

LMC Update

Presented by Dr Munsif Mufalil Medical Director Barnsley LMC – Credits to Dr C Bannon

GP Contract – Essential Services

The Contractor must provide:

(a) services required for the management of the Contractor's *registered patients* and *temporary residents* who are, or believe themselves to be:

(i) ill with conditions from which recovery is generally expected;

(ii) terminally ill; or

(iii) suffering from chronic *disease*,

which are delivered in the manner determined by the Contractor's *practice* in discussion with the patient;

Apart from a few limited circumstances, it does not require us to seek out patients not presenting. There is nothing in the contract that requires us to take 'a referral' from secondary care. Whilst repeating a non urgent test for an episode of care is appropriate, long term proactive follow up of anything is not contractual.

GPC Update

- New GPC England Exec, Dr Clare Bannon, Dr Manu Aggarwal, Dr Shan Hussain and Dr David Wrigley
- New SoS (Yvette Cooper), Minister for Primary Care.
- New NHS Medical Director, Professor Francesca Swords – Clear commitment to move funding from Secondary care to community services
- Clear ask of increase core funding by £50pp per year represents less than 2% increase on NHS budget.
- NHSE clear at least 22% increase in productivity of GP over last 5 years with 8% increase in funding.
- Planned re-launch of Safer working
- Previously shared Non-clinical Triaging Protocol for Barnsley has had legal review by K.C. who are clear it does not breach contracts

National Collective Action

- Currently on a pause
- Clear ask for increased funding and mitigation of limitless online demand
- Initial ask to return to genuine bilateral negotiations, last year breakdown in relationship between GPCE and Government led to a single consultation meeting only and an imposed contract
- Actions to be voted on in next week's GPCE meeting but escalation in November and January if no written assurance of negotiations resuming.
- If reassurances are received negotiations will commence over winter but will be ready with a ballot and clear strengthened. Action in the event of a further imposed contract in March.
- Local collective actions to ensure LES correctly funded is still ongoing

List Cleansing – FP69s

- FP69s are received into clinical system after 3 months if not rejected or approved the patient is deregistered automatically -
- List sizes fallen by 350,000 across the country
- This is a 4-year programme with expected loss of £1 billion in funding
- NHSE have committed to re-investing in core GP funding.
- Would be helpful to know the impact on list sizes locally as potentially around 3-5% loss of income. Due to this reduced income, practices have had to let go of staff.

SPoA

- 10 Specialities (Urology, ENT, Gynae, Cardio, Ophthal, Derm, Gastro, Neuro, Ortho, Peads)
- NHSE set to issue new guidance that LMCs must be involved and proper commission arrangements in place.
- If referrals rejected – do request a named consultant to go with it.
- If asked to do beyond what's reasonable (USS for gynae ref, Bloods for ref, ECG prior cardio ref eg) – push back. Currently no agreed pathways in place!

Breach of Contract and LMC Engagement

- We need as many as possible. Aware time consuming and another thing to do.
- More breaches – more patterns – easier to address.
- If you would like to attend our meetings, please do reach out.

Thank you for listening.

Questions?



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