



M word - Issue 28

Dear Colleague,

After our exhilarating Annual Conference at Arsenal's Emirates Stadium on Wednesday at which we declared a GP State Of Emergency (#GPStateOfEmergency) in London, the next day heralded the much hyped revelation of NHS England's 'GP Forward View' (GPFV). We are already hearing that the 60 page document from NHSE is our salvation, but whilst the GPFV offers a roadmap over the next 4 years, it does nothing to ease our troubles in the immediate term, and offers nothing before 2017. Nor does it tackle the key issue of core practice funding which is the main tenet of the BMA GPC's Urgent Prescription For General Practice (#GPIncrisis). Meanwhile the pressures continue to mount as MPIG reductions and PMS reviews start to bite. So with NHSE's belated national recognition of what we've been saying for so long, I want to share my thoughts about what we can and should do right now in London to maintain the momentum over the coming weeks and months, and capitalise on this new-found sign of appreciation of the pressures and demand we and our practices are under in this complex city of ours. Our Londonwide LMCs #GPStateofEmergency campaign seeks to do just that.

"GP Forward View" Recognition, at last.

Launch of "GP State of Emergency" at Londonwide's Annual Conference
House of Commons Health Committee "Primary Care Report" released

Dr Michelle Drage

Chief Executive, Londonwide LMCs

"GP Forward View" - Recognition, at lastThe long awaited General Practice Forward View (previously referred to as the GP Roadmap) was released last week to much fanfare. The document talks about an additional £2.4bn per annum into general practice funding by 2020 and an increase in the percentage share of NHS spend on general practice by 14% in real terms. Whilst the figures are yet to be checked and agreed, the document does mark a commitment to general practice that has been lacking for some time, and that alone should be welcomed. But we need to be measured and cautious "we have seen too many rebrandings and reallocations to take anything at face value."
<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

Declaration of "GP State of Emergency" at Londonwide's Annual ConferenceAt our Annual Conference last week we declared a "GP state of emergency" because patients risk losing their GPs unless pressures on general practice in London are dramatically and rapidly eased. Between inadequate resources to meet the inexorably rising demand, bean counting, over inspection and rising indemnity fees GPs and practice teams in our capital city are at breaking point. That's not safe or fair for patients or staff. As part of supporting individual practices through these challenging times, Londonwide LMCs has created new resources to help practices to free up professional time, have the confidence to safely decline inappropriate work, and generate patient awareness and support. We are also raising wider awareness of this campaign through our external communications and contacts, social media, press and broadcasting work. You can help! Please become an ambassador for our general practice state of emergency work, and help to spread the word. We would like you to help us to talk to colleagues and practices over the coming weeks. We will email you information about how you can help and send through our new materials as they are created, and we're always open to suggestions about what else we could be doing.

Download and display our #GPStateofEmergency posters and materials

Add a Twibbon to your Twitter or Facebook account

Join our Thunderclap and make an impact on the new London Mayor with a coordinated tweet on their first day at work

Follow us on Twitter and Facebook and join the conversation using hashtag#GPStateofEmergency

Read our recent coverage

House of Commons Health Committee "Primary Care Report" released

Parliamentary Health Select Committee Inquiry into Primary Care has just published its final report, yesterday. A number of London GPs responded to the inquiry, as did we, and evidence was also taken from national representative bodies, educationalists, regulatory bodies and practitioners. The final report makes for interesting reading, as the Committee support the continuation of the CQC regulatory regime, but call for the extension of patient appointments to at least 15 minutes on safety grounds, robust regulation of new clinical roles such as physician associates, and improved assessment and evaluation of pilots and vanguards in order to learn lessons and effectively replicate. The report also clearly states 7 day service is unnecessary, suggesting extended hours Monday through Saturday would

suffice.<https://www.publications.parliament.uk/pa/cm201516/cmselect/cmhealth/408/408.pdf>

As ever - Please do let me have any views on these issues or others at mword@lmc.org.uk