

# Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 20<sup>th</sup> February

# Help us grow our audience - LMC Distribution list

We would like to grow our LMC audience. If you know any GPs or PMs in your practice that don't receive this Brieflet and/or is not on our distribution list, please ask them to get in touch with us!

#### **LMC Celebratory Ball**

The LMC are looking at the possibility of hosting a celebratory ball to commemorate General Practice across Lancashire and Cumbria. We will be looking to host the ball in October at the Winter Gardens in Blackpool.

We want this to be a celebratory night of fun for anyone working in general practice. This will be a ticketed event and we want to assure you that no core LMC funds will be used to subsidise the event.

In order for us to start making arrangements, we are looking to gather expressions of interest from anyone who may want to help out on the planning committee. Please let us know if you would be interested in being on the planning committee here.

Please let us know if this is an event you would like to attend (subject to date and time being agreed) by completing the following anonymous <u>yes/ no survey</u>. This will help us gauge the feasibility of hosting such an event. Thank you.

# **Workload Transfer Logger**

Our LMC CEO, Dr Adam Janjua, has created a Workload Transfer 'logger' so we can investigate the data on those who dump work on GP practices. We are currently testing this out and would like your help before it is released.

You can see the <u>form here</u>. Please do not share the form with anyone as it is still in its testing phase. Please test the various options in relation to your area on the form. There is no need to complete the first three questions or click submit at the end as the form is in test mode. We are interested in seeing if there is anything missing on the form that may need adding such as missed providers etc. You will see that more options will become available following question 5 and 6. Any feedback will be greatly appreciated so we can make this a smooth process. Please provide feedback on the form by <u>emailing LMC enquires</u>.

#### **Finance Video**

Our LMC CEO has created a video, which can be found on <u>Twitter</u> and on <u>YouTube</u>, to help people understand the financial distress GP practices are under.

Please share widely to create awareness and start conversations about how we save General Practice.

### Where's My GP?

You may find <u>this video</u> useful to share with your PPGs and on social media.





# Update from the Consortium of Lancashire & Cumbria LMCs

### Referendum and next steps

The BMA have produced a <u>webpage</u> with everything you need to know about the current GP contract changes and what they plan to do next. Whatever is presented 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 be eligible to vote in the referendum, you need to be a member of the BMA to have your say. This includes 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 provide vital insight into how the profession feels, and where to go next.

Update your member details on <a href="www.bma.org.uk/my-bma">www.bma.org.uk/my-bma</a> or <a href="join the BMA today">join the BMA today</a> to have your say. <a href="www.bma.org.uk/my-bma">Visit the BMA GP contract page here</a>

#### **LMC Vacancies**

2 out of our 5 Committees have seats available for GP representation:

- Lancashire Coastal 4 seats available
- North Cumbria 2 seats available

We are keen to hear from GPs, including GP Registrars/ Trainees, who may wish to get involved to represent your constituents. Please let us know if you are interested in being a LMC member or would like to find out more.

## **General Practice Alert State (GPAS)**

You can see the the last SitRep results below. Results can also be found on our website.

The data helps us gather a true picture of the pressure's practices are under. When completing the GPAS form please ensure that you are inputting the correct numbers to avoid incorrect data.

Please let us know if you are a Practice Manager and do not receive the GPAS input emails.

## **Finance for GP Practices**

The LMC has arranged finance training with Accountants, Dodd & Co taking place Tuesday 19th March 11am-1pm via Microsoft Teams. The cost is £30 and the below topics will be covered:

- Cash flow
- Profit and Loss
- Saving for tax bills
- Income Streams
- Budgeting
- Year End & Final Accounts

Please let <u>Rebecca</u> know if you would like to attend.





# Update from the Consortium of Lancashire & Cumbria LMCs

#### **Workforce Data**

The BMA collate monthly workforce and appointment data on the <u>pressures in general practice data</u> <u>analysis webpage</u>.

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.

We urge practices to continue to use the BMA <u>safe working guidance</u> to limit contacts to 25 per day in order to prioritise safe patient care, within the present bounds of the GMS contract.

## **BMA GPC England Response to The Times Health Commission report**

The <u>Times Health Commission report</u> was published recently, 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.

The elephant in the room is resource, and we note difficult requests for detailed capital investment requirements are not outlined, which is a missed opportunity. GPC England believes that the million patients which GPs see every day recognise that if we are to make any progress, we need additional funds for additional activity, serving additional patients. We also need to recognise the forgotten millions on mental health waiting lists who aren't included in media headlines but who GP and community teams feel are being ignored, especially children and adolescent mental health need.

