West Pennine

Local Medical Committee

Representing and supporting GPs in Glossop, Oldham & Tameside

January 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

Happy New Year to You!

It's a new year and a new logo for West Pennine Local Medical Committee as we move forwards with renewed vigour and drive, supporting and representing GPs, as we work together to save our profession. Now is the time to reset General Practice, to engage in Collective Action and to send a clear message to our government that change is required now.

LMC meeting – 14th January 2015

The committee met at 7pm on Tuesday 14th January via Teams. Collective Action in the West Pennine locality was a substantive agenda item with representatives acknowledging that there is a now an appetite for a more united approach.

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To that end Dr Mark Wilshere has recently contacted his GP colleagues in the Oldham locality, and the Tameside GP Alliance has been working closely with the LMC. Teething problems with the newly implemented Medical Examiners programme were highlighted. Coronial deaths only go directly to the coroners, all other deaths must now go via the Medical Examiners.

Collective Action in the West Pennine area

While some lines of action may suit some practices and not others, it has been suggested that Practices across West Pennine may now wish to take a more joined up approach to Collective Action. Dr Amir Hannan, LMC Chair and Dr Alan Dow, LMC Secretary & GM GPCE representative have shared what has worked well at their practices:

Dr Alan Dow, LMC secretary shared the following update:

Along with many other Practices in the West Pennine area, I turned off the update record function in GP connect the weekend the advice came out, and I now also enjoy the clutter free bliss of not having the incessant financial pop ups from OptomiseRx. I also feel I've taken a positive step as data controller, in instructing GMICB to turn off the data sharing for secondary uses for the patient population at my practice who are unaware of how their data is being shared and with whom and which organisations.

Dr Amir Hannan, Chair LMC shared the following update for his practice:

Along with many other Practices around the West Pennine area, we have stopped advice and guidance unless it is of benefit for the patient as well as doing formal referral letters rather than using proformas that often lack the clinical details needed for holistic care and take a long time. This improves patient care and saves time

Dr Mark Wilshere, KLMC representative and GP Partner at Failsworth Group Practice, recently contacted his Oldham GP Colleagues with a view to taking a more joined up approach in 2025. Dr Wilshere is happy for you to contact him at mark.wilshere2@nhs.net

Dr Asad has recently shared the attached list with GP colleagues in Tameside. Please find the attached. Alan, Please can send me a copy of that?

GP Local Action Tracker January 2025 Survey

The BMA's January action tracker survey opened on Monday 13th January for two weeks, closing at 5pm on Sunday 26 January. Please do help the BMA to help you by taking 2 minutes to complete the Action tracker: GP Local Action Tracker January 2025 Survey No identifiable data will be created as a result of this survey.

Update on Advice & Guidance

This week the Government has made a number of announcements, including resourcing GPs to deliver **Advice and Guidance (A&G) at £20 per episode** to be able to sort out clinical issues and queries you have about a patient. At least £80m has been earmarked for A&G use and this is in addition to the £889m announced by the Secretary of State on 20 December.

This is a small positive step and something we had already suggested to the government. Suspending A&G is one of the items on our Collective Action menu as an unresourced piece of work, but if this is successfully negotiated into the 25/26 contract and fairly resourced, then it could be dropped from the menu. We have yet to see any detail on how the A&G plan will be rolled out and will advise you about this as soon as we can. The BMA's GOP Committee are in active discussion with government on this and other contract issues.

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 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 registars

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)

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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**

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 using patient data for secondary uses

One of the suggested lines of action listed in the BMA's GP Survival Toolkit is as follows:

Withdraw permission for data sharing agreements that exclusively use data for secondary purposes (i.e. not direct care.

This action will have no impact on direct patient care, i.e. A&E departments or outpatient departments etc.

In my role as GP Practice appointed Data Protection Officer, I have been asked to review where data is being processed for secondary uses locally. The GM Care Record has established an SDE (Secure Data Environment) which contains pseudonymised GP practice data. This information is currently being used for 3 projects, 2 "lighthouse" projects, and a commercial project with a pharma company. To a certain extent, I don't have any concerns about this as the end user receives the data as anonymised data and it is therefore outside the scope of the Data Protection legislation. However, the fact remains that patient data is being sold, and it is very likely that your patients are unaware of this. Transparency is one of the main 6 principles of Data Processing and, despite the GMCR team having carried out a public engagement/ communications campaign, the majority of patients remain in the dark about this. So far, two of the GP Data Controllers in the West Pennine locality have written to the GM Care Record team to instruct them to halt all processing of their patients' data for secondary purposes (i.e. not direct care). I have attached a copy of the letter. If you decide that you wish to withdraw permission for data sharing for secondary purposes, you may wish to use the letter as a template.

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

Jane Hill

GP Practice Data Protection Officer

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