

Worcestershire

Local Medical Committee Ltd

Our Ref: GF/LJC/6180

21st October 2021

All Worcestershire Practices
BY EMAIL

Dear Colleagues,

The latest communication from NHS England entitled “Our Plan for Improving Access For Patients and Supporting General Practice“ was released on 14th October. The content has now been considered and discussed with Clinical Directors and LMC Representatives across Worcestershire.

The Secretary of State for Health and Social Care, Sajid Javid, is one of the few Worcestershire MPs who has not responded to our letters in recent months asking for an honest conversation with the public about the pressures and demand facing general practice. We stressed the need for public and government support for those practices and individuals facing abuse fuelled by inaccurate media reports. It is, therefore, with no real surprise that we have been presented with an access plan that does not reflect the realities facing grassroots GPs. We believe that this plan risks worsening access for patients as we head into Winter. The added insult of naming and shaming colleagues who have worked and continue to work tirelessly throughout the pandemic is unacceptable. When faced with crisis we should stand together. This plan seeks to divide us.

We would draw your attention to the GPC’s recent communication stating that 93% of GPs who had responded to their survey rejected the access plan saying it was an unacceptable response to the current crisis. This Thursday evening LMCs from across England will meet with the GPC Executive Team to have further discussions. We will inform you of any further actions that the national team feel should be taken following on from that.

The Government’s preoccupation with provision of face to face appointments, based on want rather than need, ignores the fact that The Long Term Plan promotes “digital first”. Provision of online and video consulting was mandated in the GMS contract in 2019 and remains there. NHS England mandated the move to “total triage“ on 15th September 2020.

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Whilst many of us would wish to see more patients face to face the reality is that we are facing rocketing demand and a mixed model of access is what will allow us to provide a level of care to all who ask for it in the coming months. As correctly stated in the NHS England Access Plan, this financial year, practices provided approximately 20% more appointments nationally for patients than in the equivalent period before the pandemic.

This has been achieved despite a loss of 1,800 GPs within the last six years. You are working harder than ever before and there are less of you to do that work. This is not the time to name and shame colleagues, this is a time to celebrate and support them.

We hope Practices will feel supported to focus their attention on what is best for patients and practice teams.

The following should now be considered by practices:

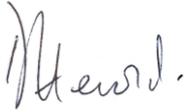
- The contents of the Access Plan are not contractually binding.
- You are free to ignore any parts of the [letter](#) which you feel will not support you to deliver safe and effective care for your patients.
- The BMA have rejected this plan therefore you are supported in not engaging with it at all.
- Funding within this package centres on *increasing* capacity which will require recruitment of a non-existent or sparse workforce.
- CCGs are legally required to follow directives from NHS England and are therefore not in a position to reject these proposals
- Data that we have seen so far is flawed and inaccurate. It would require significant additional work from practices to make it fit for purpose.
- The performance management targets are not contractual. It is worth pointing out that there will always be a “bottom” 20% no matter how well you perform.
- The terms of your contract states that you must “meet *the reasonable needs of your patients*” in ways “*which are delivered in the manner determined by the contractor’s practice in discussion with the patient*”.
- Practices should protect the welfare, safety, health and security of their staff and take a zero tolerance to abuse approach.

It is with great sadness and disappointment that we find ourselves having to write such a letter in the absence of any tangible support from NHS England and our Government. We are increasingly aware of the impact of negative media and low morale within our practice teams and we feel that engagement with this plan will encourage more staff members to seek employment elsewhere or reduce their hours at a time when we desperately need to retain staff.

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The LMC is here to provide pastoral care and advice should you need it and we will continue to engage in all constructive dialogue in order to represent your views to others across our system and at a national level.

Yours sincerely



Dr D Herold
LMC Chairman



Dr G Farmer
LMC Secretary