SHARED CARE ARRANGEMENTS

We have had several questions regarding GPs and shared care arrangements.

The GMC Good Medical Practice states ‘You must recognise and work within the limits of your competence’.

GPs can decline to participate in a shared care agreement if they feel they do not have the appropriate level of expertise to prescribe/monitor and/or capacity to safely take on the work. If a GP decides not to participate, the clinical responsibility for the patient remains with the specialist service.

There is currently a piece of work occurring within Cheshire and Merseyside to harmonize shared care agreements. Working with our other LMC colleagues across Cheshire and Merseyside we are involved within this process and actively pushing back on work that we do not feel is appropriate for general practice.

Most shared care agreements state that a patient should be stable on medication prior to a GP taking on the responsibility. As one example of the work we are currently engaged on interface issues in relation to mental health.
Dear colleagues,

Things seem to have changed over the last few months. Initially a sense, now a wave of sentiment that we cannot continue the way we are. Every GP I meet seems to be saying the same thing – we just cannot continue; something has to give. The sentiment has been there for years of course but like frogs slowly being boiled we seemed to have got to that critical point where if someone doesn’t turn down the heat, we either jump out of the pot or succumb.

The figures are stark. Across England, we are now seeing half the population EACH MONTH. With a shrinking workforce, having lost 2,000 GPs, we have over 6 million extra patients on our books.

We perform a staggering four hundred million consults per annum. For all of that we only have 7-8% of NHS funding and 5% of all NHS staff. This point was hammered home to me recently when it was pointed out that a single Foundation Trust close to us has a budget of £2.5 billion. That budget would pay for almost all GPs in the country and compare that to the entire ARRS budget across the country of £1.4 billion. The Kings Fund released a report recently calling the policy of not investing in primary care the “most significant policy failure of the past 30 years” and they are right.

We know even with this funding discrepancy, Trusts across the country aren’t coping. Outpatient waits are going up, patients are being discharged earlier, work is routinely being transferred unfunded into General Practice. I hope you have been involved in our recent fact-finding exercise into transferred work. Collating this is rather depressing but shows without doubt that there is an enormous problem which we are all feeling every day.

Our ICB have done good work in theory on this – the Consensus on Primary and Secondary Care Interface is a fine document and the communications toolkit (https://www.cheshireandmerseyside.nhs.uk/your-health/primary-and-secondary-care-interface/) has lots of sensible stuff in it but our findings shows that if this is having an effect, it is small. We will continue to work with our system leaders to try to hold everyone to improve the situation. Please continue to push back when appropriate. It feels like this is something locally we can change even despite the apathy from our National Leaders.

The proposed 1.9% pay uplift is wholly inadequate and shocking. This will lead to a further real time cut in investment in General Practice resulting in further pressures on patient care and Practice Finances. GP Partners continue to be the only part of the system which is not only not keeping up with inflation but loosing income year on year in real terms. General Practice is the only part of the system which is without a deficit and that is because the shortfall in funding is being absorbed by us all in workload and financially. The proposed contract has been rejected by the GPC.

The future remains uncertain. Will national authorities finally heed our concerns, or will we be compelled to take matters into our own hands? Whatever the outcome, it is crucial for every GP to have their voice heard. With a forthcoming ballot organized by the BMA General Practitioner Committee, if you are not a member, please consider joining the BMA. As your local LMC, we will continue to support you during this critical period.

Dr David Ward

Chair
GMS CONTRACT UPDATE

You will be aware from our previous email to practices that the Government’s initial offer for this year’s GP contract includes a 1.9% uplift to GMS baseline funding. GPC England chair Katie Bramall-Stainer has written to primary care minister Andrea Leadsom MP to ask her to intervene in the negotiation. This comes as other parts of the health service have received funding uplifts of 6% to cover inflationary costs.

In a letter, Dr Bramall-Stainer said: ‘It is with genuine regret that I write to you today to seek to markedly improve the current grossly inadequate GMS (general medical services) baseline funding increase offer of 1.9% (£178m). She went on to say that ‘By choosing to set aside the compelling body of evidence that GPCE has presented, the starvation of core funding at a practice-level will have devastating consequences on local patient services.’

