Manchester LMC – National GP Contract Negotiations – collective action

As part of a national campaign "Protect your patients, protect your GP practice" GPC England is asking practices to consider nine different actions. It is your choice as a practice (usually a partnership) to consider how you best proceed. The LMC is providing a summary commentary on each proposed action to help your deliberations.

Do please read the BMA GPC Webpages – knowledge is power – you will want to understand the nature of the ballot of BMA GP Partner members currently taking place, the nature of the action proposed, and the potential benefits to your practices and patients in taking action. GPC guidance explains that the proposals are not a breach of contract, nor strike action, thus the ballot is "non-statutory", meaning that it is not required to take this action but the result will send a message of strength and unity.

Please note that action is likely to be sustained. You may wish to consider how to implement changes piece by piece and in stages. You may have particular action that suits your practice priorities that you choose to act on first. You may wish to focus on an action collectively with other surgeries. The LMC intends to produce further guidance to walk practices through the actions in small steps. It is your individual choice what action you take and when you take it. We are here to support you in acting in the best interests of your practices and your patients.

You may wish to note that the quick push one recent weekend to act on the fifth action point – turning off "GP Connect Update Record" – was very well received by GPs throughout the country.

The format of this guidance is to provide a brief commentary on each action point, provide an example of how this may be implemented in practice, provide a RAG rating to indicate how much impact this may have on the system, and finally provide a 5* score on how challenging this may be to implement.

RAG Rating:
RED – Very challenging for the system
AMBER – Moderately challenging for the system
GREEN – Only slightly challenging for the system

Surgery Challenge
5* – The most challenging to implement, may meet resistance of some doctors and patients. Consider implementation in stages
4* – Needs a little careful planning to implement safely, for example discussions with network partners and/or contract/legal review
3* – Needs some internal discussion to change workflow, some improvement in clinical quality
2* – contractually and professionally uncontroversial, unlikely to impact on patient care, impact on other services
1* – very easy to implement safely

Please do contact the LMC directly for any issues that arise – enquiries@manchesterlmc.co.uk – there are links in most of the paragraphs to make such contact easy if required.

We hope this assists you in considering the actions and developing your own action plans.

Manchester Local Medical Committee

1. Limit daily patient contacts per clinician to the UEMO recommended safe maximum of 25.Divert patients to local urgent care settings once daily maximum capacity has been reached.

This may be the most challenging action. A practice providing a three hour surgery (10 minute appointments) with a few extras and a home visit is likely to be providing over 40 patient contacts per day. Some GPs will be concerned that reducing appointments will reduce patient satisfaction, but evidence from Bedfordshire and Hertfordshire LMCs suggests the correlation between appointments offered and patient satisfaction is not so clear. It may be advisable to manage this action in a staged manner and to discuss plans with your Patient Participation Groups. It should also be noted that demonstrating strong leadership in implementing safe working at a CQC inspection should assist in a positive outcome. The LMC is available to support any subscribing practice at CQC inspection.

RAG SYSTEM IMPACT	SURGERY CHALLENGE
AMBER	**5***

2. Stop engaging with the e-Referral Advice & Guidance pathway - unless it is a timely and clinically helpful process for you in your professional role.

Advice and Guidance is not contractual for GPs and it has been observed that it does not always assist in improving clinical management, instead shifting workload and clinical risk towards the GP without additional resource. If you feel that Advice and Guidance does not assist but hinders, then you should consider better ways to provide clinical care for your patients. Alternative options continue to be calling/bleeping with a question (may take time), writing or emailing (may be a slow response and how do you ensure you receive an answer), referring to a clinic (routinely or urgently) or admitting to hospital (as an emergency). Documentation of action in the clinical record demonstrates to the patient that you understand their situation and are a strong advocate for their clinical care. Please note that if there is a LCS attached to an A&G pathway you may find there is

adequate resource, or may need to terminate that contract as per the terms therein. The LMC is available to help unpick any such contracts.

