



# West Pennine

## Local Medical Committee

Representing and supporting GPs in  
Glossop, Oldham & Tameside

### February 2025 UPDATE FROM YOUR LMC



Dr Amir Hannan, Chair



Dr Alan Dow, Secretary/  
GM GPC Representative



Dr Andrew Vance, Vice Chair



Jane Hill, LMC Liaison Officer/  
GP Practice Data Protection Officer

### LMC meeting – 11<sup>th</sup> February 2025

The committee met at 7pm on Tuesday 11<sup>th</sup> February via Teams. Dr Mary Ann Mahadean – Palliative Care Lead and Joe Corbett – Transformation Manager for Tameside Place joined the meeting to discuss the changes to death reporting in Tameside. Since the Medical Examiners became a statutory requirement, completion of Statements of Intent is less relevant. It has been decided that from March 3<sup>rd</sup>, 2025, completion of Sols is no longer required.

Collective Action in the West Pennine locality was a substantive agenda item with representatives again acknowledging that there is now an appetite for a more united approach.

To that end Dr Mark Wilshere has recently contacted his GP colleagues in the Oldham locality and his email is absolutely supported by the West Pennine LMC. The Tameside GP Alliance has been working closely with the LMC.

## **The General Practice Survival Toolkit: 10 actions to support General Practice**

By way of reminder, the 10 suggested action, none of which will require to breach your contract are as follows:

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. We strongly advise consultations are offered face-to-face. This is better for patients and clinicians
2. Stop engaging with the e-Referral Advice & Guidance pathway - unless for you it is a timely and clinically helpful process in your professional role.
3. Serve notice on any voluntary services currently undertaken that plug local commissioning gaps and stop supporting the system at the expense of your business and staff.
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 in place of any locally imposed proformas or referral forms where this is preferable. It is not contractual to use a local referral form/proforma – quote [our guidance and sample wording](#)
5. Switch off GPConnect Update Record functionality that permits the entry of coding into the GP clinical record by third-party providers.
6. Withdraw permission for data sharing agreements that exclusively use data for secondary purposes (i.e. not direct care). Read our guidance on [GP data sharing and GP data controllership](#).
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](#).
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).
9. Defer signing declarations of completion for “better digital telephony” and “simpler online requests” until further GPC England guidance is available. In the meantime:
  - Defer signing off “Better digital telephony” until after October 2024: do not agree to share your call volume data metrics with NHS England.
  - Defer signing off “Simpler online requests” until Spring 2025: do not agree to keep your online triage tools on throughout core practice opening hours, even when you have reached your maximum safe capacity.
10. Defer making any decisions to accept local or national NHSE Pilot programmes whilst we explore opportunities with the new Government

### Collective action to bring about:

- Essential and overdue investment in general practice
- More GPs and more practice nurses
- Fair pay and conditions in practices
- Safe continuity of care for patients

[bma.org.uk/GPcontract](https://bma.org.uk/GPcontract)



### **BMA – GPC guidance on GP Collective Action – Secondary Care**

The BMA's GP Committee recognise the particular challenges across the primary and secondary interface and want to ensure all specialist colleagues are aware of the purpose and aims of GP Collective Action. To this end GPC England and the UK Consultants Committee have developed explanatory resources hospital and trust-based colleagues.

The new webpage <https://www.bma.org.uk/secondarycareGPaction> outlines how secondary care colleagues may be affected and ways they can support GPs in this campaign. This includes a downloadable PowerPoint presentation which LNCs (Local Negotiating Committees) can use in their patch, an at-a-glance fact sheet that can be displayed in Trusts, and a recorded webinar offering further insights.

As negotiations for the GP contract 2025/26 progress, this is a pivotal moment for all GPs to unite as a profession – not just for safe and sustainable general practice, but for a safe, sustainable and stronger NHS too.

### **Further Collective Action - BMA resources**

[GPC England's vision for general practice](#) was recently published.

The BMA also have several resources to support you with GP Collective Action. Please see the updated [Safe Working Guidance Handbook](#), the [BMA's GP campaign webpage](#) and useful links such as the [guidance for GP collective action](#), [background to the 2024/25 contract changes](#), and [infographics](#) that can be downloaded and displayed in practices.

## **GP collective Action Guidance for salaried & locum GPs and FAQs for GP registrars**

Please see the link to GPCE's [guidance for salaried GPs and locum GPs during collective action](#) and the [collective action FAQs for GP Registrars](#)

## **Pushback to Inappropriate workload transfer template letters**

You may wish to edit/ use the following template letters to reject inappropriate secondary care provider workload transfer to your practice: [Pushing back on inappropriate workload \(bma.org.uk\)](#)

## **Data Protection Office Update**

### **Enabling Access to patient records**

I am aware that NHS England/ ICBs are putting pressure on practices to enable access to health records via the NHS App for all patients. As previously flagged, access to records must be done in a safe and measured way. I have attached the BMA – GP Committee's latest stance on this, which you may wish to use in any conversations with ICB leads.

### **GM Care Record**

The GM Care Record continues to grow and evolve, and there are now over 2300 EPaCCs records and 3000+ Heart failure Care Plans on the GMCR.

There is an updated DPIA (Data Protection Impact Assessment) which I have reviewed on behalf of practices.

As always, if you have any Data Protection queries, please do not hesitate to contact me.

*Jane Hill*

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