The letter also said that it is the GPC’s belief ‘that significant numbers of practices’ will have ‘no choice but to make staff redundant and freeze recruitment’, consequently reducing patient services, ‘severely impacting patient access’ and ultimately reducing quality of care.

Dr Bramall-Stainer added: ‘We suspect that we will also see rising numbers of GP contractors/ partnerships being left with no option other than to serve notice on their contracts leading to a slew of practice closures and expensive, wasteful re-procurements around the time when autumn/winter 2024-25 pressures take hold.

Below is a link to the YouTube message from Dr Katie Bramall- Stainer, Chair of GPC England, which we would ask you to share with all GPs working in your practice.

Dr Katie Bramall- Stainer, Chair of GPC England you tube message

MEDICAL EXAMINER UPDATE

From the end of next month medical examiners will start providing independent scrutiny of non-coronial deaths in all healthcare settings. When the statutory medical examiner system commences, the intended requirement is for medical examiners to provide independent scrutiny of all deaths not taken for investigation on by a coroner. Medical examiner offices have been established in all acute NHS trusts. All NHS organisations should have processes to facilitate the work of medical examiners in place by 31 March 2023. To do this we initiated positive engagement with the services for East Cheshire and West Cheshire. The M.E. for East Cheshire has also provided a detailed briefing at the January meeting of the LMC. Further engagement is envisaged via local PLT sessions.

Medical examiners provide independent scrutiny of non-coronial deaths across all healthcare settings and carry out a proportionate review of relevant medical records. All healthcare providers need to develop and implement arrangements to share the records of deceased patients with their local medical examiner office. Many medical examiner offices have already started working with other NHS organisations within their geographical area, and regional medical examiners can provide support where required. We have been conscious of the need to ensure information governance and data protection requirements are fulfilled. For the period before the statutory system commences, NHS England have applied under Regulation 5 of the Health Service (Control of Patient Information) Regulations 2002 (‘section 251 support’) to process confidential information without consent. When the statutory medical examiner system commences, we expect the provisions to add medical examiners to the list of persons with a right of access to patient records in the Access to Health Records Act 1990.

We have discussed with the M.E. service the current pressure on general practice and the need to avoid more work being passed onto GPs at this time. We are aware that in some early adopter areas the M.E. can access GP records without the need for GPs to extract data and report to the M.E. We are working with our ICB and Place digital leads so that the M.E. service can access GP records and avoid the GP practice yet more work to do. If you have any questions about the service please email the detail to the LMC Medical Director or speak to your local LMC representative member.
**PUSHING BACK ON NON-GMS CONTRACT WORK**

In November last year we initiated a new feedback mechanism from our practices so that your representative member(s) can feed your hot topics and concerns to the LMC for discussion and action.

After each LMC meeting (6 per annum) we will be providing all practices (via their practice managers and LMC representatives) updates on action taken and outcomes on these issues.

Here are a few of the current issues under discussion by the LMC with the ICB, Place and Trusts:

- **Eating disorder services and patient monitoring**
- **Rehab consultant requesting referral to cardiology, vascular and podiatry**
- **Secondary care requesting blood tests and to supply results back to them (instead of providing the blood forms)**
- **MGUS pathway (still not commissioned from practices)**
- **Fit notes not being issued from wards, A+E, fracture clinic, post-operatively.**
- **All ‘pink slip’ prescription requests from outpatients**
- **TVN to vascular referrals**
- **DEXA requests**
- **Onward tests requested by NHS podiatry services**
- **The requirement to do adult ADHD IFR forms**

All the above (and other issues) are currently being followed up with other bodies and some early progress is being reported. Make sure you know who your LMC representative is and respond to their requests for local practice issues. Members may approach you via email or local PCN or other practice meetings.

