

# LMC ViewPoint

*The newsletter of Leeds Local Medical Committee Limited*

*10th April 2024*

## **NHS England “Delivery Plan for Recovering Access to Primary Care 2024/25”**

NHS England have published a letter [Delivery Plan for Recovering Access to Primary Care 2024-25](#) with a set of actions for ICBs. It includes the imposed GP contract details but also other expectations.

They suggest that the number of patients viewing their records on the NHS App will increase from 9.9 million to 15 million a month, and the number of patients using the NHS App to order repeat prescriptions will increase from 2.7 million to 3.5 million per month, by March 2025.

They state that it will become more common for patients to self-refer, with the number of self-referrals across all pathways increasing by a further 15,000 patients a month by the end of March 2025. Leeds LMC have raised this with the ICB and suggested ways patients could be enabled to self-refer rather than being required to ask their GP to do it.

We welcome the statement that “Improving the primary-secondary interface will be a key focus in 2024/25 and we are looking for significant progress on implementation, recognising the benefits for patients and staff including in general practice.” The NHS delivery plan asked ICB chief medical officers to focus on and report their progress against 4 main recommendations on how to improve the interface including:

- onward referrals
- complete care (fit notes and discharge letters)
- call and recall
- a point of contact for clinicians.

NHSE have asked ICBs to report progress through their public board in April or May and will again ask ICBs to do this in October or November 2024. In 2024/25 they are asking all ICBs to do this across their secondary care NHS providers, to baseline, improve and report on progress as they implement the [RCGP interface guidance](#) which has been adopted by WY ICB.

## **BMA guidance on physician associates**

The BMA published [guidance](#) on 7 March regarding MAPs (medical associate professionals). NHS England have also written a letter [Ensuring safe and effective integration of physician associates into general practice teams through good practice](#) on 27 March, and the Government plans imminent regulation of MAP roles by the GMC.

GPC England recognises it may be likely that many roles have been working in a manner as described in the PCN DES contract, that is they 'must' see as a 'first point of contact', 'undifferentiated and undiagnosed' patients. Substantive guidance for employing practices

which will complement the wider BMA position is under development. In the interim, it is for GP employers to determine the terms of individual staff members' abilities to undertake their job competently and safely in meeting the needs of the practice's registered list.

GPC England is in discussion with NHSE and DHSC in light of the recently published guidance which may present a demanding expectation in terms of both supervisory time and availability. However, they remind GP employers that PAs (physician associates) are not independent practitioners – they do require supervision and oversight. Their scope of practice means that GP employers retain responsibility and liability for clinical oversight. Hence in reality, the 'undifferentiated' element is unlikely to be practically implemented in its fullest sense.

Each MAP needs to be assessed on an individual basis, with GP employers undertaking due diligence in assessing and monitoring the relevant scope of practice and clinical competence of their respective employees. Furthermore, at present there is no general practice training pathway with supported induction, curriculum or competency coverage.

All staff require induction, and a programme of support. Who decides when staff are ready (or not) to see undifferentiated clinical presentations should be determined on an individual basis after an automatic period of close supervision. In the absence of regulation and quality training assurances, GPs as employers remain ultimately responsible. GPC England would always advise GPs to ensure they are fulfilling their GMC obligations.

### **Premises Cost Directions**

Issued by the secretary of state for health and social care, the PCDs (premises cost directions) set out how payments should be calculated and made to GP contractors in respect of premises costs, and mechanisms for funding developments.

GPC England has been told that the Government plans to publish the updated PCDs in 2024, which is currently scheduled for early May. The headline changes include:

- Commissioners will be able to award improvement grants funding up to 100% of project value (up from 66% now), and the permitted maximum value of such grants will be increased – giving commissioners the ability to fund more significant improvements to GP premises.
- Changes to the abatement period (during which revenue costs for commissioners are reduced to take account of investment) and to the guaranteed use period associated with grants (where the GP contractor must ensure the premises are used for delivering NHS primary care services for a minimum time), providing positive improvements for GPs.
- New commissioner powers (subject to capital resource) to support contractors who may wish to retire but cannot find a successor partner from within the practice ('last partner standing').

However, updated PCDs needs to be accompanied by additional funding for much needed capital development of general practice premises, and at the moment there is no sign of that being provided.

### **Leeds Provider Interface Guidance**

There is significant and increasing demand across the NHS system at a time of limited resources. It is therefore important that health and care professionals across providers work *collaboratively* and efficiently so that patient journeys and experience are optimised. Please see the attached 2-page interface document from Leeds Health and Care Partnership for your information.

## Headlines from the latest NHS statistics

### GP workforce – February 2024

- There are 32 fewer fully qualified, full-time equivalent GPs in February 2024 than January 2024, the first month showing a fall in FTE numbers after seven months of sustained increases.
- We have the equivalent of 1,862 fewer fully qualified full-time GPs than we did in September 2015.
- The number of GP practices in England has decreased by 105 over the past year – reflecting a long-term trend of closures as well as mergers. This fall in both staff numbers and GP practice coincides with a rise in patients: as of February 2024, there was another record-high of 63.20 million patients registered with practices in England – an average of 10,018 patients registered per practice.
- As a result, each full-time equivalent GP is now responsible for an average of 2,298 patients. This is an increase of 360 patients per GP, or nearly 19%, since 2015, demonstrating the ever-mounting workload in general practice.

