

# West Pennine Local Medical Committee

Supporting and representing GPs in Glossop, Oldham, & Tameside

## September 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

## LMC meeting – Tuesday 10<sup>th</sup> September 2024

The committee met on Tuesday 10<sup>th</sup> September at 7pm at the Offices of GTD Healthcare in Denton. GP Collective Action, and how it is being approached by GPs in the West Pennine area, was discussed. It was acknowledged that some of the 10 possible actions (listed below) would suit some practices but not others, depending on the needs of the practice population, and staffing arrangements at individual practice. It was also acknowledged that the collective action is intended to be long term action – to be viewed as a marathon, not a sprint. By way of reminder, it was flagged that all 10 actions would not cause a practice to breach the GP contract, and, in most cases, they are actions which should already be taking place, in order to best serve patients and promote resilience amongst GP teams. The committee went on to discuss the implementation of the Medical Examiners programme, which became a statutory requirement on September 9<sup>th</sup>, 2024. Whilst there may be a few “teething problems” GPs should now engage with their local Medical Examiner team, ensuring death reporting happens in as timely a manner as possible, in order to best support the deceased’s family. Weekend provision for faiths that require burials within 24 hours is still being worked through at a local and national level.

## The General Practice Survival Toolkit: 10 actions to support General Practice

Practices in England can begin to take action from the following menu of 10 possible actions:

1. 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. We strongly advise consultations are offered face-to-face. This is better for patients and clinicians
2. Stop engaging with the e-Referral Advice & Guidance pathway - unless for you it is a timely and clinically helpful process in your professional role.
3. Serve notice on any voluntary services currently undertaken that plug local commissioning gaps and stop supporting the system at the expense of your business and staff.
4. 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 in place of any locally imposed proformas or referral forms where this is preferable. It is not contractual to use a local referral form/proforma – quote [our guidance and sample wording](#)
5. Switch off GPConnect Update Record functionality that permits the entry of coding into the GP clinical record by third-party providers.
6. 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](#).
7. 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](#).
8. 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).
9. Defer signing declarations of completion for “better digital telephony” and “simpler online requests” until further GPC England guidance is available. In the meantime:
  - Defer signing off “Better digital telephony” until after October 2024: do not agree to share your call volume data metrics with NHS England.
  - Defer signing off “Simpler online requests” until Spring 2025: do not agree to keep your online triage tools on throughout core practice opening hours, even when you have reached your maximum safe capacity.
10. Defer making any decisions to accept local or national NHSE Pilot programmes whilst we explore opportunities with the new Government.

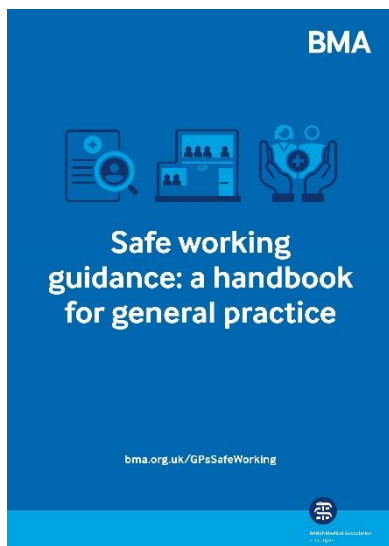
## **BMA public facing information campaign for patients to support Industrial action.**

To support the Industrial action, the BMA's GP committee have developed A4 posters and A5 leaflets to be shared with patients. Please visit the BMA GPC's [GP campaign page](#) for more information about taking part in the campaign, the actions and how to order campaign materials and patient resources.



## **BMA Safe working guidance**

To support GP Collective Action, including how to manage workload effectively - setting safe limits of 25 patient consultations per day in line with UEMO recommendations, the BMA GP Committee have recently published Safe Working guidance. I have attached the guidance document, as well as a summary of it. Please to take time to consider how the guidance may benefit your patients and practice staff.



The handbook is designed to support GPs and practices in the delivery of safe, high-quality care for their patients and communities. The profession wants to provide care without risking harm to others or ourselves. At a time of unprecedented pressures, we must make changes to our workload to preserve patient care in the face of a shrinking workforce and rising demand. This will help to protect the sustainability and future of general practice. It is recommended that you do this by focusing on the delivery of General Medical Services, in line with the needs of your patients and practice, and deprioritising work and activities that fall outside of your core contractual requirements.

This guidance reflects the [contractual changes](#) imposed by NHS England in April 2024. An approach is suggested of ways of doing this that still enable you to stay within the terms of your GMS/PMS.

## **GP collective Action Guidance for salaried & locum GPs and FAQs for GP registrars**

Please see the link to GPCE's [guidance for salaried GPs and locum GPs during collective action](#) and the [collective action FAQs for GP Registrars](#)

## **BMA – GP Committee Practice FINANCE SURVEY - Deadline Monday 23<sup>rd</sup> September 2024**

GPCE area asking for your help in providing anonymised finance data. The anonymous data is to be gathered to be escalated to Treasury, with the aim of increasing the GP funding envelope available for 25/26.