External Directory

**PUSHING BACK ON INAPPROPRIATE WORKLOAD**

Template letter to patients requesting sick notes - [Template letter](#)

**REBUILD GENERAL PRACTICE IS ON THE ROAD!**

The rebuild General Practice campaign has started a Grassroots Roadshow and the team will be out and about, travelling across the county to meet LMCs and deliver a series of face-to-face workshops. The workshops are designed to support with building a sense of unity within the profession through establishing stronger working relationships and better communication between LMCs and GPs and also to equip GPs with the tools to advocate on behalf of the profession.

The Roadshow kicked off in the Northwest with an event hosted in partnership with the Consortium of Lancashire & Cumbria LMCs. Dr Daniel Harle, LMC Medical Director attended on behalf of Cheshire LMC and was fortunate to meet a number of enthusiastic colleagues. Media training was provided, along with guidance on how to effectively influence change while meeting with local MPs.

Actions were also agreed that will help to establish stronger working relationships and communication among GPs in the Northwest in order to improve on the sense of unity within the profession.

Cheshire LMC will continue to share updates as the next phase of the Rebuild GP campaign develops.
“I was fortunate enough to work closely with Rachel Sylvester right at the start, having a small opportunity in shaping the framing of this exciting Times Health Commission, which makes some key recommendations for immediate future NHS commissioning.

“It is great to see a focus on improving integration in technology first and foremost. GP systems have been ‘paper-free’ for nearly 40 years, yet I was myself discharged as a patient from a major acute trust this weekend with seven days’ medication and asked to see my GP for a paper sick note. An example right there of where we could and should be saving millions of appointments each month by the click of a button.

“GP systems can integrate digital fit notes simultaneously emailing them to a patient. NHS England expects the same of Acute Trusts*. My surgeon will know what my recovery is expected to be like, much more clearly than my GP - who may not have received my discharge letter tomorrow morning.

“Likewise, if I need six weeks of blood-thinning injections, why can’t a hospital give me an electronic prescription to last for as long as I need it, to take to a local high street pharmacy? Sometimes the simplest changes bring the biggest efficiencies in terms of NHS productivity - that is what patients need, and what the taxpayer deserves. It is great to see this emphasis on healthcare tech, but we must get the basics right first; the NHS first needs to learn to walk before its managers promise it will be taking up running soon.

“There is a lot of attention focused on how IT and data isn’t able to link up across NHS organisations yet. A seductive vision of all shared health and care records and data in one place sounds amazing, but there are fundamental missing steps along the way before we make that distant dream a reality. To free up millions of appointments, we need hospitals to be able to produce electronic prescriptions, and to be able to explain to a patient where they are in a queue and when they can next expect to be contacted, after disappearing down a referral “black hole”. Hospitals should be following a patient, the same way online shopping follows a parcel.

“Those of us working on the "shop floor" of the NHS, stand ready to suggest many practical ways to improve financial efficiency and operational productivity (that won’t cost us millions to implement) but which will need genuine integrated thinking outside of a hospital model. This is what we need, which I am so glad to see recognised in this report.”

“The elephant in the room is resource, and I note difficult requests for detailed capital investment requirements are not outlined, which is a missed opportunity. I believe that the million patients which GPs see every day recognise that if we are to make any progress, we need additional funds for additional activity, serving additional patients. We also need to recognise the forgotten millions on mental health waiting lists who aren’t included in media headlines but who GP and community teams feel are being ignored, especially children and adolescent mental health need.

“GPs take a holistic expert generalist view of a patient, we must do the same with the NHS and start asking much more difficult questions as to how to move out of crisis-mode, and prioritise safety. Every government policy, in every department, now needs a health-lens. It will require resource for staff; for services; and for structures - not a sticking plaster for tomorrow, but a solution for years to come.”

ENDS
Dr Katie Bramall-Stainer
Chair GPC England

*Complete care (fit notes and discharge letters): trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need, rather than – as too often happens now – leaving patients to return prematurely to their practice, which often does not know what they need. Therefore, where patients need them, fit notes should be issued which include any appropriate information on adjustments that could support and enable returns to employment following this period, avoiding unnecessary return appointments to general practice. Discharge letters should highlight clear actions for general practice (including prescribing medications required). Also, by 30 November 2023, providers of NHS-funded secondary care services should have implemented the capability to issue a fit note electronically. From December this means hospital staff will more easily be able to issue patients with a fit note by text or email alongside other discharge papers, further preventing unnecessary return appointments.
CHESHIRE WEST AND CHESTER LOCAL AUTHORITY

HCRG are the providers of the integrated Sexual Health Services for Cheshire West and Chester. They have compiled a short survey in response to the evolving landscape across sexual health services and demand for services in both specialist sexual health services and Primary Care.

