



Chief Executive/Secretary: **Dr Brian D Balmer**

Deputy Chief Executive: **Dr Vaiyapuri Raja**

25<sup>th</sup> October 2021

## To All GP Practices in Essex

Dear Colleagues

You will have seen the NHS England paper “Our plan for improving access and supporting general practice” circulated last week and the comments from both BMA and the LMCs. CCGs will be forced to address this appalling and ill-conceived politically driven attack on general practice, but it is not in your contract and so any participation is voluntary. Our CCG colleagues may be trying to produce a plan which does not deliberately target and publicise 20% of practices, but this will not be possible whilst this plan is driven by the Secretary of State. All systems will be required to do this even when they know it will damage relationships, undermine Primary Care Networks and potentially set practices one against the other.

**Our advice to Primary Care Networks and practices is to refuse to take part in a non-contractual plan which will draw Clinical Directors into performance managing their own members. This is a complete abandonment of the fact that the Network is there to serve the practices and their patients.**

A few brief points:

- The LMC has always worked with our CCG colleagues on issues of clear poor performance and we will continue to do so. This plan adds nothing to this work.
- The LMC has asked to be present at any, and all meetings on this subject between practices and CCGs or CQC. We will do our best to support anyone who might find themselves harassed or intimidated by this plan. If you are approached please contact the LMC office.
- The data on which this witch hunt is based is of poor quality and is, at best, questionable in its accuracy. All practices who are targeted must immediately scrutinise such data and insist on local verification and interpretation. We are looking at every possible challenge to the data.
- The plan will not pass any funds directly to practices. It may be used to increase capacity in other ways but our workforce crisis is such that the result may only be an increase in locum costs.
- A rolling plan targeting the “poorest performing” 20% of practices could ultimately reach every practice so don’t think this will only happen to someone else.

- The NHS England paper is confused and illogical. Practices who have fully engaged in triage, care navigation and remote or multiple access, and have fully ARRS staffed Primary Care Networks, will be punished as this will reduce the percentage of Face-to-Face contacts. Targets based on percentages rather than actual data rarely make sense. (None of our CCGs has utilised all the funds available through the ARRS scheme).
- The useful parts of the paper are minimal and do nothing to balance the real objective which is to further scapegoat GPs for the pressure being felt by colleagues across all of Health and Social Care.
- Any PCN who becomes involved in this plan will be drawn into a performance management nightmare involving their own colleagues thereby reducing their ability to work positively with member practices.

I make no apology for the forthright language of this message as this attack on general practice must be resisted. GPC at its meeting last week decided to take this to BMA Council in order to clarify whether we need to ballot GPs on potential industrial or collective action. Relations between the profession and NHS England are at an all-time low.

Best wishes



**Dr Brian Balmer**  
Chief Executive

cc Primary Care Networks Clinical Directors  
CCG Primary Care Leads