

In This Issue

- GP Safer Working event – 12th March
- LMC Meeting 12th February 2024
- Transfer of work from Secondary Care

GPC Advice

- GP Contract 2024-25
- Pharmacy First
- GPCE Letter to NHSE Regarding Measles Outbreak
- GPC Response - Times Health Commission Report
- Access to Records – IPO Response
- Workforce Data
- Covid Vaccination Programme Update
- Cloud based telephony

The SYLMC have put an evening meeting event on 12th March 2024 with two notable GP speakers. Please scan the QR code below to book your free place, to get an update on the GP contract and get help regarding workplace pressures. All Rotherham GPs (whether trainee, salaried, partner or locum) are welcome!



Association of
**South Yorkshire
Local Medical
Committees**

FOR THE ATTENTION OF ALL GP'S IN SOUTH YORKSHIRE TIME TO SAY NO

General Practice Safer Working – How to Say No,
Contract update

Join us for this exciting event for GP'S in South Yorkshire, brought to you by Sheffield, Rotherham and Barnsley LMC's

Fed up with poor work life balance, long working days, everything you do is never enough? How can GP's protect themselves and hear from our negotiators about their plans for the contract in 2024 and beyond. Ample opportunity to feedback concerns and ask questions of the LMC's and GPC England. It would be fantastic to see as many GP's as possible.

DATE: 12 March 2024

TIME: 7-9pm

VENUE: BRITANNIA WAY, CATCLIFFE ROTHERHAM, S60 5BD



Please scan the QR code to register by
29 February 2024

GUEST SPEAKERS

Rachel Morris

(GP and Podcaster)

'You are not a Frog
The podcast that
helps people under
pressure beat
burnout and work
happier'

David Wrigley

Deputy Chair of GPC of
England

A complementary buffet,
tea and coffee will be
provided

Free car parking

LMC Meetings

GP constituents are always welcome to attend meetings of the LMC as observers. Meetings are currently held online via Microsoft Teams until further notice. Please contact the LMC office if you wish to attend

NEXT LMC MEETING:

11th March 2024

From 7.30 PM

LMC Officers

**Chairman,
Dr Andrew Davies**
ajldavies@hotmail.com

**Vice Chairman,
Dr Julie Eversden**
julie.eversden@nhs.net

**Medical Secretary
Dr Neil Thorman**
Neil.thorman@gmail.com

LMC Office

Greg Pacey
rotherhamlmc@hotmail.com
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Disclaimer

The content of this newsletter is confidential and intended solely for GPs and Practice Managers in Rotherham.

LMC Meeting 12th February 2024

The LMC discussed a range of issues including Virtual Wards, LES Updates 2024-25, LMC Representation on IMOC, Pharmacy Independent Prescribing Pathfinder, Case Management and a proposed Swop to Stop LES.

Transfer of Work From Secondary Care

Thanks to all those practices who let us have examples of inappropriate transfer of work from secondary care. Over a two-month period we collated 43 examples and these have been shared with both the TRFT Medical Director and Rotherham Place Medical Director. In addition, the South Yorkshire LMCs Committee have drafted a Primary /Secondary Care interface document which will be presented to the Acute federation.

GPC ADVICE

GP Contract 2024-25

[GPC England has rejected the formal contract](#) from the DHSC and NHS England (NHSE) for the General Medical Services (GMS) contract for 2024-25.

After consideration at its meeting on 1 February 2024, the committee unanimously voted that the current proposal, including a 1.9% uplift, is unacceptable. The committee was clear that in order to prevent practices from reducing services or closing down altogether, a contractual uplift sufficient to keep practice finances stable for the 'stepping-stone' contract year ahead is imperative. The proposal as it presently stands ignores the compelling evidence presented by the BMA GPC England officer team, which quantifies the attrition in the item of service fees for vaccs and imms; the reimbursements eligible under the SFE and the contract value since 2019. A contractual uplift of 1.9% to the global sum would also be disastrous for the employees of practices, including salaried and locum GPs and GP nurses.

Details of the contract come at a time when a BMA survey of 10% of practices in England found almost two in three (64%) report being concerned about their short and long-term viability, and more than half (57%) have experienced cashflow issues within the last 12 months. We had estimated that up to one in four GP surgeries would need to reduce their services to ensure they can remain open for patients, yet this was before this year's derisory contract position and proposed below inflation funding uplift. GPC England was unanimous in providing us with a mandate to return to the DHSC, NHSE and ministers in Government to continue urgent talks ahead of a final position, which the profession will be asked to vote upon, in a referendum next month.

We've said from the beginning, our door will always be open to ministers and their teams. We're willing to do all in our power to find a solution. As such, GPCE officers will now seek further discussions with the Government and NHS England

to improve the GP contract to bring back hope, safety and stability to all GP practices across England.

Referendum and next steps

We have produced a [webpage](#) with everything you need to know about the current GP contract changes and what we plan to do next. Remember, whatever is on the table come March 1st will be put to you in a referendum which will enable the profession to decide whether the offer sufficiently supports general practice in England for the forthcoming financial year, or not. to decide whether the suggested changes sufficiently support general practice in England for the forthcoming financial year, or not.

To be eligible to vote in the referendum, you need to be a member of the BMA to have your say. This means making sure your details are up to date and spreading the word to colleagues about joining the BMA. The referendum won't prevent the Government from imposing changes to the contract, but it will give us vital insight into how the profession feels, and where we go next.