The responses from this survey will help to shape the future of services with the goal of improving patient access and referral pathways.

The survey should take approximately 10 minutes to complete, and we would value feedback from GPs and Primary Care colleagues.

Cheshire LMC would encourage colleagues to complete the survey if possible.

Download the survey here
SESSIONAL GP’s

Firstly, sincere thanks to those of you who emailed me with your hot topics for the January County Board meeting. I’m writing to update you regarding Board’s discussion on the issue of ‘ARRS and Physician Associates’. Several Sessional GPs had contacted me feeling that ARRS staff (especially Physician Associates) were being employed in preference to locums. This was leading to feelings of discrimination, and understandable concerns about sustainability of portfolio sessional working.

At the Board meeting, there was a collective expression of sympathy to Sessional GP colleagues and there was unease that we could reach a situation of Sessional GP unemployment at a time of intense pressure from patient demand. This did not sit well with Board members. However, GP Partners and Practice Managers present gave a clear message that ARRS roles (PA’s) were not being favoured over locums. The single reason given for reduced locum use was a cost-saving decision by practices, brought about by several years of underfunding of the core GMS contract.

In the past 12 months, average practice income has fallen by 20%; due to inflationary costs, increased energy bills, staff pay increases and practices are streamlining costs to ensure business viability. It was also mentioned that locum fees have risen significantly and become less affordable in recent years. Many practices are trying to make do and cover internally.

It is worth noting there has been decreased investment into the global sum (the main contract funding which covers the average costs of running a practice), as the ARRS funding is solely channelled through PCN’s, for named roles, which may not be spent on GP locum cover. GPC England are negotiating with NHSE to lift this restriction. We await the outcome.

While Cheshire LMC is very limited in what direct actions it can take, I hope it gives you reassurance that we are keen to hear your views, we will table them for formal discussion at Board Meetings, and we will share the findings with you.

Thanks again for engaging in dialogue and I look forward to hearing your future hot topics, because every GP voice counts.

Dr Shana Tam
Cheshire LMC Sessional GP Representative & Support Co-Ordinator

THE CHESHIRE SESSIONAL GP GROUP

is pleased to have Dr Rani Chandy present a talk on “What is New in Contraception” on Wednesday 13th March 2024.

Dr Rani Chandy MD (OBGYN), FFSRH, is a Specialist Doctor, Vasectomy Surgeon, Menopause Specialist and the General Training Programme Director for Contraception and Sexual Health based at Fountains Health, Chester.

Venue: All Saints Church Centre, Hoole, CH2 3HZ

Registration will start from 7.15pm with Dr Chandy’s talk to commence at 7.30pm

Please register for the meeting by replying to Anita Wall

SESSIONAL GP NEWSLETTER

Welcome to the February newsletter from the sessional GPs committee

In this newsletter: England contract offer video update | Type 1 and Type 2 End of Year certificates | CPD resources | updated core ethical guidance | share your experiences with MAPs

Download the latest newsletter here
NHS PENSION ARTICLE

NHS pension practical tips for GPs

In recent months the LMC office has helped several colleagues with long standing pension records issues. So far, we have a 100% record in getting PCSE/Capita to get things sorted out in a few weeks rather than months.

Here is an article written by a local GP who we helped with their pension problems. It includes some tips which can help you if needed.

Download the article [here](#)

SUCCESSION / RETIREMENT PLANNING FOR PRACTICES

BW Healthcare Surveyors

Below is a brief roundup of a LMC event succession / retirement webinar on 4th October 2023. BW Healthcare Surveyors went through the premises options in great length, below is a brief synopsis of some of the points covered.

What are your options when undertaking your succession and retirement planning?

