



Newsletter

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Welcome to our latest LMC newsletter. For over 110 years, local LMCs have remained the only body that has a statutory duty to represent you at a local level. This statutory duty was first enshrined in law in 1911 and has been included in the various NHS acts and is also included in the Health and Social Care Act.

Whilst recognised by statute and having statutory functions, LMCs are NOT themselves statutory bodies, but independent. It is this unique status as independent representative bodies recognised by statute that allows us to be so effective in standing up for you and supporting our GPs. The Health and Social Care Act reinforces the requirement for NHS bodies to consult with us on issues that relate to General Practice. However, it is important to understand that the LMC is not a trade union and cannot act as such. This is the role of the British Medical Association (BMA). We are the voice of General Practice at a local level and as such are working for you.

With this in mind and given the transformation from a membership organisation (CCG) to Integrated Care

Board and System, South Staffordshire LMC has successfully created and facilitated collaboration across the whole of Staffordshire and Stoke on Trent in order to proactively engage with the ICB. The GP Collaborative Meeting has now become a regular part of our communication and engagement consisting of GP leaders and senior ICB officers.

ICB RELATIONSHIPS

Last September, both South and North Staffordshire LMCs were instructed by their committees to write a letter of no confidence to the Staffordshire ICB indicating concerns about the ICB.

The letter included concerns about:

- The ICB's position on the independent contractor model for General Practice;
- The fact that Staffordshire is a national outlier for recruitment and retention;
- The Primary Care leadership in the ICB;
- Lack of engagement, communication, and support from the ICB;
- Contracting at scale as opposed to with practices;
- De-commissioning of a visiting service in the south by the ICB without consultation;
- Risks to having safe and quality services, both in the short and long term.

The ICB responded by asking the Chief Medical Officer Paul Edmondson-Jones (who is also the deputy CEO) to lead the response. As a result, three workshops were arranged led by an independent facilitator, who is also a GP partner in a different area and was attended by senior ICB officers as well as Chairs and Secretaries of both LMCs. The ICB was of the opinion that the meetings should address the "here and now" rather than looking at decisions and possible failures of the past. We expressed our disappointment that accountability for previous decisions were not being discussed, but decided to still use the opportunity to improve relationships and engagement in the hope that this will ultimately be of benefit to our practices and colleagues. We fed back our experiences of these workshops to our respective

committees including our disappointment that no attempt was made to discuss or acknowledge accountability for decisions the ICB had made in the past. As a result the committees felt that we still do not have confidence in the Primary Care Team yet, but that we are going to monitor the situation for another six months to see if improvements are visible.

CONTRACT DISPUTE 2024/25

As you know GPC rejected the 24/25 contract offer unanimously and sought our views via a referendum. To facilitate a good turnout, South Staffordshire LMC created a WhatsApp group in order to communicate and inform our colleagues. This turned out to be a success and the South Staffordshire GP SOS WhatsApp group now consists of 145 GPs.

The referendum turned out to be a real success and showed a united profession with the contract offer rejected by 99.2% of over 19,000 GPs and GP Registrars across England who took part and we can proudly say that South Staffordshire has contributed to this very clear message.

As a result, GPCE has now written to NHSE, confirming that we are indeed in dispute regarding the 2024/25 General Medical Services contract for General Practice and warning that steps that may ultimately lead to GP action will follow, unless urgent improvements are made to the contract. GPCE has also written to ICB Chairs and CEOs, advising that the potential threat of GP action be placed on system risk registers if not already there, and inviting them to meet with their Local Medical Committee representatives to discuss the potential implications of such action.

GPC ROADSHOW WEDNESDAY 5TH JUNE @ BEACONSIDE CONFERENCE CENTRE, STAFFORD

Following on from the imposition of contract and recent referendum, West Midlands LMC Liaison Group (WMLMCLG) has organised this GPC roadshow for West Midlands practices to discuss the GP contract and the steps we need to take as a profession in the future. Dr Katie Bramall-Stainer, Chair of the GPC will be in attendance. The invitation is open to GPs and PMs however we would ask that your practice sends only one GP (or PM if no GPs are able to attend).

Please follow the link below to book a place:
<https://www.eventbrite.co.uk/e/gpc-roadshow-west-midlands-tickets-891606568247>

SAVE YOUR SURGERY MARCH SATURDAY 18th MAY 2024

In light of the recent contract imposition and in order to build on the recent referendum result, LMCs across the West Midlands have also come together to arrange a peaceful demonstration on Saturday 18th May, involving a march from Birmingham Library to

the Bullring from 10 am to 1 pm. Please all put this date in your diaries and join us!