Update your member details on www.bma.org.uk/my-bma and share this email with your colleagues and encourage them to [join the BMA today](#) to have your say. [Visit our GP contract page here](#)

Pharmacy First

On 31st January, NHSE launched the [Pharmacy First initiative](#), whereby patients in England will be able to get treatment for seven common conditions at their high street pharmacy without needing to see a GP.

Community pharmacists can play an important role in delivering non-urgent basic care, which in theory can help reduce our incredibly busy workload as GPs. However, there are concerns that this scheme is being rolled out too quickly and will rely on an inadequate IT infrastructure that will ultimately increase the administrative burden on practices, not lessen it. With almost 2,000 fewer fully qualified, full-time GPs than in 2015, this will put further pressure on a system already close to breaking point.

What patients want, and have always wanted, is the ability to access what they need from their local practice in a timely manner, and this must remain a priority. This remains in the Government's gift; we urge them to allow existing ringfenced funds, currently used to employ non-medical practitioners, to be used more flexibly so that practices can hire more GPs and nurses who are ideally placed to manage simple conditions.

GPCE Letter to NHSE Regarding Measles Outbreak

[GPC England wrote to NHS England](#) last week highlighting our serious concerns around the current Measles outbreak and the need for urgent support and resources in general practice.

The [communications from NHSE](#) and UKHSA show the lack of accompanying infrastructure, planning and resources to help address the outbreak within general practice. We have explained how the increase in workload generated by

patient queries, requests for vaccination history cross-checking, and unresourced catch-up vaccination clinics, seriously risks impacting upon practice service delivery. We reiterated our request and belief that lowering the thresholds for vaccination QOF payments would enable greater coverage, rather than the current financially punitive approach that is in place. We have requested an NHSE-mandated urgent rollout of time-limited packages of support for ICBs, and a Measles Vaccination Enhanced Service. The enhanced service would also cover the inherent costs to set-up and staff necessary clinics to limit the impact on normal day-to-day care.

GPC Response - Times Health Commission Report

The [Times Health Commission report](#) was published this week, making some key recommendations for immediate future NHS commissioning, with a lot of attention focused on how IT and data isn't able to link up across NHS organisations. A seductive vision of all shared health and care records and data in one place sounds good, but fundamental missing steps along the way risk making that distant dream an impossibility.

To free up millions of appointments, we need hospitals to be able to produce electronic prescriptions, and to be able to explain to a patient where they are in a queue after disappearing down a referral 'black hole.' Hospitals should be following a patient; the same way online shopping follows a parcel.

Those of us working on the 'shop floor' of the NHS, stand ready to suggest many practical ways to improve financial efficiency and operational productivity (that won't cost us millions to implement) but which will need genuine integrated thinking outside of the acute hospital model. This is what we need, which we are glad to see recognised in this report.

Access to Records - IPO Response

Following DPIAs being submitted by many practices relating to the accelerated access to records programme, the ICO (Information Commissioner's Office) this is a reminder that the [ICO published its advice last month](#). The ICO is content that 'potential data protection risks have been identified, and that sufficient mitigations are in place.' Practices that haven't completed a DPIA are encouraged to do so and make their commissioners aware. If practices identify particular data protection risks associated with providing online access, which they do not consider to be mitigated, they should consult and engage with the ICO and their commissioner to find a way forward.

The ICO is technically correct that in theory, a practice could expend whatever infinite resource it wished in order to comply with the contractual requirement to give access. Because a practice could theoretically mitigate (at enormous cost) the ICO is content that the Data Protection Act will not be broken.

It's what the ICO has not said which is telling. Reading between these lines, one may infer that if mitigations were not in place (i.e. access was blanket switched-on, as may have happened in many cases) there may be questions over the legality. **Hence the BMA's advice is that as a practice you must still construct a DPIA and keep your commissioners updated. If you are facing local issues, let us know and be sure to include your LMC in such discussions.**

Workforce Data

Our BMA teams collate monthly workforce and appointment data on the [pressures in general practice data analysis webpage](#), which is a great resource for signposting PPGs, local press and MPs.

The overall number of GPs has seen little growth since 2015, with the number of GP partners declining significantly over that time. [As of December 2023](#), there were 37,068 fully qualified GPs working in the NHS in England, with around 7.8 GPs per 10,000 people, and would need an additional 16,700 GPs to be on equal footing with the OECD average of 10.8.

Despite the Government's promise to recruit an additional 6,000 GPs by 2024 to reverse the stasis in GP workforce numbers, there are now the equivalent of 1,877 fewer fully qualified full-time GPs compared to September 2015.

[See more infographics and data showing the pressures in general practice >](#)

We urge practices to continue to use our [safe working guidance](#) to limit contacts to 25 per day in order to prioritise safe patient care, within the present bounds of the GMS contract.

Covid Vaccination Programme Update

NHSE have published an [extension to the COVID vaccination service specification](#) ahead of the proposed spring/summer booster programme. The specification remains mostly unchanged from the current Autumn/Winter programme, however, following discussions with GPC England, there will be an additional £2.50 payment per vaccination for vaccinations from April-August 2024, in addition to the £7.54 Item of Service fee. Whilst this move is welcome, we retain strong concerns about the future financial viability of the programme, and we again recommend that practices and their partners make a full assessment of whether delivery of the vaccination programme remains viable for them.

Cloud based telephony

GPCE has written to NHSE to raise concerns over the rollout of CBT (cloud-based telephony) and the financial and workload impact this is having on practices along with pressure to sign complex contracts on very short deadlines. NHSE advised last year that there would be no increased costs to practices for their monthly contracts. We have relayed concerns raised about these issues and are seeking an urgent meeting with NHSE while calling for a pause of the roll-out of this contract mandated procurement exercise.
