Suffolk LMC

Serving General Practice in Suffolk

Newsletter

December 2023

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| **Dr Sven Brode (Vice-chair)** | **Dr Melissa Williams** |
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12 days of Suffolk GP Christmas

On the first day of Christmas our practices sent to Suffolk
A high quality GP service…

On the second day of Christmas the NHS sent to me
Too (two) much work,

On the third day of Christmas my PPG sent to me
Three new members with agendas

On the fourth day of Christmas my Partners sent to me
Four early retirements

On the fifth day of Christmas my local Constabulary sent to me
Five Welfare Checks

On the sixth day of Christmas my local planning authority sent to me
Six consultations on a new hospital *(refrain: and a ban on investing in community estates)*

On the seventh day of Christmas my practice had its Christmas Party (*refrain: and I can't remember the eighth day of Xmas)*

On the ninth day of Christmas outpatients sent to me
Nine letters requiring urgent prescriptions

On the tenth day of Christmas 111 sent to me
Ten proformas containing urgent '2hr' dispositions

On the eleventh day of Christmas NICE sent to me
Eleven pages of new guidance saying I could treat dental abscesses

On the twelfth day of Christmas my local prescribing committee sent to me
Twelve unfunded share care drugs

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Shared Care Agreements

Practices will be aware of LMC advice (November Newsletter) previously on shared care agreements and, in particular, around the addition of Cinacalcet and Amiodarone.

In declining new SCAs for these (or any) drugs practices should point to the link between funding and clinical safety - made explicit in national RMOC guidance as follows:

*2.1.2 Care should be provided by the service that is best placed to provide it safely, which may be in either primary or specialist care settings. Shared care will reduce the risks associated with the prescribing of these higher risk medicines through* ***appropriate monitoring, cooperation, communication and resourcing****, thereby reducing the likelihood of harm.*

Furthermore, practices should ensure, where possible, they take an equitable approach across all patient groups. An ICS task and finish group (with LMC input) has been setup to review the issue. In the meantime the LMC position, bearing in mind the above advice, remains unchanged.

RCRP

Suffolk Constabulary continue to press ahead with implementation of 'Right Care, Right Person'. The most immediate implication for practices is that it is unlikely the police are respond to 'concern for welfare checks' calls.

The LMC, noting that this is not within the gift of practices to safely solve, continue to press for a system wide solution, but, in the meantime, would strongly encourage practices, in high risk cases, to continue to make such calls and, if input is declined, to note the time, date and nature of the call before passing on to the LMC.

Medical Examiner/Suffolk Coroners

Prompted by the introduction of Medical Examiners, death certification is, from April 2024, changing – draft regulations introduce a new MCCD and rules around 28 day timings have been altered. For those with a particular interest the national medical examiners podcast can be found here.

On a different, but related matter local discussions with the Coroner (see prior LMC guidance in response to his letter) have helpfully flagged the following:

1. Death verification can be completed by any competent person. Mr Parsley, Suffolk Coroner, is content for this to include care staff (although not family members) and the LMC is currently petitioning both Alliances to facilitate training/understanding on this matter as a way of reducing GP workload.
2. The current myth around needing to have seen the deceased within 28 days of death is alive and well ! *

For the purposes of death certification, a doctor needs to have been involved in the patients last illness and, to avoid the 28 day trap, have seen the patient after death.

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## Suffolk GP Organisations Working Together

One of the most noticeable changes of recent years is the dominant influence of a very small number of large providers, particularly our hospitals. The shift of the NHS to integrated care systems, which seeks to integrate health and social care, has exacerbated this trend.

By contrast, general practice, dentists and care homes, all with large numbers of relatively tiny providers, in comparison to our hospitals, have noticeably less impact. Within this environment, general practice's many 'voices' including LMC, individual GPs, PCN Clinical Directors and the Fed, often struggle to steer system change in the right direction. One might point to difficulties around welfare checks in the community produced by the 'Right Care, Right Person' strategy, unfunded shared care agreements or the current ICS rhetoric of 'left shift' (shorthand for shifting work and resource into the community) against the budgetary reality of 'right shift' (increasing consumption of a fixed budget by acute providers) as evidence of this.

This is a national phenomenon and Suffolk, in general, is faring better than most – a product, perhaps, of reasonable commissioner:GP relationships. Despite this, it is clear that significant further improvement is needed if primary care is to thrive in the face of unprecedented demand. To this end we have made some small steps - the LMC, both CD groupings and Fed are working more closely together, whilst protecting the statutory role of the LMC. The explicit aim is, wherever possible, to deliver effective Suffolk wide representation coupled with a broad scope of service delivery capacity. Note is made of current Fed attempts to preserve healthchecks (via a bid on behalf of practices) and pivot to explicitly developing a member services division as recent examples.

