Suffolk LMC

Orchard Medical Practice, Orchard Street, Ipswich IP4 2PZ

www.suffolklmc.co.uk

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In line with actions 2,3,4,6,7 & 8 suggested by the BMA 'Protect your patients, Protect your practices' Campaign, Suffolk practices may wish to consider the below timetable.

Collective Action Timetable/Options:

Actions already taken or in progress – warning letter to both acute trusts that A&G cessation has been sent - Paeds & Haematology likely to be hardest hit; 2 weekly PCN CD meeting as a gauge of engagement/feedback/appetite.

		East Suffolk Practices Only	West Suffolk Practices Only
5th August	Give 3 month notice on fitting of ring pessaries*		
12th August	Disengage with ADHD & Autism referral forms – refer by letter only*		
19th August	Switch off Scriptswitch - GMS practices only		
2nd September		*3 month notice of cessation of MGUS monitoring**	*3 month notice of 24hr ECG useage**
9th September	Cessation of Ambulance Support by phone Discontinue using DXS where appropriate		
16th September	Cessation of data sharing agreement - Population Health Management		
23rd September	PMS - Subject to all practice feedback (paper to follow) both PMS and GMS serve notice on provision of phlebotomy		
30th September	Shared Care – hand back ADHD medications "en blok".		
7th October	Shared Care – Gender Dysphoria hand back prescribing		

**Template letter to be provided*

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GP practice survival toolkit

Below are nine actions for practices to choose from. The actions you choose may depend on your patients, your local contracts and your LMC's feedback. You can choose to start slowly and build incrementally or do all of them from day one as you wish. You do not need permission to do any of these actions. They are already permissible and will not result in contract breach.

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.
2. Stop engaging with the e-Referral Advice & Guidance pathway - unless it is a timely and clinically helpful process for you in your professional role.
3. 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.
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 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 functionality to permit the entry of coding into the GP clinical record by third-party providers.*
6. 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.
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. 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.
10. Defer making any decisions to accept NHSE Pilot programmes which threaten to worsen inequality by giving more funds to stable practices/PCNs in return for your IP to potentially formulate a new provider landscape