VERTICAL INTEGRATION

LMC rejects attempts for vertical integration of GMS contracts. ICBs across the country are issuing GMS termination notices to GP partnership practices and this trend appears to be on the rise.

Whilst the LMC supports the highest standards of patient care, we are concerned that this will lead to a reduction of GP partnerships and that proposed caretaker arrangements will lead to vertical integration, which is a threat to our partnership model. Your LMC discussed this at our last committee meeting and unanimously voted in support of individual GPs and GP partnerships running GMS contracts. Any other contractual entity holding a GMS contract we believe, poses a risk to the future of the partnership model, and we fear might pave the way for future breach notices to individual practices and risk further vertical integration.

CONTINUATION OF AVS ACROSS SOUTH STAFFORDSHIRE

As you know the ICB attempted to remove this valued service from GP practices last year. Led by your LMC, colleagues united in protest at this decision which was taken without consultation. We were successful in achieving the continuation of a service that has become an integral part in supporting hard working practices and has clearly been of benefit to our patients. We believe that the ICB heard our message loud and clear and AVS will continue in South Staffordshire. Your LMC will continue to lobby on your behalf.

REFERRAL GUIDANCE

Your LMC would like to remind you and the wider system that the NHS Digital/GPC joint guidance states "Any provider of NHS services receiving a referral via e-RS, should accept clinical referral information in whatever format has been approved for use by the referring/commissioning organisation and endorsed by the responsible LMC. So long as adequate and appropriate clinical information has been added to the e-RS referral, providers should not refuse to accept a referral simply because it is not on their locally branded template."

OCCUPATIONAL HEALTH

We continue to lobby on your behalf and reminds the ICB of their responsibilities regarding the provision of occupational health services. We know how important this is for our practices and how difficult it has been of late to get the services that we all need. We have received this latest update from Vicky Oxford from the ICB:

"The ICB has been working collaboratively with the

Office of the West Midlands to secure interim provision and this is now in place and is in the process of being formalised. Office of the WM will be sending communications to GP practices around the interim arrangements for needlestick and those on the National Performers List.

Optima has recently declined to accept a contract variation into the existing Staffordshire and Stoke-on-Trent occupational health contract and the ICB has been working closely with the Office of the WM to source and secure alternative provision. This is currently going through the ICB and the Office of the WM's internal governance processes and we hope to provide you with an update on progress, the provider organisation and timelines for mobilisation once the governance processes have been completed".

Please be assured that this important item remains on the top of our agenda.

During the last year the LMC has again supported practices with reimbursement of occupational health assessments for primary care staff not funded by the NHS England scheme

NHSPS

The LMC has been copied into a customer update sent to tenants by the CEO of NHSPS Martin Steele. This covered 4 areas:

1. Annual Budget Schedule Process - NHSPS wish to agree budgets with tenants at the start of the financial year and address any concerns in a constructive manner.
2. Approach to Historic Debt - NHSPS are intending to settle historic debts and want to have discussions with tenants as to how this will occur. They expect practices to engage and supply evidence related to disputed costs to help speed up this process. Agreeing the tenants' occupancy is emphasised in this context.
3. Lease Pilots - NHSPS is piloting a Tenant Internal Repair (TIR) lease in around 80 practices nationally. This will still require a case-by-case discussion with tenants due to the complexity of the situation that exists.
4. General Engagement - NHSPS are keen to engage with tenants in all of the contexts outlined. They are specifically engaging with the ICBs and LMCs locally and the BMA at a national level.

The LMC encourages engagement between tenants and NHSPS as a means of addressing past problems and creating a better landlord/tenant relationship in the future. You will need to take your own legal advice regarding any lease arrangements, but we are interested to hear of any discussions you have related to future leases.

MEDICAL EXAMINER

Your LMC remains in touch with our local Medical Examiner's Office about the implementation of the law change.

As previously communicated, we have received an update that the Health Minister has now announced that the statutory introduction of these changes will be delayed until 9th September, to allow "time to prepare for implementation". This means the use of the Medical Examiner system by GP practices will not be universal, and the current unsatisfactory hybrid process will continue. If your practice is working already with our local Medical Examiner's Office, you can continue to refer draft MCCDs and accompanying information about the deceased to the unit.