On a practical front, the Fed is also providing back-office support to the LMC and, from January, Aimee Longfoot, will be working part time for both organisations (replacing, for 2 days per week, Chris Watts at the LMC).

Given the acute pressures on general practice we clearly need to think about what else we, and the system at large, need to do. We'd encourage all Suffolk GPs to use existing mechanisms to strength our collective voice &, by doing so, to support one another.

## Office Opening Hours

The LMC is currently operating with a (very !) reduced headcount and will therefore be operating a reduced service between Xmas and New Year (office open on 28th Dec). We look forward to welcoming Aimee Longfoot to the team in mid January and have a live advert for a Medical Officer.

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Important BMA/GPC Surveys

In general we (Suffolk LMC) do not like surveys or questionaries, but support this one !

**PM Survey**

We cannot stress enough how much our side needs accurate, contemporaneous evidence about the financial challenges facing surgeries right now. The anonymous data gathered is to be escalated to Treasury to increase the funding envelope available for 2024/25. Your evidence will make a difference. The closing date is 09:00 on 2 January, so it has to be done this week or next.

Please spare half an hour of your time over Christmas and the New Year to complete this if you possibly can.

This is your opportunity to demonstrate the increasing impact of inflation and rising costs on your practice over the past 12 months.

https://www.research.net/r/practicefinanceDec23

Before you begin, you will need:

1. Global sum info

2. QOF income &

3. Oct 22 & Oct 23 data on expenses; locum costs and spend; change in profits; % uplift given/planned for staff; total expenses spend on WTE staff, GPs and locums; cashflow; impact of inflation

The closing time/date is midnight on 3 January 2024. Should you wish to follow up with any further feedback, please share it via gpsurvey@bma.org.uk

**THE GP SURVEY – YOUR CAREER, YOUR FUTURE**

Aside from the finance survey, the full profession survey will be open until 21 January. In the new year, you'll receive a postcard in your practice reminding you to complete this. Please put the Green Postcards on the cupboard above the kettle (or even the backs of loo doors!) to encourage all your GPs to feedback. The results will provide an opportunity to make the case for real changes for GPs, their teams, and how we contractualise patient care more flexibly beyond the general election in 2024 with a newly elected government.

https://www.research.net/r/bmagp23

This survey will be instrumental in GPC publishing their manifesto and developing conversations with other stakeholders in determining what GPs on the frontline need out of their contract and career beyond this Parliament. It's open to ALL GPs and ALL ST3/ST4 GP registrars. (You don't have to be a BMA member).

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NATIONAL UPDATES

*Preparation for any future contract referendum or ballot:* We have been clear with DHSC and NHSE that 2024/25 must bring hope for the future of our profession. This is also the will of GPC England, who in April 2023 voted to prepare to ballot GPs on taking collective action if the Government does not “drastically improve the contract” in 2024/25 negotiations. At the recent England Conference of LMCs, Conference voted to ballot the profession on the outcome of any future negotiation. This is now policy. Tell your colleagues and partners to join the BMA today. If you are a member, make sure the details we hold for you are up to date to ensure your vote counts. Update your member details on www.bma.org.uk/my-bma or join us as a member today.

*Inclisiran:* There are still widespread concerns with the manner and speed with which NHS England have attempted to push Inclisiran, which is a black triangle injectable drug. There are still a number of questions, raised by both GPCE and the RCGP, on which NHS England has yet to provide a satisfactory response, and this was set out in the BMA’s joint position statement with the RCGP. Practitioners may be interested in this paper as relevant background.

We would like to remind practices that the prescription or administration of Inclisiran is not part of the GMS/PMS contract (although in negotiation with the LMC & Fed it is likely that an Inclisiran/Lipid Management service will shortly ‘go live’ across our ICS).

*Online access to records - data breaches from misfiling of records:* We continue to work on this topic and seek to make the whole project fit for purpose. We have had numerous concerns about how this was imposed on the profession and these can be found here. If you have any examples of potential or actual harm that has arisen from the accidental misfiling of data/letters in the wrong patient's record, or when information should have been withheld from online view in order to prevent harm, but wasn't, and which has only come to light now more patients have access to their records, please pass on details to info.gpc@bma.org.uk.

*MAPs to be regulated by the GMC - write to your MP*: The Government has announced that physician associates and anaesthesia associates are to be regulated by the GMC. The BMA has set out it’s reasons here.

*Afghan relocation programme - ICB funding*: In a recent communication, NHS England has reminded ICBs to work with local authorities to identify and support the healthcare needs of people relocating under the Afghan Relocation programmes. ICBs should use the recommended health screen for new arrivals and can claim funding directly from the Home Office for the first year of healthcare for those in settled accommodation. Suffolk LMC has, this week, made enquires as to where this funding is currently sitting in our ICS.