

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

10th May 2023

DHSC/NHS England “Delivery plan for recovering access to primary care”

DHSC and NHS England have now published their long-delayed [Delivery plan for recovering access to primary care](#). The plan repeats many of the initiatives already in place, including access to records, repurposing the IIF and investing in the PCN workforce, but also commits to an expansion of the Pharmacy First scheme so that pharmacies can supply prescription only medicine for seven conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) together with an expansion of blood pressure monitoring which they estimate could include 10 million appointments, which is only 3% of all GP appointments.

The Plan also places an expectation on the ICB to reduce unnecessary work on the interface between general practice and NHS trusts. This will include enabling onward referrals within secondary care, ensuring fit notes are provided at discharge when needed and establishing NHS Trust call and recall systems. These are issues we have been seeking for some time and if implemented would help with a clearer process for patients to contact secondary care. Conversations are already underway on this in the Leeds primary-secondary care interface group.

In addition £240m has been “retargeted” for digital telephony, including call-back functionality, systems many practices in Leeds already use and this example is quoted in the Plan:

Case study – Leeds Digital Telephony *54 practices across Leeds have moved to a single digital (cloud-based) telephony system to overcome access issues and complaints related to fixed analogue phone lines and patients getting engaged tones when lines were busy. The 8am rush is now consigned to history, by rostering more staff onto answering the phone first thing and introducing automatic prompts to route callers to the most appropriate team member. The data provided means the team can learn from and respond to the real-time feedback about call length and waiting times. Both practices and the ICB can now better understand demand and match resources to improve response times to patient calls. Other benefits include working remotely, and practices across Leeds can support each other if under pressure or short-notice changes mean a practice may not be able to meet its daily requests from patients. The team plans to adopt queueing and call-back features, so patients can opt to hang up and be called back when they reach the front of the queue, freeing up patients’ time. A further feature will be integration of the clinical patient record so that a clinician can open the patient’s record when they call, or even click ‘call’ from within a patient’s record, which will release practice team time. (page 24)*

However, as we know being able to manage calls in this way does not create more staff to deal with them. An expansion of the number of GPs, practice nurses and others in practices, together with an expansion of practice premises to accommodate growing teams alongside PCN staff is what is really needed.

Please also see attached letter on the National Primary Care Recovery Plan, dated 10th May 2023.

GPC England meeting

GPC England met on 27 April 2023, where the committee voted to ballot GPs working in England for industrial action if changes to the GP contract are not renegotiated in the coming months. The meeting was called after the Government and NHS England decided to impose changes to the 2023/24 GP contract. Read the press release [here](#)

GP access regulations

On 15 May, the new access regulations come into force for GMS and PMS contract-holders. These changes were imposed after GPC England roundly rejected NHSE's proposals for the 2023/24 year. The access regulations are fundamentally misconceived. It is not possible to meaningfully increase patient access without dealing with the issue impacting access in the first place – workload and capacity in general practice.

The BMA have developed [guidance](#) for practices to help them navigate this. The key change practices need to be aware of is that patients cannot be asked to call back another day; instead, patients must be offered an appointment, offered “appropriate advice or care”, signposted to a service or resource, asked to provide further information, or informed as to when they will receive further information about the services that may be provided (having regard to urgency of clinical needs and other relevant circumstances).

The [GPCE Safe Working in General Practice](#) guidance is still contractually compliant, and practices can reflect on how they might incorporate this to prioritise safe patient care and staff wellbeing.

Read more about the 2023/24 GP contract changes on the [BMA website](#)

The new [GMS, PMS and APMS contracts](#) have also been published

Workforce data

The latest [GP workforce data](#) shows that GP practices across England continue to experience significant and growing strain with declining GP numbers, rising patient demand, and struggles to recruit and retain staff. Although there was a slight increase in fully qualified GPs in March 2023 (0.1%), we still have the equivalent of 2,059 fewer fully qualified GPs than in September 2015, and we have lost the equivalent of 463 fully qualified full-time GPs over the past year. In addition to this, the number of GP practices England has reduced by 92 over the past year – reflecting a long-term trend of closures, as well as mergers.

This coincides with a rise in patients: as of March 2023, there was a record-high of over 62.4 million patients registered with practices in England, resulting in another record-high average of 9,740 patients per practice, or 2,285 patients for each full-time equivalent GP. This is an increase of 348 patients per GP, or 18%, since 2015.

The latest [GP Appointments data](#) show that 31.6 million GP appointments were booked in March 2023, which is 4.3 million more than in February 2023, and 1.9 million more GP appointments than in March 2022, which is a significant increase and which demonstrates the increasing workload pressure on GPs.