RAG SYSTEM IMPACT	SURGERY CHALLENGE
RED	2*

3. Stop supporting the system at the expense of your business and staff - serve notice on any voluntary services currently undertaken that plug local commissioning gaps.
There are some contractual law issues that arise where you have been providing a service for long enough, even if it is not contracted/funded. In short one may need to consider if notice will need to be served that you are ceasing to provide this service. Where you find yourself providing a service extra-contractually at cost to yourselves please contact the LMC with details, so we can locate advice and help you manage this without risk to yourselves. *The LMC will commence a programme of review of locally commissioned services to guide practices.*

RAG SYSTEM IMPACT	SURGERY CHALLENGE
RED	4*

4. Stop rationing referrals, investigations, and admissions - Refer, investigate or admit your patient for specialist care when it is clinically appropriate to do so. - Refer via eRS for two week wait (2WW) appointments, but outside of that write a professional referral letter where this is preferable. It is not contractual to use a local referral form/proforma – quote our guidance and sample wording

Your professional and contractual responsibility to your patient does not necessitate completion of an impersonal referral proforma. A personal referral letter is adequate and demonstrates to your patient that you understand their situation and are a strong advocate for their clinical care. Should a referral be rejected, further written communication standing ground further improves your standing with the patient. We need patients to support their practices. Whilst some practices may improve their doctors' availability by managing referrals via templates and secretaries and have dumped the Dictaphone, there may be other ways in which GPs can create a personal and functional referral letter without significantly increasing their workload.

Note however that suspected cancer / two week wait referrals should continue to be provided by the most efficient manner available - i.e. using a template via eRS. YOU SHOULD CONTINUE TO USE PRO-FORMAS FOR TWO WEEK WAIT / SUSCPECTED CANCER REFERRALS.

RAG SYSTEM IMPACT	SURGERY CHALLENGE
RED	3*

5. Switch off GPConnect functionality to permit the entry of coding into the GP clinical record by third-party providers.

This was advised in communications sent Friday 28 June at circa 18:30 via the LMC WhatsApp channel and Saturday 29 June via the LMC Newsflash email system. If you are not signed up to the WhatsApp channel please contact the LMC for a link. Note the advice is not to turn off GP Connect (which provides some excellent patient safety functionality) but the "Update Record" function that enables third party providers to add coded data to your patient record. Such manipulation of the record will risk increasing workload and adding low quality data. You are the data controller.

RAG SYSTEM IMPACT	SURGERY CHALLENGE
RED	1*

6. Withdraw permission for data sharing agreements which exclusively use data for secondary purposes (i.e. not direct care). Read our guidance on GP data sharing and GP data controllership.

Practices should review all the data sharing agreements they have signed up to, even though with LMC approval/involvement. If they do not assist you in delivering patient care then you should consider terminating the agreement. If you are uncertain, or would value a second opinion about any DSA, please send a copy to the LMC Office and we will review and discuss with you.

RAG SYSTEM IMPACT	SURGERY CHALLENGE
RED	2*

7. Freeze sign-up to any new data sharing agreements or local system data sharing platforms. Read our guidance on GP data sharing and GP data controllership.

With the exception of ongoing discussions to initiate a functional and safe CHIS as per previous newsflashes, the LMC will not participate in any discussions to facilitate any new such scheme. If approached please notify the LMC so we can consider and respond accordingly.

RAG SYSTEM IMPACT	SURGERY CHALLENGE
AMBER	2*

8. Switch off Medicines Optimisation Software embedded by the local ICB for the purposes of system financial savings and/or rationing, rather than the clinical benefit of your patients.

Note the final phrase "clinical benefit of your patients". Consider ScriptSwitch as advice only. You should restore your clinical independence to prescribe as you see best according to professional standards. Where advice from ScriptSwitch is clinically beneficial to your patient – you may consider acting on it. Where advice is financial you should not feel compelled to act on it. Think CQC inspection and safety again – leaving the system on allows safety advice to flow into your practice.

RAG SYSTEM IMPACT	SURGERY CHALLENGE
RED	1*

9. Practices should defer signing declarations of completion for “better digital telephony” and “simpler online requests” until further GPC England guidance. - Defer signing off “Better digital telephony”: do not agree yet to share your call volume data metrics with NHS England. - Defer signing off “Simpler online requests”: do not agree yet to keep your online triage tools on throughout core practice opening hours, even when you have reached your maximum safe capacity. -Read our guidance on this.
These two actions account for 20% of the funding available in this scheme. But our understanding is that if the sign off happens within the financial year the funding is received in full. However, also note that the funding is on a PCN footprint so practices should work on such a footprint to agree how to comply with this action. Again, the LMC is available to support such conversations if required.

RAG SYSTEM IMPACT	SURGERY CHALLENGE
GREEN	4*

10. Defer making any decisions to accept local or national NHSE Pilot programmes during the proposed period of action
Not piloting new schemes will frustrate NHSE, not change any existing service, not cause any extra workload in implementation, and not change surgery income/expenditure.

RAG SYSTEM IMPACT	SURGERY CHALLENGE
RED	1*