



Londonwide LMCs

The professional voice of London general practice

Mword - Issue 36

31 January 2019

Dear Colleague, Happy (almost) February. I have six items for you. I've tried to keep them short and ever so slightly sweet. Please share with all your practice colleagues. Thanks for your attention.

GP Contract 2019/20

Next Steps to the London Strategic Commissioning Framework (SCF)

The NHS Long Term Plan (LTP)

Brexit No Deal Planning

Partnership Review

Help us to improve - our satisfaction survey.

1. GP Contract 2019/20 The Contract has been agreed between the BMA's GPC and NHS England. The GPC's headlines are:

Overall funding in excess of £2.8bn over a five-year period, through practices and networks.

Indemnity state backed scheme introduced.

Pay and expenses uplift each year through global sum, in line with predicted inflation.

Creation of new Primary Care Networks (PCNs), built up over the five years.

Additional workforce and linked funding through the new PCNs.

Amendments to QOF.

Resources for IT and digital, including greater digital access for patients.

Delivery of the NHS Long Term Plan ambitions through the additional funding and workforce.

And for your practice it means that for 2019, the GP contract will increase by 1.4% (in addition to the 1% funding through networks). This includes:

A 2% uplift for GP and staff pay and expenses for every practice.

Uplift for practices to establish and develop networks (via an additional service within the global sum).

Uplift due to population increase.

Adjustment for indemnity state-backed scheme.

Increase to value of some vaccinations and immunisations, including influenza, to bring them all up to the same level of £10.06.

£20m recurrent for costs associated with SARs (Subject Access Requests).

£30m for practices to make appointments available to NHS 111.

You can find more about the contract here and indemnity here. Michelle's take on the deal: It will likely help ease some pressure in the short term, but there will inevitably be risks to manage ahead and the devil will, as ever, be in the detail. We at Londonwide LMCs will be here to guide you through. Please remember, we are the only organisation with a sole remit to support all GPs and practice teams providing general practice across our boroughs in the Capital. Please do let me have your thoughts on this deal on mword@lmc.org.uk.

2. Next Steps to the London Strategic Commissioning Framework (SCF) So, what are these Next Steps? And what were the steps before these next ones? Well, these are what we in LMCs like to call, words. Like 'At' and 'Scale'. You can find all of the words in the Next Steps document here. We know this because we have worked to encourage the NHS in London to make them safe for GPs and practice teams to engage with at local level. And that takes lots of words. Words which say, in essence, that the Next Steps is a Primary Care Strategy for London. But again, being pushed for time you may wish to skip to the most important words which are here, in the box on page 10, of the NHS England branded document, along with page 20 describing how they should be core to the purpose of primary care networks (PCNs). Along with 'Social' (S) and 'Prescribing' (P) on page 23, the Next Steps document describes how PCNs can be the way forward to support the wrapping of local services such as community nursing, health visiting, social services, mental health services and voluntary sector services around networks of GP practices covering their local neighbourhood's populations of, say around 30,000 – 50,000. The four words used in the annals of general practice to describe this concept are 'Primary', 'Health', 'Care' and 'Team' (PCHTs). So here is Michelle's formula for the concept of networks: $nGP \text{ Practices} + PHCT + SP = PCN$, where n = neighbourhood population of c30000 divided by the number of GP practices in the neighbourhood. Its purpose, provision of whole-person care to individuals in the local neighbourhood in accordance with the values of general practice. Values which are usually the same as the values of colleagues in community services, mental health, social care and the voluntary services. And hence are our natural PCN soulmates. Please let me have your thoughts on mword@lmc.org.uk.

3. The NHS Long Term Plan (LTP) Here it is. Michelle's predictions:

As it is an NHS Long Term Plan (LTP) it will need to be delivered in the short term.

It won't cover social care.

There will be a huge explosion in conferences, seminars, webinars and workshops explaining it and you will wish to adjust your SPAM filter to accommodate this.

There will be strings.

It does offer £4.5bn to 'primary and community care' (subject to there not being a no-deal Brexit) over the next five years and Primary Care Networks (PCNs) are likely to be the focus of the £4.5bn.

Michelle's advice: As with the Partnership Review, the Next Steps and the GP Contract Update below, all roads point towards developing and incentivising Primary Care Networks (PCNs). We have a collective memory and some living examples of how these can work to support the values of general practice. Let's focus on their functions and not their form, and make them work to support our quest for long term sustainability of general practice in our image, and for the sake of the patients we care about.

4. Brexit Earlier this week my team asked you about the impact of a 'no deal' EU exit on general practice. Specifically, we wanted to know about critical goods and services, beyond medicines and clinical goods, without which you would not be able to provide essential care to your patients in very short order. This follows a discussion at our Annual General Meeting last week, and with other primary care representative bodies. Thanks to those who have already replied and please, whilst I know how busy you are, I'd be really, really grateful if you could find the time to answer the questions by 12 February to help identify potential risks for your practice.

5. Partnership Review The essence of the review on GP partnerships, commissioned by not one but two successive Secretaries of State for Health and Social Care, is that partnerships are a good thing for the NHS if only they could be sustained. The review makes seven substantive recommendations upon which the Government's response is awaited. Could it be that we are being offered something positive, albeit with conditions, compared with what we've been subjected to for the last ten years? The report is here, although being pushed for time you may wish to skip to its seven recommendations on page 22. Please judge for yourself and let me know how you feel via mword@lmc.org.uk.

6. Londonwide LMCs' satisfaction survey I know, another survey. But this one is ours, to help us improve what we at Londonwide, and our LMCs do for you, and your practice teams. The team here would like to know how well you feel your LMC and we here at Londonwide support you, and to find out more about your biggest concerns for the year ahead. You should have received an email asking about your local LMC. Your answers will help us to better serve you, and I do hope you can find the time to respond. For specific problems and queries about workload coming into your practice you can always contact us via BEAM to LMC. And finally, don't forget that our annual conference "All Together Now" is just over a month away on 12 March. We have a fantastic line up and I look forward to seeing you there! Michelle

Dr Michelle Drage FRCGP
Chief Executive, Londonwide LMCs

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

