



Mword Issue 91 - Dr Michelle Drage's latest update for GPs and practice teams

25 October 2021

Dear Colleague, Events Last week the BMA's GPC England national representatives met to respond to the Government's so-called "GP Support Package". See MWords 88, 89, 90 and I'm sure plenty of other sources for details. The committee, which has the sole contract negotiating rights with Government and NHSEI for all NHS GPs, resolved to reject this package unanimously. In particular, the GPC and we at Londonwide LMCs are deeply concerned about the Government's "support package" deadline of Thursday for lists of practices to be on NHSEI's desk singling out of 20% of you for providing face-to-face appointments in lower volumes than other practices, a process which is being deemed arbitrary by many. This is a meaningless, cherry-picked metric that bears no relation to the quality of care on offer and which is linked in the document to the allocation of the apparent £250 million in winter funding. This also potentially puts our own PCN Clinical Directors in the untenable position of being the conduit for naming and shaming their own practices. On this, for CDs, the BMA GPC's "Do Not Engage" message could not be more apposite. A second resolution was also overwhelmingly passed which, in addition to the "Do Not Engage" message, on the submission of consultation data as part of the requirement on CCGs to identify the practices which do not deliver the completely arbitrary levels of face-to-face consultations being demanded to feed government league tables. There will always be a bottom 20%. This is the full press statement accompanying it. The resolution currently sits with the BMA's top team and I'll share next steps as and when details become available. Workload control In addition to the Do Not Engage message, in the immediate term the BMA's GPC is also encouraging practices to read its workload control in general practice paper and stated in its bulletin at the weekend: "GPC England also resolved that practices should be encouraged to take actions that prioritise a higher quality of care, deliver a safer service to patients and protect the wellbeing of our workforce. Practices should not feel pressured to return to a traditional 10-minute treadmill of face-to-face consultations that are neither good for patients nor clinicians. Instead, they should:

- offer patients consultations that are 15 minutes or more
- apply to close the practice list to focus on the needs of existing patients
- stop all non-GMS work to give priority to GMS work
- reject all shifted work from secondary care that has not been properly commissioned.
- not accept additional NHS 111 referrals above the contractual 1 per 3000 patients
- stop unnecessary cost-based prescribing audits to focus on quality care
- decline to do additional extended access sessions to focus on the core work of the practice

[GPC England] will provide more guidance in the coming days on what practices could do if NHSE&I and the Government fail to take the action needed to properly support general practice. Abuse of practice staff We are continuing to speak to MPs, the police, local authorities and the media about the abuse GPs and practice teams are facing. Please keep us informed about the situation in your practice via our survey and by contacting our communications team to provide anonymous case studies. If you are struggling with the pressures of the job our GP Professional Support Network has a range of resources and experienced professionals available to help you. And as ever, I welcome your feedback at mword@lmc.org.uk. The team of experts and leaders here at Londonwide LMCs are by your side.

Keep well. Stay safe. With best wishes

Dr Michelle Drage MBBS FRCGPCEO, Londonwide LMCs

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