



Mword Issue 45 - Dr Michelle Drage's latest update for GPs and practice teams

12 March 2020

Dear Colleague I have three inter-related items for you.

Covid19

Tuesday's Londonwide LMCs' Annual Conference & Let's Stick Together
Yesterday's Special Conference of England LMCs.

1. Covid-19. As the country moves from the Containment phase to the Delay phase, things are going to further hot up for GPs and our teams. The strategy of the authorities to date has been to keep symptomatic patients out of surgeries to keep us well, so we can manage 'routine care'. As we all know, in the real world this has not been universally achieved. As cases rise, and as colleagues start to be infected, it is highly likely that patients will need and expect us to focus on delivery of essential services. After all, that is what our core contracts are designed to provide. The following Emergency Motion was consequently passed overwhelmingly at yesterday's Special Conference of England LMCs: "That conference is concerned that if the potential pandemic of Covid 19 occurs, practices will be required to suspend normal practice to cope with the increased workload and the potential decrease to the workforce and in such a scenario they require GPC England to urgently negotiate that:

all contract payments including DES and QOF payments will be paid in full but utilised to fund essential services only.

no contractual sanctions or remedial/breach notices will be issued to practices as a result of the forced changes to normal practice whilst the national emergency persists.

any additional costs relating to infection control for Covid 19 infections in general practice including personal protection equipment and additional training will be readily available in sufficient quantities and directly reimbursed.

practices are able to prioritise frontline work and suspend other requirements including appraisals and CQC inspections.

practices should be entitled to claim for reimbursement of all expenses incurred covering for a sick doctor, without any requirement for a practice funded period."

2. Tuesday's Londonwide LMCs' Annual Conference & Let's Stick Together was renamed 'Let's Stick Together & stay a metre apart'. The purpose of the conference was to listen, share ideas and learn from experiences of PCNs within London. One of the major issues raised was concern about recruiting staff under the ARRS scheme, arising from the absence of London weighting in the DES funding stream. You will know we have been pursuing this at Londonwide via the GPC and directly with NHSE&I, but to date there has been no action. So we took it to the Special Conference of England LMCs, and the following motion was passed overwhelmingly. "That conference believes that current rules regarding ARRS must be modified to specifically state that:

any underspend cannot be moved into CCG baselines.

all funds allocated to a PCN for workforce should remain for that PCN to use.

London weighting should be applied to ARRS reimbursement."

3. Yesterday's Special Conference of England LMCs. As well as the above two motions, inter alia, there was a long debate at the end as a result of continuing concerns about the viability of practices and PCNs. In particular, that there has been no modelling at practice level to enable practices to make a valid judgement about their involvement going into 2020/21. Whilst a rudimentary 'ready reckoner' for the income side has been made available by NHS England, there is still no analysis of the costs to practices, other than those published by Berkshire Buckinghamshire and Oxfordshire LMCs which I shared with you in MWord 41, which is not even an area with the London weighting issue. The following motion was consequently passed by a significant majority: "That conference is concerned that, despite a radical overhaul of the PCN service specifications, there remains a significant funding gap, and demands:

to know as soon as possible whether an impact assessment, including PCN level and practice level modelling, was carried out by the BMA prior to the agreement of the GP contract.

that there is an urgent costing exercise undertaken which will better inform primary care networks as to the financial viability of signing up to the scheme.

that the deadline for practices to sign up to the 2020/21 PCN DES be deferred until 1 October 2020 to allow time for all associated details to be published.

a moratorium of one year on the implementation of all specifications within the DES to allow time for PCNs to begin to develop the required workforce, and to scope the required workload for feasibility and viability in the longer term."

Doctors' national contracts are negotiated by the BMA. The BMA GPC Executive negotiates the GP Contract. Motions passed by the Special Conference of England LMCs come from the grass roots and are meant to empower the BMA in negotiations as we face a very unique and particular set of circumstances. The timing was also designed to harmonise with the chancellor's budget yesterday, highlighting the need to prioritise resources to ensure that patients "receive the care they need" (note the language of need, not want). I do hope that our national negotiators will be able to use these motions to that effect. Meanwhile, it is important to remember that the deadline for signing up to the PCN DES is currently set for 31 May. Therefore, there is currently a 10-week window for the BMA to secure the modelling which will enable practices to look at their bottom lines and make the business calculations they need to make, and for London weighting to be agreed. In any case, a deadline of 31 May means that signing up on 30 May is still within the deadline period. As ever I welcome your feedback at mword@lmc.org.uk, and know that my team of experts and leaders here at Londonwide LMCs will always be by your side. With best wishes

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