Please do complete the following survey if you can:

Link: <https://www.research.net/r/H9CYXCP>

## **BMA GP Committee stance on request for Cloud Based Telephony (CBT) data**

As part of the 2024/25 contract imposed on the profession in April, NHS England (NHSE) have sought directions from the Secretary of State to extract data from GP clinical systems on Cloud Based Telephony (CBT) usage. An email has been sent by NHSE outlining the instructions to comply with this data extraction under section 259 (1) (a) of the Health and Social Care Act 2012, stating:

***'All general practices are therefore mandated to comply with this invitation and approve the collection.'***

The legal basis for the collection is explained in the [Data Provision Notice](#), which will enable your call data to be extracted on a monthly basis.

The BMA has taken its own legal advice: ***Practices cannot decline the instructions, as doing so will risk breaching their contract.***

GPCE have made it clear to NHSE that the data must not be used to performance manage practices or single them out for criticism.

The PCN DES includes three components of the Capacity and Access Improvement Payment (CAIP). This data extraction is the component pertaining to the existing use of CBT and the relevant metrics. ***GPCE advice is that should a practice fail to sign up ahead of the October 1<sup>st</sup> deadline, there may be a risk of a breach notice being imposed as well as contravening the Health and Social Care Act 2012.***

**Association of GM LMCs letter to Hospital Medical Directors & Chief Executives across Greater Manchester re shared care arrangements:**

To further highlight that General Practice is not prepared to support secondary care providers by doing work they should clearly be fulfilling, a clear message regarding shared care protocols was recently sent out to secondary care providers across Greater Manchester. We have attached a copy of that letter for your information.

**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 \(bma.org.uk\)](http://bma.org.uk) Alternatively, you can use your own, or prepare individual bespoke replies.

**West Pennine Local Committee vacancies**

The committee currently has vacancies for the following Representatives:

**2 x Oldham Generalist Representatives**

**1 x Oldham South Locality representative**

**1 x Locum GP representative working in the West Pennine footprint -Oldham, Ashton or Glossop**

**1 x GP trainee representative for Oldham**

If you feel you could be the voice of your colleagues, and are interested in joining the committee in one of the above roles, please do send an Expression of Interest by emailing Jane at the LMC office: [westpennine.lmc@nhs.net](mailto:westpennine.lmc@nhs.net) by Monday 30<sup>th</sup> September.

LMC meetings take place on the second Tuesday of every month (apart from there being no meeting in August) at 7pm-9pm. 4 meetings per year are Face to face; the rest are via teams. A meeting attendance fee is offered to LMC representatives.

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## **GM Transformation Peer Ambassador – Update from Dr Mark Wilshere - Quayside Medical Practice**

*I have recently taken up the role of GM Transformation Peer Ambassador, which has been setup by NHSE nationally. I am keen to speak with practices to showcase the excellent work we all do but don't share with one another, so we can gather anonymous data and learn from each other. My initial focus will be identifying and then sharing innovative ways of working to help improve practice capacity without further financial hardship. At Quayside we have a number of processes in place, and I am keen to share this as well as learning from other practices and all the great things you do. There are a couple of other Peer Ambassadors in GM so we will initially focus on our own areas, but this may expand depending on future capacity and funding. I hope to begin soon and hope you are able to share and learn.*

### **Save The Date!**

The West Pennine LMC AGM is set to take place on **Thursday 7<sup>th</sup> November 2024 at 7pm** at the Village Hotel, Ashton -Under-Lyne. We are delighted to have Rebecca Baron joining us to talk about GP resilience and the importance of how to look after yourself and how to do that! It is set to be a good evening, and it would be great if you and your practice team members could join us then.

### **GP of Note Awards**

As in past years, there will be a presentation of GP of Note awards at the AGM. If you would like to nominate any GP Colleagues for their outstanding contribution to General Practice in the West Pennine area, please do email Jane at the LMC office: [westpennine.lmc@nhs.net](mailto:westpennine.lmc@nhs.net)

### **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](mailto:westpennine.lmc@nhs.net)

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## **Data Protection Office Update**

### **Medical Examiners**

As you will be aware, the Medical Examiner programme was officially implemented on September 9<sup>th</sup>, 2024, and engaging with your local Medical Examiner team is now a statutory requirement. The initiative has been introduced to provide an additional level of scrutiny to the reporting of non-coronial deaths:

<https://www.gov.uk/government/collections/death-certification-reform-and-the-introduction-of-medical-examiners>

You are now legally required to share deceased patient data, as well as Next of Kin contact details with your Medical Examiner team. A DPIA (Data Protection Impact Assessment) has been developed on your behalf, and if you require any further information or support from a Data Protection perspective, please do not hesitate to contact me.

I have attached the Royal College of Pathologists Cause of Death list, which you may find useful.

### **For practice in Glossop and Tameside - Diabetes Interface Clinical Services Project**

The Data Sharing Agreement and DPIA for the Diabetes Interface Clinical Services Project has just been added to the Information Sharing Gateway for Data Controller sign off. I have reviewed the DPIA and associated documents, and I don't have any concerns from a Data Protection perspective.

[Log in - Information Sharing Gateway](#)

### **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](mailto:Jane.hilldpo@nhs.net)