- Sale and leaseback
- Putting a lease in place between the retired GP partners and existing GP partners
- Merging with another local practice
- Transferring the contract to another entity
- Closing the surgery and selling the premises

How do you maximise the value of your premises in anticipation of your retirement?

- Get your notional rent checked
- Ensure any lease agreements and rental amounts are up to date
- Look to find alternative tenants to occupy any spare space
- Upgrade and improve your surgery
- Explore the possibility of building an extension

Whatever you decide to do, it is essential to seek expert advice and guidance.

Download the webinar recording [here](#)
SEEKING EXPRESSIONS OF INTEREST FOR GP EDI NETWORK

I’m writing on behalf of Cheshire LMC to raise awareness about Northwest Region’s pledge to implement the NW BAME Anti-Racism Framework, through work at regional and system level.

We have met with Thomasina Afful, C&M ICB Associate Director of Equality, Diversity, and Inclusion; she is leading the EDI element of the GP Retention Programme, and implementation of the Ant-Racism Framework in General Practice and wider Primary Care.

Thomasina has asked us to assist in seeking expressions of interest from our GP membership to form a General Practice EDI Network. The invitation is open to all staff working in general practice. The aim is to identify and better understand the EDI issues adversely impacting retention, then identify priority themes and potential programmes of work to address these themes. If you are interested in taking part, please email myself shana.tam@nhs.net

It’s worth mentioning that the recent East Cheshire Confederation GP Retention Survey sadly identified that 19% of respondents (n=92) had experienced prejudice in their workplace. The above plans fit well with trying to tackle this cultural issue.

Please find attached the BAME Assembly Framework document which articulates the case for positive change and the 5 required elements. We understand that it is being adapted to suit delivery in general practice and wider primary care. There are also 3 newly formed equality networks for BAME, LGBTQI and Disability. The BAME Charter is attached, while the other two charters are still being drafted. Each of these networks have extended their membership to colleagues in general practice and primary care.

If you are interested in joining any of these equality networks, please email Thomasina directly. Her email is: thomasina.afful@cheshireandmerseyside.nhs.uk”

Kind regards,

Shana

Dr Shana Tam
Cheshire LMC Education Lead
The Buying Group have developed an initiative for GP practices working together so they can help each other save money on their purchasing.

They provide a bespoke service by loaning out their procurement consultant Gary, who has over 35 years procurement’ experience and 15 years specific to healthcare. Gary will work with your group e.g. Primary Care Network (PCN) or GP federation to help identify savings that can be made with Buying Group suppliers.

The Process

1. Gary will carry out a cost analysis for up to three practices you nominate within your group

2. The findings of this cost analysis will be presented to the three nominated practices and then to the entire group

3. Gary can answer any questions you have about the suppliers and if you are happy, they can help your group of practices switch to Buying Group approved suppliers.

The Buying Group have been helping individual members save money on the products and services they regularly buy for over 15 years and can now support groups of providers in the same way.

Email the Buying Group at info@lmcbuyinggroups.co.uk to find out more.
THE BUYING GROUP RECRUITMENT SUPPORT

The LMC Buying Group understand that recruitment is often an expensive and time-consuming business, so they created an eye-catching, easy to use recruitment page where any registered member can post their clinical and non-clinical vacancies at no cost. They also offer practices the opportunity to feature their vacancies with a featured package which comes at a small fee.

What they offer

As well as posting the job on their website, they also highlight any new job posting at least once across their social media platforms. This is a free service to any member practice interested in expanding their vacancy reach beyond their region.

They have also introduced a ‘Featured Job’ option for those members that want to draw more attention to their advert. The featured role will appear at the top of the Jobs page in a bright colour and be highlighted on their social media channels each week for a month. This service only costs £50+VAT.

To place an advert, visit the jobs page and upload your vacancy using the application form template here. If you choose the featured advert option, they will send you an invoice once the advert has been posted online.
FC&M FELLOWSHIP SURVEY TO INFORM FUTURE PROGRAMME

Following the announcement from NHS England about the closure of the 'national level' GP & Nurse Fellowship programme in general practice, we understand that the intention is for local funding for any future programmes to move to Cheshire and Merseyside Integrated Care Board (ICB).