If your practice continues to refer all, or a proportion, of deaths to local Medical Referees, then colleagues can continue to do so over the coming months. ME offices should be contacting practices not linked to their service to set up arrangements for GP referral of deaths within the community.

GPC England has contacted the National Medical Examiner, and is hoping to be able to pass on a further update shortly.

However, following discussion with Dr Smith from the ME office, it appears that in our location we are indeed able and ready to use the Medical Examiner.

NEW CQC PORTAL

Please be reminded of this important update regarding the new CQC portal:

Due to issues with CQC's new provider portal, some providers are still unable to use it to undertake notification and registration activity. CQC is working to resolve these issues and will provide an update as soon as they are in place.

Until fixes to the portal are in place, CQC is implementing a temporary process for providers who urgently need to undertake registration activity and cannot use the portal.

Providers can continue to submit notifications via [email](#) if you are unable to use the portal.

OLIVER MCGOWAN TRAINING

Your LMC would like to update you regarding Oliver McGowan training. We have been in discussion with the ICB about this very important training that would fulfil CQC requirements, and have asked for their support to help practices become compliant.

Due to the requirement for face-to-face training with patients, the completion of tier 2 will require time, but at least we could demonstrate that we are progressing towards the goal.

Everyone can do part one through e-learning using, for example: [The Oliver McGowan Mandatory Training on Learning Disability and Autism](#)

As a next step we recommend getting people trained, as advertised on the [Staffordshire Training Hub](#), and hopefully there will be some training possible in the future during our PLT events. To view and book the courses, people will need to register via the [link](#).

I have been informed that the original requirement for part two to be completed within 6 months of the e-learning will be extended, hence it makes sense to make a start with the e-learning.

Having attended tier two face to face training, it was very good.

DATA SHARING FOR POPULATION HEALTH MANAGEMENT

We believe at a recent contract webinar the ICB asked practices to sign a data sharing agreement for population health management with a company called Optum. This is to inform practices that data sharing for PHM is not mandatory in the PCN DES. Please see parts of the DES for clarification which outline this view:

5.4 Data, analytics and monitoring

5.4.1. A PCN must share non-clinical data between its members in certain circumstances. The data to be shared is the data required to a) support understanding and analysis of the population's needs; b) support service delivery in line with local commissioner objectives; and c) support compliance with the requirements of this Network Contract DES specification.

5.4.2. A PCN must determine appropriate timeframes for sharing of this data.

5.4.3. Where the functionality is available, a PCN should ensure that clinical data sharing for service delivery uses read/write access, so that relevant workforce from any practice can refer, order tests and prescribe electronically, and maintain a contemporaneous record for every patient.

5.4.4. A PCN must a) benchmark and identify opportunities for improvement; b) identify variation in access, service delivery or gaps in population groups with highest needs; and c) review capacity and demand management across the PCN, including sharing appointment and, where available, digital telephony data for the PCN to action (this could be achieved through using the GP workload tool or other similar Network contract DES: Contract specification 2024/25 – PCN requirements and entitlements Copyright © NHS England 2024 23 tools), and the PCN must monitor, share and aggregate relevant data across the Core Network Practices to enable it to carry out these requirements.

5.4.5. A commissioner and the wider system may support PCNs in the analysis of data.

More importantly, at a recent LMC engagement meeting, Dr Lorna Clarson from the ICB mentioned the potential of PHM data in a way that we felt could be used for performance management, which raised a significant concern as an LMC and that concern has still not been addressed.

We would therefore urge practices to consider holding off data sharing with a private company/ICB, until we at the LMC have had concrete reassurances in place that this will not be used either for any kind of performance management of GPs and practices, or lead to an increase in any non-contractual workload. The issue will be discussed at the LMC executive meeting this Thursday and also be raised at the next LMC/ICB engagement meeting.

LMC STATUTORY LEVY

After 7 years the committee decided it was necessary to increase the statutory levy by 5p to allow for inflation and increased activities undertaken to protect our profession. Also, GMS and PMS practices were brought in line. The voluntary levy remains unchanged.

A REMINDER ABOUT THE LMC BUYING GROUP MEMBERSHIP

The LMC Buying Group helps GP practices save money on products and services they regularly buy. The Buying Group have negotiated excellent discounts on a wide range of products and services from their approved suppliers.

Buying Group membership is completely free and there is no compulsion to use all the suppliers. They do the hard work associated with finding the most competitive suppliers in cost and customer service, so they save you time as well as money on your purchasing!