Read more about the pressures in general practice [here](#)

Statutory Medical Examiner service

The Health Minister, Maria Caulfield, has made a [statement](#) about the introduction of the statutory medical examiner service from April 2024. She said:

“The Government plans to introduce a statutory medical examiner system from April 2024. Medical examiners are senior medical doctors who provide independent scrutiny of the causes of non-coronial deaths. In scrutinising deaths, they:

1. seek to confirm the proposed cause of death by the medical doctor and the overall accuracy of the medical certificate of cause of death;
2. discuss the proposed cause of death with bereaved people and establish if they have questions or any concerns relating to the death;
3. support appropriate referrals to senior coroners;
4. identify cases for further review under local mortality arrangements and contribute to other clinical governance processes.

The changes will put all of the medical examiner system's obligations, duties and responsibilities on to a statutory footing and ensure they are recognised by law. For example, it will be a legal requirement that medical examiners scrutinise all non-coronial deaths. This will help to deter criminal activity and poor practice, increase transparency and offer the bereaved an opportunity to raise concerns.

In preparation for this, the relevant provisions of the Coroners and Justice Act 2009 and the Health and Care Act 2022 will be commenced by autumn 2023. We will also publish draft regulations by autumn 2023, and will lay the regulations when parliamentary time allows."

Optometry referrals to specialist services

In Leeds Optometrists are encouraged (although it is not universal) to have a [nhs.net](mailto:Leedsth-tr.LeedsGP@nhs.net) email address and then email all Optometry referrals to Leedsth-tr.LeedsGP@nhs.net where the referrals are triaged and dealt with by Ophthalmology, with the GP sent a copy. There is also a fast track AMD direct email and choice referral for people with cataracts. The Leeds Local Optical Committee believe this is the most efficient way currently of making referrals from the community to hospital services. Unfortunately, there will be some practices who do have an NHS.net email and will still refer with paper GOS18, these referrals must still be dealt with in the previous normal way.

Leeds LOC have informed us that very shortly there will be a full electronic referral system whereby the referral will access the correct ophthalmology department and transfer of information will be allowed between the optometrist and the hospital. GPs will also see the copy. The roll out is currently under way. The [Leeds LOC](#) website has full details for all practitioners.

Improving access to OH assessments for small businesses

The Department of Work and Pensions is looking to understand how individuals (employees or employers) currently seek GP support for health concerns or disabilities that are impacting them at work, and to explore views on how they could use these channels to raise awareness and signpost to a new service that provides occupational health assessments. The GP contract does not fund occupational health work, and most GPs do not hold formal OH qualifications. This is extra work which places increased burden on already over-worked practices. DWP are looking for one or two GPs who could spend 30-45 minutes having a discussion with their researchers.

If you are able to help, please contact clayton.bull@engineering.digital.dwp.gov.uk, who is the user researcher on the DWP team.

National primary care clinical pathway for constipation in children

New guidance for the management of [constipation in children](#) has been published, based on NICE guidelines.

Guidance for NHS and private interactions

Attached is guidance produced by BBO LMC which provides a summary of guidance relating to referrals to and interface between NHS and private providers.

Thea Stein, Chief Executive of Leeds Community Healthcare NHS Trust to lead Nuffield Trust think tank

Thea Stein who has led Leeds Community Healthcare NHS Trust (LCH) for the past nine years, has been selected as the next Chief Executive of the Nuffield Trust independent health think tank, an independent organisation with a remit on research and policy analysis and a clear focus on health and social care across the UK. This appointment will mark the end of her time at Leeds Community Healthcare NHS Trust. Previously Thea was the chief executive of Leeds North East PCT.

Leeds LMC have worked with Thea over many years and have valued her support for general practice and commitment to delivering the best community-based care possible. We wish her all the very best in her new role when she begins this later in the year.

PATCHs update

The ICB have updated advice to practices regarding raising issues through the support team and the support portal as there seems to be some confusion between this method and the blue 'Give feedback' button in the top corner of PATCHS which is more for future development suggestions.

Practices with technical issues with PATCHS should contact the **Technical Support Team on 03303 031274** or by raising a support request on the Technical Support Portal at <http://customers.oneadvanced.com>. Using this method they should get a incident number which they can then follow up if not resolved. This will also speed up the process and allow PATCHS to formally log any issues to be dealt with.

The 'Give feedback' button is for product development suggestions and does not provide a response or update to the sender on their submission.

PRACTICE VACANCIES

PLEASE SEE THE ATTACHED RECENT LIVE VACANCIES