As the current provider for the GP and Nurse Fellowship programmes, Cheshire and Merseyside Training Hub are seeking to explore the most valuable elements of the programmes to take forward in any future offer, and to understand how the programme can be adapted in future, to support with GP retention and GP development in each Place.

We would be very grateful if you can please take a few minutes to complete this anonymous survey:

Please note that a separate survey has been sent directly to Fellows and GP trainees, but a link is available here should you wish to share with them directly.

Trish Atkinson
Cheshire & Merseyside Chief Training Hub Officer
Cheshire Locality Training Hub Lead

COACHING SUPPORT

Fully funded by NHSE Cheshire West. Eligible colleagues include GPs and Nurses working in Cheshire West.

1:1 coaching support with Jo Clancy @ Clandara Limited

Coaching is a positive intervention for those who want to be at the top of their game. It is aimed at individuals who possess potential and have an ambitious career path that benefits both their needs and those of their organisation. Coaching enables individuals to realise their full potential and act in a manner that will have a positive effect both on themselves, their colleagues.

The coaching provided by Clandara aims to.

- Enable individuals to achieve their goals and aspirations, stretch their perspectives, learning and capabilities.
- Provide a timebound programme with observable and measurable outcomes.
- Create an environment where individuals can think, develop solutions, and expand their horizons and opportunities.
- Help individuals to discover more about themselves and working with others.

To express interest contact Sarah Murray sarahmurray2@nhs.net
**FREE PCN HEALTH CHECK**

We are working with over 130 PCNs nationally, supporting them with a wide range of issues including:

- PCN Governance – Network Agreements, Data Sharing Agreements, PCN Board Terms of Reference and Succession Planning
- DES, IIF and CAIP Monitoring and Progress
- ARRS Workforce Planning and making sure that you are maximising your budget
- Planning for April 2024 – looking at Integrated Neighbourhood Teams and how to prepare for a PCN

*From January, we are offering a free 30-minute PCN health check where we can discuss these matters as well as anything else you would like to chat about.*

If this is of interest, please contact [info@dkjsupportservices.co.uk](mailto:info@dkjsupportservices.co.uk)

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**Our communication with your practice is extremely important to us.**

If there have been any GP/Locum/Salaried/GP/Practice Manager changes within your practice could you please email [Julie Hughes](mailto:JHughes@cheshirelmc.org.uk) at Cheshire LMC with an update to ensure our distribution list is up to date.

**LMC Office closure**

As the number of personal callers to the LMC offices in Crewe had decreased significantly since the pandemic (and the great use of MS Teams) the Directors took the decision to close the offices from 31 December and our staff will work fully from their home addresses going forward. This will save the LMC up to £12,000 pa which can be reinvested in other LMC work.

For Companies House purposes our registered office is now c/o Afford Bond, Chartered Accountants, 31 Wellington Road, Nantwich, Cheshire CW5 7ED for any written correspondence.

Our preferred mode of communication will be via email to -

- William Greenwood Chief Executive  WGreenwood@cheshirelmc.org.uk Default email for all formal communications requests to the LMC.
- Julie Hughes Business Operations Manager JHughes@cheshirelmc.org.uk  Default email when Chief Officer not available.
- Dr Daniel Harle Medical Director daniel.harle1@nhs.net  for all clinical matters.

Our office landline telephone number will remain unchanged, and calls will automatically be redirected to William or Julie.
Cheshire now has it's very own First5 Group for GPs. Supported by Cheshire LMC the group has held its inaugural meeting and its next meeting is currently being planned.

For details contact Dr Penny Morris penelope.morris@nhs.net or Dr Ellie Borton eorton@nhs.net

New First 5 Group established in East Cheshire!

For details please contact James Ricketts or Kristina Milne.

RICKETTS, James (MIDDLEWOOD PARTNERSHIP) james.ricketts6@nhs.net
MILNE, Kris na (CUMBERLAND HOUSE SURGERY) kristina.milne@nhs.net