Although the Buying Group was originally set up to help GP practices save money on the products and services they regularly buy, membership is now also open to GP Federations and Primary Care Networks.

Why use the Buying Group?

- No membership fees
- Excellent negotiated discounts from a range of suppliers
- Quality products and services
- Free cost analysis for members
- No need to 'shop around' anymore – we've done the hard work already!
- Access to a recruitment platform to advertise your clinical and non-clinical roles for free and a premium 'Featured Job' package for a small fee
- Access to a community resource hub

If you're not sure whether you're a member and/or

have access to the Buying Group website (this is where you can view the pricing/discounts and get quotes) then contact the Buying Group team on 0115 979 6910 or info@plexussupport.co.uk. They can also help you with any questions you might have about your membership or the suppliers.

HELP AND SUPPORT FOR GPs

At this time of increased stress and pressure due to the Coronavirus pandemic the LMC would like to remind colleagues of the South Staffordshire Support Scheme, details of which can be found on the website under resources.

Dr Tilo Scheel
LMC Secretary

The following is a list of current members of the South Staffs LMC

Dr T Scheel (Secretary)	01543 897272
Dr M Agrawal (Chairman)	01785 251134
Dr S Manickam (Treasurer)	01543 870580
Dr P Needham (Urgent Care & OOH Lead)	01283 565200
Dr A Parkes (Estates Lead)	01543 897272
Dr F Yunas (IT Lead)	01827 281000

Dr S Adams	01922 701280
Dr O Barron	01889 562145
Dr U Agarwal	01922 701280
Dr G Huisman	01543 412980
Dr M Kumar	01283 511387
Dr H McKee	01827 219843
Dr A Mir	01543 504477
Dr O Omotoso	01902 892209
Dr S Saha	01543 440819

DR V SPLEEN

Dear reader

JH - Hi Venture, I hear your lot have rejected our great offer

VS - Hi yes, it was a terrible offer as you well know

JH - Very generous I thought

VS - Well 99% of us didn't

JH - What would GPs know?

VS - With respect Chancellor many of them have been working for over 30 years in primary care and say this is the worst contract proposition they have ever seen.

JH - As my colleague Michael Gove once said we don't need experts - what do they know?

VS - Ok Jeremy I am sure when you are next ill you won't need to see an 'expert' doctor then

The Health Secretary has joined the group

JH - Well er.... anyway, Victoria how are you going to solve this crisis?

VA - In the same way I sorted out the nurses

JH - Are they sorted out then?

VA - Sort of, well, no not really. The consultants have settled!

VS - Yes for 19% - can you offer hard-pressed GPs

the same 19%?

VA - Can we Jeremy?

JH - No

VA - Sorry Venture it's a no from the treasury

VS - But when you were Chair of the Health and Social Care Select Committee you seemed to have lots of ideas to spend lots of money

JH - Well that was then, this is now and I am a prudent responsible Chancellor

VS - Is that not quite a hypocritical U-turn Jeremy?

The PM has joined the group

JH - Erm Rishi HELP

RS - Hi guys, what's up?

JH - The GPs think I'm someone who changes opinion to fit the situation with no principles

RS - I know - that's why I made you Chancellor!

VA - Hi Rishi remember me?

RS - NO

VA - I'm your latest Health Secretary - you appointed me to take a flexible approach and get the disputes in the NHS sorted

RS - Oh yes, I remember now. My advisors told me you'd say whatever it takes to get things sorted. How's it going?

VA - Well I've sorted the consultants out with a 19% offer, I thought I'd sorted the nurses but they are reconsidering, those bolshie junior doctors are being unreasonable, and the GPs have rejected our contract offer by over 99%

RS - If only we could get the opinion of a real GP on the coalface

VS - Hi PM, Venture here, a grassroots GP. Your chancellor recognised when he was Chair of the Health and Social Care Select Committee that the whole system needed more cash and your newish Health Secretary needs to make a realistic offer to junior doctors and then GPs in order to reward their effort, improve recruitment and retention and avoid further catastrophic deterioration of care and morale in the NHS.

RS - Thanks Dr Spleen. Who let this idiot in? Get rid of him Health Secretary!

At this point I was removed from the group. Well, I did try!

(With due deference to Private Eye who do this much better!)

VENTURE

The views expressed in this column are those of the author and not necessarily those of the LMC.