Full text of LLR LMC's letter to Alistair Burt date 24 May 2016

Dear Mr Burt

Re: Ideas for how to make working in General Practice sustainable and fun

It was a pleasure to meet you on March 8th, and we thank you again for making time in your diary to see us to hear us explain our grave concerns about the health of general practice in Leicester, Leicestershire and Rutland.

At the end of our meeting, in response to our suggestion that the Department of Health needs to work with LMCs and others to find a way to make a career in general practice sustainable, fun and an attractive career option, you invited us to write to you formally setting out how that can be achieved.

We have sought input from over eighty GPs and practice managers in Leicestershire & Rutland. Since we met, we note NHS England has published the 'General Practice Forward View' on 21 April. We welcome the acknowledgement by Simon Stevens that there are real workload and workforce pressures on General Practice and that we all need to act. Our fear is that very little of the promised £2.4 billion per year by 2020 will be allocated directly to general practices that are struggling to keep going day to day.

Other than the welcome 4.4% uplift (£322 million) in to primary care allocations/core GMS funding for 2016/17, and the commitment to amend the premises directions to allow up to 100% reimbursement of premises developments, there is no immediate benefit to GPs working in GMS practices. The majority of the 4.4% uplift will only go some way towards covering the significant increased costs GPs face to continue to work, most significantly the increase of CQC registration fees and the spiraling costs of medical indemnity insurance.

We all need to play our part in the following actions:

- **Increased funding needs to be diverted to GP provider organisations** - GP partners need assurance that they can plan for more than 12 months ahead. They need to be able to run a practice based on their core income and not be reliant on repeated short-term schemes. The vast majority of the funding outlined in the GP Forward View is not allocated to the independent contractor GP surgeries, which we see on the brink of collapse every week.

- **The current funding formula needs to be revised with the utmost urgency** - by 2020 it will be too late. We have many examples of two practices in the same area with similar patient demographics receiving significantly different levels of funding for delivering the same services. This is compounded by reinvesting revenue streams such as Directed Enhanced Services (which were paid at a cost per registered patient), seniority and Minimum Practice Income Guarantee into the GMS Global Sum, which is paid per weighted patient. That weighting is dictated by the very formula the GP Forward View acknowledges as out of date.

- **Bureaucracy needs to be simplified and regulation needs to be suspended**. It is widely acknowledged that CQC is not fit for purpose and needs to review the impact, the

effectiveness and the unintended consequences of their inspections of GP surgeries. The Secretary of State must call an immediate halt to CQC inspections, and the myriad of local inspections, practice visits, and quality frameworks by CCGs and other organisations. GPs need to be empowered and trusted to get on and do their jobs seeing patients and doing clinical work for the majority of their working day. Abandoning the CQRS system immediately and reverting to the simple and common sense local claims processes that worked so well in the recent past would send a welcome message that the words in the GP Forward View are being backed by some immediate and meaningful actions.

- **We all need to commit to stop the GP bashing in the media and in politics** - GPs we see are completely demoralised by the repeated and sustained negative portrayal of their role in the media and by politicians – GPs need to be recognised and valued for the hugely important role they perform, and for the high levels of trust and appreciation they have from the majority of their patients.

- **We must work to implement an honest public education campaign about what the GP realistically can and can't do.** It is widely acknowledged there are not enough GPs nationally and under the present system GPs are unable to control their workload. This is a major factor contributing to GPs leaving the profession, retiring early or emigrating.

- **Clinical work moving from acute care to primary care and to General Practice must be funded** - More and more work is moving out of secondary/hospital care, but the acute care tariff savings for the work that is 'left shifted' to GPs and to community health and social care services are not following the patients.

- **We need to enable implementation of short-term emergency measures to ensure patient safety when a practice has reduced workforce capacity** - The intensity of the working day for those GPs who are currently working in the system is neither safe nor sustainable- there needs to be much more local flexibility allowed to commissioners to agree short-term emergency measures to reduce opening hours and cap the number of patients each GP can look after. This could be safely managed in our area by commissioning increased overflow capacity from local urgent and emergency care services.

- **We need help with the cost of medical indemnity insurance** – if GPs were supported with the crippling burden of medical indemnity fees, it would immediately create a return on the government's investment by adding additional GP capacity into the system. Many GPs limit their clinical workload because of this cost, and it is a barrier to preventing GPs at the end of their career staying in the system and working a 1-2 days per week.

- **A local option to implementing short-term local radical emergency measures** - until all the measures outlined in the GP Forward View are implemented, local commissioners and Sustainability and Transformation Plan leaders need to be empowered to implement radical emergency measures using the Emergency Preparedness, Resilience and Response (EPRR) team to in effect bring in measures similar to the actions required during a pandemic. This would include suspending all non-patient facing duties and focus our clinical workforce on face-to-face and direct patient care. This could be tailored to individual practice circumstances.

We want to play our role to help GPs and their teams in our area to believe that there is a sense of urgency to support the short and medium term resourcing of GMS practices and to implement with great urgency the meaningful and timely actions that are required.

We believe that there is a clear and present danger that GP surgeries in our area cannot carry on under the present conditions, and significant numbers will close before the transformation plans and proposed investments are in place.