

## LMC Update October 21<sup>st</sup> 2021

### Winter Access Fund Announcement

This month the government [announced a £250million Winter Access Fund](#) which they say is designed to increase capacity in general practice, address variation in general practice, and improve communication with the public. Our feeling, like that of most people in general practice, is that the announcement will do nothing to address the very real issues facing primary care. You can read our initial response [here](#) and a more detailed analysis of each aspect of the plan [here](#).

Since the announcement we have provided written feedback to ICS leaders after the last ERY PCN meeting, based on the discussion we had at the meeting which was:

- There are long standing difficulties with recruitment which this plan will not ease.
- Cloud based phone systems may provide a marginal gain, but we still need people to answer the phones and clinicians to deliver the appointments.
- Locums are still relatively difficult to recruit, and competition will heat up the market, making rates unaffordable.
- Partners will be expected to step in to increase face to face performance leading to more burnout.
- The plan reduces the incentives for GPs to deliver vaccines if this impacts on availability of patient appointments.
- The plan will increase practice administration with little return.

We have also met with the NHSE Humber Coast and Vale team to convey our response and counter proposals:

- Any data capture on face-to-face appointments will not help practices. Data is inaccurate and unrepresentative - issues such as deprivation, public transport, English as a second language, and previous illness behaviours are all factors.
- More needs to be done to stop uncontracted migration of secondary care work to GPs. The LMC will pick this up via ICS primary care collaborative executive.
- Immediate support for failing practices and PCNs. Practical management support for operation of practices with staff shortages or who are in conflict.
- Strategic plan for primary care estates with a three-year planning horizon.
- Strategic plan for workforce – specific resource to work with PCNs to develop workforce plans and help in recruiting and retaining staff. Develop career paths for portfolio GPs and offer support to develop through this pathway.
- ICS-led approach to recruitment of ARRS staff. Joint recruitment offers, access to rotational roles and feedback on performance of those in post.
- Expanding extended hours may help unless it depletes the pool of in-hours workforce creating a knock-on effect.
- Extra admin staff are often needed at both practice and PCN level – practices should start to consider what specifically they would need such staff to do to help make the strongest case for funding. The LMC will help with this.
- Clear direction on IPC in practice – latest guidance is not helpful.
- Cloud based telephony - speed of roll out will be key. Ability to implement rapidly and locally would reduce delays significantly.

- Electronic fit notes in hospital systems will roll out in Spring 2022 at the earliest although is very welcome.
- Delay in the introduction of new PCN service specifications from October 2021 to April 2022 at the earliest, with a review in January 2022.

Later today (21 October) we will be attending a special BMA GPC meeting to discuss next steps and will feed back to our constituents on this.

The LMC is here to support GPs and practice teams - if you are concerned and in need of support please get in touch. We have a wide range of support which can be accessed via our [support pages](#).