in practices
- Safe continuity of care for patients

bma.org.uk/GPcontract



Watch the BMA’s video of colleagues explaining the importance of taking collective action:
<https://youtu.be/tH1FFyfyBA>

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Updated BMA Collective Action Support materials

The BMA's GP Committee has updated the [collective action webpage](#) explaining in more detail the nine [actions](#) that practices can choose to take. These actions will continue to make a difference: they are safe, sustainable, and do not breach your contract. If GPs collectively participate, this helps put pressure on the Government to do the right thing for patients and general practice. Please also refer to other useful links such as:

- [Safe Working Guidance Handbook](#)
- [Guidance for GP collective action for sessional GPs and GP registrars](#)
- [Background to the 2024/25 contract changes](#)
- [Patient materials](#) (waiting room/website videos and [infographics](#))
- [Campaign materials](#) (patient leaflets, lanyards and badges).

Pushback to Inappropriate workload transfer template letters

You may wish to edit/ use the following template letters to reject inappropriate secondary care provider workload transfer to your practice: [Pushing back on inappropriate workload \(bma.org.uk\)](#)

Schools asking pupils to see GPs for a sick note; see attached letter

It has been brought to our attention that some schools locally are telling the parents of children who are off school sick that they need to see their GPs for a letter to confirm they are not well. Clearly this is an inappropriate use of a GP's time, especially as there is an agreement between the Department of Health & Social Care and the Department of Education that sick notes are not necessary or appropriate. GPs are under no obligation to provide these notes. You may wish to send the attached letter to any schools who are repeatedly requesting sick notes.

Letter re the ongoing issues with Tameside Hospital pathology laboratory

Please see the attached letter, which was sent to Karen James - Tameside Hospital CEO, & Rob Bellingham – Chief Officer for Commissioning GM ICB regarding the ongoing issues with Tameside Hospital pathology laboratory.

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Data Protection Office Update

GM Care Record using patient data for secondary uses

As flagged above, one of the suggested lines of action listed in the BMA's GP Survival Toolkit is as follows:

Withdraw permission for data sharing agreements that exclusively use data for secondary purposes (i.e. not direct care). Read our guidance on [GP data sharing and GP data controllership](#). This action will have no impact on direct patient care, i.e. A&E departments or outpatient departments etc.

In my role as GP Practice appointed Data Protection Officer, I have been asked to review where data is being processed for secondary uses in Greater Manchester. The GM Care Record has established an SDE (Secure Data Environment) which contains pseudonymised GP practice data. This information is currently being used for 3 projects, 2 "lighthouse" projects, and a commercial project with a pharma company. To a certain extent, I don't have any concerns about this as the end user receives the data as anonymised data and it is therefore outside the scope of the Data Protection legislation. However, the fact remains that patient data is being sold and it is very likely that your patients are unaware of this. Transparency is one of the main 6 principles of Data Processing and, despite the GMCR team having carried out a public engagement/ communications campaign, the majority of patients remain in the dark about this.

So far, two of the GP Data Controllers in the West Pennine locality have written to the GM Care Record team to instruct them to halt all processing of their patients' data for secondary purposes (i.e. not direct care).

I have attached a copy of the letter. If you decide that you wish to withdraw permission for data sharing for secondary purposes, you may wish to use the letter as a template.

If you require any further information about this matter, or if you have any other Data Protection queries, please do not hesitate to contact me.

Jane Hill

GP Practice Data Protection Officer

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