Paula Steel

From: Nicola Holland
Sent: 09 August 2024 18:30
To: Paula Steel
Subject: DRAFT - DISTRIBUTION LIST 1.
Attachments: 20240808 Non-NHS Bariatric Guidance Manchester LMC.pdf; Association of GM LMCs - Response to troubles across UK for GP practices.pdf; Greater Manchester - Local Surgery preparations - Riots and Disruption.pdf; National GP Contract Negotiations collective action advice.docx

LMC NEWSFLASH

Dear GPs and PMs,

Apologies for the long Newsflash, there is a lot happening and it is important that you are up to date. There are six matters on this newsflash and I believe they all deserve your attention.

1. **Collective Action**

The result of the national non-statutory ballot was received earlier this week. You will have heard that the response rate was 67.7% of partners and 98.3% voted to support collective action. The GPC England action points are published here and the LMC have produced a first piece of local guidance as attached.

You will recall that there was an urgent request to turn off "Action 5 - GP Connect Update Record" a few weeks ago. If you have not already done this we strongly advise that you spend 2-3 minutes on this.

> I suggested at the Association of Greater Manchester LMCs that we all consider encouraging our practices to complete "Action 8 – switch off Medicines Optimisation Software". With the exception of one LMC we all agreed to this proposal. We believe there is enough knowledge and experience for GPs to prescribe safely AND that the BNF (as embedded in EMIS) provides adequate prescribing support to ensure adequate safe prescribing for patients. No Medicines Optimisation Software is universally implemented nor programmed across England - thus can it be asserted that a service is unsafe by disabling the system? Any such medico legal risk argument presented in this action should thus not be an argument that sways your decision in this matter.

Whilst all practices are free to act independently, I recognise that some will feel more confident acting collectively and intend to produce further direction regularly so that we can all respond to the "but you are the only practice doing this" missive confidently and accurately – you are not alone and we are all doing this together. The next action we shall begin to explore is "Action 1 – Patient Contacts"

> GPC England are collating a weekly return from practices on what action they are taking – they require a single nominee from each practice and we are gathering this information through a quick and simple Microsoft Form. There are three further questions on the form to help us understand how many practices have turned off GP Connect Update Records, how many are turning off Script Switch, and how many daily patient contacts you presently provide per clinician. Please can each practice identify one person to complete the form here.

2. Safety

The Association of Greater Manchester LMCs (AGMLMCs) published a joint letter from all GM LMCs with attached guidance describing your responsibilities towards staff and patients if affected by violent public protest. The general displays of xenophobia, racism, antisemitism, religious intolerance, islamophobia over the past year and escalating over the past week are very disturbing for affected individuals.

We have discussed the matter further at the AGMLMCs and Manchester GP Board. You will have received emails from NHS GM on this matter Thursday afternoon/evening.

We discussed the fears and concerns of local GPs arising from violence directed to minority ethnic groups of late. We note that there has been no rejection of our assertion that practices are obliged under legislation to take whatever steps they felt necessary to ensure the safety of their staff and patients and that this may mean closing and locking the surgery doors and security shutters, practicing remotely, working away from the surgery premises. Risk assessments and business continuity plans should be suitably documented.

It is also noted that other systems/localities have supported practices needing to temporarily close. Please consider that your responsibility under primary legislation, such as health and safety, has legal primacy over a contractual agreement.

We are concerned that there is a risk of disinformation via social media platforms that serves to further psychological terrorism. We are seeking establishment of a credible information stream for the city.

In the meantime – please review your practice's plans for safety and business continuity including when and how to deliver services differently in cases of local unrest. Should you become aware of a risk to the safety of your team/premises please follow your practice's documented plan. You should first protect staff and patients including calling the police if necessary. After you are assured that staff and patients are safe you should then contact the ICB/LMC.

3. CHIS

We continue to have concerns with regards to the Childhood Immunisation Service (CHIS). This is now the responsibility of the NHS South Central and West Commissioning Support Unit (SCW CSU) to deliver and it is a contractual obligation to provide vaccination data to CHIS. What is not specified is how this data is shared with CHIS and we are concerned that the current agreements expose GPs to a risk of liability with the Information Commissioners Office (ICO) should there be a data breach whilst data is being processed by a third party (Apollo/Magentus) that has been contracted by the SCW CSU. Presently magentus are willing to provide £100,000 of indemnity. But the sanction available to the ICO is far greater than this. We have written to the ICO to seek some clarity as to their likely response should such a data breach occur.

In the meantime practices are advised that their options include:

- Provide a manual report to CHIS, in the format they provide
- Provide a manual report to CHIS, containing the required data set, in a format that suits the practice
- Sign up to the automatic data extraction, with the assurances presently provided and being aware of the risk of liability and limited indemnity provided by Magentus.

4. ENT

We are aware that the ENT department at Oldham have discharged a cohort of patients awaiting specialist review on the basis of a review of records only. We believe this is unsafe and extra-contractual. We are in communication with other affected LMCs and shall be pushing back firmly. The hospitals/trusts have no authority to write policies that generate work for general practice that is not part of the GMS/PMS contract. They need to engage with your representatives, the LMC, when developing any policy that describes General Practice activity. Our response will be firm and unambiguous.

Pending clarification and amicable resolution – how you manage your patients safely and workload efficiently is a matter for your professional expertise.

5. Medical Examiner – Out of Hours

On 9 September 2023 the Medical Examiner scrutiny of Medical Certification of Cause of Deaths becomes statutory. This will cause a particular change in provision of MCCDs for deceased patients of particular faiths (Jewish and Moslem) where burial before sunset is of great importance. Manchester, with its diverse ethnic and religious populations, will be significantly affected. There have been regular meetings to manage this situation with representative of General Practice, Medical Examiners, Registrars, Coroners, and members of the Jewish and Moslem communities – it is very well understood that this is extra contractual and poorly funded demand on our personal time.

Whilst provision of MCCDs is not a contractual requirement for GPs out of hours (i.e. at weekends and on public holidays) many GPs will provide for their patients presently. Once scrutiny of MCCDs is required there will be an extra step in the process that will increase the time required to issue. It is not clear how long this will take, and it could be several hours waiting for the ME to complete scrutiny if there have been many deaths. I am also concerned that the expectation may cause stresses on partnerships (whether those be business partnerships or personal partnerships).

Presently NHSGM is proposing that a pre-referral is completed for expected deaths without funding and that a fee of approx. £80 will be payable for each out of hours MCCD completed. From an LMC perspective this proposal is unacceptable – it expects unfunded activity, and undervalues your time. There may be doctors who feel compelled to complete the work irrespective of the derisory value on the time required of you. There may be doctors who feel it inappropriate to take money for this work. (You may wish to pass the money on to a good cause if you have a concern for receiving payment for this work).

Whatever you choose to do - it is important to log the time spent and claim the money for out of hours completion of MCCDs. We have an agreement to review the scheme in the coming year – this information will be useful to improve the offer.

6. Guidance – Bariatric Surgery

Please find attached the guidance we have been developing on providing clinical care for patients post-bariatric surgery received outwith the NHS.

Thank you for sticking with this long email. Wishing you all a good and safe weekend,