



Londonwide LMCs

The professional voice of London general practice

Mword Issue 66 - Dr Michelle Drage's latest update for GPs and practice teams

2 July 2020

Dear Colleague With the 72nd anniversary of the NHS approaching, and with the concerns most of us must all be feeling for the future of our patient-centred holistic GP model of care, it feels a wholly appropriate time to reflect on the importance of general practice to the patients and citizens to whom – all of our colleagues working in practices and PCNs across the city - we give our care. I’m reminded of the words of Harry Smith who lived through the creation of the NHS and spoke powerfully a few years ago about the devastating impact on his family, before family doctors and care were available to all across the UK. On Sunday wouldn’t it be great if everyone remembers to celebrate the role of general practice – all our GPs, nurses, managers and staff who, so often undervalued by politicians, just get on with the job of caring? Let’s remind everyone celebrating that our practices still provide nigh on 90% of all patient contacts in the NHS. And in case no-one else does, I want to take this opportunity to thank each and every one of you for the unsung work that you do and remind you of the difference you make, day in, day out. On the list today I have:

Referrals, transfer of work, and shared best practice – a template letter for LMCs, PCNs and practices.

Research.

Diversity.

Capital job by GPNs.

Chaplaincy - faith or none letter.

Practice finance.

1. Referrals, transfer of work, and shared best practice – a template letter for LMCs, PCNs and practices. As NHS England moves to its ‘recovery’ stage of the pandemic, we are facing an unprecedented challenge. People have been understanding in not presenting for NHS care during the pandemic in all but urgent situations, and they are now returning to practices and demand is increasing. As a result of this, and the limitations of working with PPE and infection control restrictions, our general practice teams are still operating with a significantly reduced capacity. We have prepared a template letter for LMCs, PCNs and yourselves and to send to their local Trust CEO/CMOs urging them to follow the example set by Barts Healthcare in ensuring that consultants and clinical teams directly request the blood and diagnostic tests that they require, and directly prescribe hospital-only medications, rather than ask the GP to do either of these on their behalf. You can download the template letter here. And remember, we have added a category for ‘referral management’ issues to our Beam to LMC app to make it even easier for you to report, and allow us to help you tackle, workload issues at the primary/secondary care interface. Find out more here.

2. Research. We are planning to conduct a piece of research exploring the perspective of staff and patients to the core principles of general practice, and to the practice of general practice both now, and in the future. The potential impact of fast-tracking service change models during the pandemic and the pace of change in the primary/

secondary care interface make this an important and timely piece of work, and we plan to commence this month and conclude in October. If you would be willing to participate in a half hour in-depth interview with independent researchers at some stage of the project, please reply to me. All comments and reference will be anonymous.

3. Diversity. Recent events have placed many organisations under scrutiny for their position, or lack of, on equality and diversity both within the workplace, and in the business of their business. I want to share with you the Londonwide LMCs diversity position statement which Dr Dami Adedayo, on behalf of our Board, has led on. I hope you agree that it makes very visible where we stand as an organisation on race, ethnicity, diversity and inclusion. Another of our Londonwide LMCs Board members, Dr Naureen Bhatti, has written an open letter to the RCGP regarding the need for appropriate representation of black and minority ethnic GPs at all levels of the RCGP, but particularly in higher leadership roles and on Council and at Board level. If you are a GP and agree, the letter remains open for signatures until close of play on Sunday 5 July.

4. Capital job by GPNs. We all know how important general practice nurses are to the general practice team. Which is why a new report from Capital Nurse looking at what helps and hinders the retention of experienced nurses is so important. The new guide for employers gives valuable insights into what helps these essential team members feel an important part of your team. Engaging with this feedback and taking action now with your own GPNs could help mitigate anticipated shortages, and increase nurse job satisfaction and loyalty.

5. Chaplaincy - faith or none letter. General practice is often the first point of call for our patients when they have a need. This difficult Covid-19 pandemic has placed, and continues to place, incredible strain on individuals and families. Throughout the pandemic an ongoing concern has been for those who are alone, and in need of pastoral care, whether of faith or none. We as GPs and GPNs know how important chaplaincy is and this valuable community service has proved even more critical through the lockdown of places of worship and as communities and congregations have been isolated from each other and their support networks. Londonwide LMCs team member Rizwana Ahmed has explored this with the Brent Interfaith Group, and after productive conversations, we have reached out to other multifaith networks in the Capital. We would like to connect our practices with local spiritual leaders of all faiths and of none through groups in other boroughs, so that general practice teams know who they can signpost patients to for this support in their own borough. As information becomes available, we will update local area information on our website.

6. Practice finance. Throughout the pandemic practices have responded to need: their own, their patients, and the systems. All this on the basis that we were working in partnership and that additional costs and unforeseen expenses would be reimbursed. As (some) commissioners have begun to try and distance themselves from the early assurances regarding compensation, I have gone on the record to say this is not acceptable. GPs and practice staff should not have to pay for treating patients out of their own pockets when they can clearly evidence where they have been picking up the cost of the coronavirus response. We need direct reimbursement, without deductions or diversions. 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. And as ever, please do share the Mword with all practice team members. Keep well. Stay safe. With best wishes

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