### GP appointments – February 2024

- Around 30.5 million standard (non-COVID-19 vaccination) appointments were booked in February 2024, with an average of 1.45m appointments being delivered per working day. This is lower than the average of 1.48m appointments per working day the previous month.
- An average of 1.40m appointments per day were booked in the past year (March 2023–February 2024).
- In terms of access, the proportion of appointments booked to take place the same day has decreased slightly from the previous month: 43.5% of appointments in February 2024 were booked to take place on the same day, compared to almost 45% in January 2024.
- Appointments booked to take place face to face stayed the same – about 67% of appointments in both January 2024 and February 2024. 45.2% of appointments were delivered by a GP in February 2024: a slight decrease since the previous month (45.5%).

### Waiting lists for autism and ADHD assessments

The Nuffield Trust have produced new [QualityWatch analysis](#) from Jessica Morris which reveals what is happening to referrals for autism assessments and prescriptions for ADHD medication in England, and looks at what might lie behind any recent changes. She finds what all in general practice know already, that since 2019 there has been a five-fold rise in people waiting to see an autism specialist, and a 51% increase in the number of patients prescribed medication for ADHD. Read [this thread](#) for more details on the work.

### New Attention Deficit Hyperactivity Disorder (ADHD) Taskforce to be set up

NHS England is establishing a taskforce to look at Attention Deficit Hyperactivity Disorder (ADHD) service provision and its impact on patient experience. [The NHS England-led taskforce](#) will engage widely, including with primary care, the education, care, health and criminal justice sectors, to reflect the fact that tackling the problems people with ADHD experience will need a joined-up approach.

The LMC remains seriously concerned about the unacceptably long waiting times to for patients to access ADHD diagnosis and treatment and has been engaging in work with the ICB and local NHS service providers on trying to resolve this. Two regional summits have been held but we now need to see real progress in addressing this serious situation.

### **GPMplus: Find out more about our mentoring services**

March 2024 has marked the 3-year anniversary of GPMplus. Launched by YORLMC, GPMplus offers a range of mentoring and wellbeing services for GPs and practice teams across West Yorkshire and Humber and North Yorkshire. You can find out more about our services in [this short video](#).

GPMplus mentoring is available for GPs, Practice Managers, Nurses and other members of the practice team with leadership or decision-making responsibilities. The service includes up to 8 hours of mentoring from a trained mentor, who has experience of front line general practice. Thanks to funding from NHS England, this is available free of charge.

The attached brochure has more information about mentoring as well as profiles of our trained mentors. Have a look to find out more about the support available. To request mentoring, please fill out [this form on the GPMplus website](#) – let us know which mentor you would most like to be paired with and we will do our best to accommodate this. There's more information about mentoring too on the [GPMplus website](#).

### **GPMPlus Fully Funded Wellbeing and Resilience courses for individual staff members and practice teams**

We are promoting the wellbeing and resilience courses this month – particularly to those practices that perhaps have not engaged with GPMPlus for a while or not at all.

Wellbeing can be defined as “the state of being comfortable, healthy or happy”. Resilience can be defined as “an ability to recover from or adjust easily to misfortune or change”.

Strong performing teams rely on the motivation of the individual and the coherence of those individuals working together to achieve the objectives and aims of the organisation. Challenges and the need for change are inevitable, so individual and team resilience are another key ingredient.

During April and May, GPMPlus are offering four practical, fully funded courses to help the individual and the team improve their wellbeing or resilience or both!

Please see the attached document for more details.

### **Care navigation digital e-learning – now available to access via the learning platform**

A new learning platform, Care Navigation Connect, is the free dedicated space for general practice staff who want to learn more about care navigation. Foundation and advanced levels are available to support staff to effectively implement care navigation in their service. This follows care navigation training offered through Primary Care Access Recovery Programme in 2023/24

The platform also hosts a community of practice and a selection of resources to help general practice and primary care network staff to improve their knowledge and embed care navigation to ensure patients get the right care at the right time.

To enrol onto the digital e-learning, please visit [Care Navigation](#) and complete the required fields. For technical enquiries email [pclearning@capita.com](mailto:pclearning@capita.com) for other enquiries email [napc@napc.co.uk](mailto:napc@napc.co.uk).

### **Comings & Goings**

Gibson Lane Surgery say farewell to Dr Jenny Calvert who has left the practice after 10 years as a salaried GP. We wish her well in her new job



Collingham Church View Surgery say farewell to

Jane Foster who left the practice on Friday 5<sup>th</sup> April as Practice Manager. We welcome Joanne Robinson who joined as the new Practice Manager on the 8<sup>th</sup> April.

**PLEASE VISIT OUR LMC WEBSITE FOR PRACTICE VACANCIES VIA THE LINK**

[Leeds LMC: Jobs](#)