

West Pennine Local Medical Committee

Supporting and representing GPs in Glossop, Oldham, & Tameside

July 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

Working with the new government to rebuild general practice in England

GPC England has [written](#) to the newly appointed Secretary of State for Health and Social Care, Wes Streeting MP, offering to work together to rebuild general practice in England. GPCE highlighted the enormous frustration at the loss of over 2,000 GP practices over the past 14 years and of over 5,000 “home-grown” GPs whose training has cost taxpayers in the region of £2–3bn. The number of registered patients in England has increased by 6.4 million in the past 5 years alone, the average number of patients per full-time equivalent fully qualified GP has risen by 18% to over 2,300.’

In the letter the GPC suggested that the real issue over access to general practice is *patients’ access to their GPs*, and as such GPC England has proposed some solutions to hit the ground running when we meet with Mr Streeting:

- 1. Commitment towards a universal GP-led continuity of care model for NHS general practice in England with a minimal general practice investment standard**
- 2. Work with the BMA’s GPs committee England to agree a 2025 Family Doctor Charter**
- 3. Practices need safe GP to patient list size ratios to ensure manageable workloads and patient safety**
- 4. Build real-terms re-investment into general practice to retain and return our GPs to safe numbers to guarantee continuity of care for the population.**

Read the full letter [here](#)

LMC meeting – Tuesday 9th July 2024

The committee met on Tuesday 9th July at 7pm at the Offices of GTD Healthcare in Denton. We were joined by representatives from the Local Pharmaceutical Committee, which has now been rebranded as the CPGM – Community Pharmacy Greater Manchester. CPGM's Chair – Janice Perkins, the Tameside representative- Mohammed Anwar and the Oldham representative – Elliot Patrick were in attendance, as was Luvjit Kandula - Director of Pharmacy Transformation. A useful discussion highlighted that there are systemic problems for both pharmacists and GPs, and working collaboratively benefits both professions, as well as patients. It was acknowledged that GP Teams should endeavour to build good, personal, working relationships with their local pharmacies, and it was suggested that back-office phone numbers could be shared at a PCN level. Luvjit Kandula flagged that patient led ordering of prescriptions via the NHS App could make the ordering process slicker and ease workload issues. The forthcoming flu & Covid immunisation campaign was also discussed, and it was agreed that there should be consistent messaging from both professions, making every patient contact count with regards to accessing immunisations.

The committee went on to discuss the proposed Industrial Action, “RAG rating” the nine options for action in Phase 1, due to start on August 1st, 2024.

GP contractor / partner ballot in preparation for Industrial Action

The ballot opened on Monday 17th June and closes on Monday 29th July ahead of action commencing from Thursday 1st August. To vote, GP Contractor/ partners need to be a BMA member by next Monday in order to receive a voting link.

Please login to **bma.org.uk** to make sure your personal details, job roles, place of work and best contact email are correct. If you experience any issues, please email gpcontract@bma.org.uk for support. Please look out for an email from Civica as bma@cesvotes.com which will allow you to vote. Please note the BMA is offering 3 months FREE Membership from 17th June 2024.

Dr Katie Bramall Stainer, the BMA's GP Committee Chair, has recently shared the following update about the ballot:

<https://youtu.be/rWCrRQdWyBc>

If the ballot is successful, the GPC will be inviting GP contractors/partner BMA members to determine the actions they will be willing to take. They should enact these actions across the whole practice team, working with their practice managers. Each of these actions is outlined in the GP practice survival toolkit, which can be found here: [Protect your patients, protect your GP practice \(bma.org.uk\)](#)

BMA public facing information campaign for patients to support Industrial action.

To support the forthcoming Industrial action, the BMA's GP committee have developed A4 posters and A5 leaflets to be shared with patients. Please visit this webpage for more information and to order materials: www.bma.org.uk/GPsOnYourSide



GP Practice Survival Toolkit Proposed Industrial action – Phase one to commence on August 1st, 2024

Phase one of Industrial Action includes a list of nine possible options outlined in the GP Practice Survival Toolkit. None of the options would cause you to breach your contract but it is recognised that not all options would be appropriate for every practice / locality, and you should therefore use the list as an “a la carte menu”. [Protect your patients, protect your GP practice \(bma.org.uk\)](http://www.bma.org.uk)

Many of these measures are already best practice and what we should be doing now. We should not, be taking on the responsibility of chasing hospital results when the responsibility of following up their own results lies with the requesting clinician. No-one needs to wait for the 1st of August to push back on inappropriate work, though from 1/8/24 it is hoped everyone will be following what are GMC guidelines

Cont'd

At the recent West Pennine LMC meeting, the committee “RAG rated” the nine options, and it was concluded that all nine of them should be rated as green. The nine options are as follows:

Suggested Action	RAG rating
Limit daily patient contacts per clinician to the UEMO recommended safe maximum of 25 . Divert patients to local urgent care settings once daily maximum capacity has been reached.	GREEN
Stop engaging with the e-Referral Advice & Guidance pathway - unless it is a timely and clinically helpful process for you in your professional role.	GREEN
Stop supporting the system at the expense of your business and staff - serve notice on any voluntary services currently undertaken that plug local commissioning gaps.	GREEN
Stop rationing referrals, investigations, and admissions - Refer, investigate or admit your patient for specialist care when it is clinically appropriate to do so. - Refer via eRS for two week wait (2WW) appointments, but outside of that write a professional referral letter where this is preferable. It is not contractual to use a local referral form/proforma – quote our guidance and sample wording	GREEN
Switch off GPConnect functionality to permit the entry of coding into the GP clinical record by third-party providers.	GREEN
Withdraw permission for data sharing agreements which exclusively use data for secondary purposes (i.e. not direct care). Read our guidance on GP data sharing and GP data controllership .	GREEN
Freeze sign-up to any new data sharing agreements or local system data sharing platforms. Read our guidance on GP data sharing and GP data controllership .	GREEN
Switch off Medicines Optimisation Software embedded by the local ICB for the purposes of system financial savings and/or rationing, rather than the clinical benefit of your patients.	GREEN
Practices should defer signing declarations of completion for “better digital telephony” and “simpler online requests” until further GPC England guidance. - Defer signing off “Better digital telephony”: do not agree yet to share your call volume data metrics with NHS England. - Defer signing off “Simpler online requests”: do not agree yet to keep your online triage tools on throughout core practice opening hours, even when you have reached your maximum safe capacity. -Read our guidance on this.	GREEN

GP Connect- update record functionality

The BMA's/ LMC's position on GP Connect (Update Record function) remains that GPs must retain the ability to restrict access to third parties to update the GP record. It is important to say we do not wish to restrict the use of the GP record for direct patient care. Practices who have already switched off update record need not make any further changes. Any GPs wishing to turn off the functionality can do so via the steps listed [here](#). If you require any support with this, please do not hesitate to contact the LMC office: westpennine.lmc@nhs.net

Examples of e-referrals forms

In preparation for option 2 of the proposed Industrial Action, could you please send any examples of e-referral forms through to the LMC office at westpennine.lmc@nhs.net

The LMC Officers will then review the forms and assess whether it is appropriate to reject them.

Medical Examiner programme delayed to September 2024

The BMA continues to engage with stakeholders on the implementation of the Medical Examiner system in England, which is currently scheduled for 9th September 2024. The Statutory Instruments and timeline of the ME implementation can be found [here](#) with the relevant legislation found [here](#).

Save The Date!

The West Pennine LMC AGM is set to take place on **Thursday 7th June 2024 at 7pm** at the Village Hotel, Ashton -Under-Lyne. It would be great if you could join us then.

CQC support

The West Pennine LMC are very aware of how stressful the CQC inspection process can be for Practice staff, both before and after an inspection. We can offer support by coming out to your practice building and reviewing your policies, and protocols with you. If you feel this would be of benefit to your practice team, please do not hesitate to contact us at westpennine.lmc@nhs.net

We have attached an updated list of CQC “myth busters”, which you may find useful.

Data Protection Office Update

CHIS Data Sharing Agreement

You will recently have received a Data Sharing Agreement from South, Central & West CSU for the sharing of data to support the children's Immunisation service. This initiative supports direct healthcare and is in the best interest of the patients, and having scrutinised the DPIA and associated documents, I am satisfied that it meets all relevant Data Protection requirements. As this agreement hasn't been shared via the Information Sharing Gateway, please do ensure your R.O.P.A. (register of Processing Activities) is updated accordingly. As I've flagged previously, all GP Practices should maintain an up-to-date ROPA, as dictated by Article 30 of the GDPR. If you require any support with this, please do not hesitate to contact me: Jane.hilldpo@nhs.net

Accelerated Access to GP-held patient records – update.

Following engagement with the ICO and NHSE, the BMA maintains the position outlined by the Information Commissioner. While the direction to provide prospective record access to patients is legal, mitigations outlined by practices in DPIAs submitted to the ICO should also be implemented to ensure that processing is compliant with the requirement of the Data Protection Act.

Where practices are facing pressure from ICBs to move ahead with prospective automatic access and have produced a DPIA, they should cite the ICOs response and continue in line with their DPIA.

Read more [here](#)

UK Caldicott Guardian Council training

The UK Caldicott Guardian Council have several training events for Caldicott Guardians in 2024. Please see the following link for further information:

[Events — UKCGC](#)

Data Protection training

In 2024, I continue to deliver Data Protection training sessions for GP practice teams. If you think your team would benefit from a short F2F session, I am very happy to come out to your practice to support you with this. Jane.hilldpo@nhs.net