Sefton LMC: GPs Collective Action survey

GPC Options for collective action:

GP Contract Dispute 24/25: GPC Options for Action –

- Adopt BMA Safe Working Guidance: Limit daily patient consultations to the UEMO-recommended safe maximum of 25 patients per clinician, per day. Offer face-to-face consultations primarily and divert patients to local urgent care settings once capacity is reached.
- 2. Discontinue e-Referral Advice & Guidance Pathway: Cease engagement unless it is timely and clinically beneficial.
- 3. Prioritize Your Business and Staff: Withdraw from any voluntary services that compensate for local commissioning gaps.
- **4. Refer Appropriately**: Do not ration referrals, investigations, and admissions. Refer patients for specialist care when clinically appropriate, using professional letters where preferable.
- **5. Defer Signing Declarations**: Delay signing declarations for "better digital telephony" and "simpler online requests" until further GPC England guidance in early 2025.
- 6. Switch Off GP Connect Functionality: Prevent third-party providers from entering codes into GP clinical records.
- 7. Restrict Data Sharing Agreements: Only agree to data sharing that supports direct patient care.
- **8. Disable Medicines Optimisation Software**: Turn off software embedded by the local ICB aimed at financial savings rather than clinical benefit.
- **9. Refuse Participation in New Local Enhanced Services**: Do not engage in new LES commissioned by the ICB.

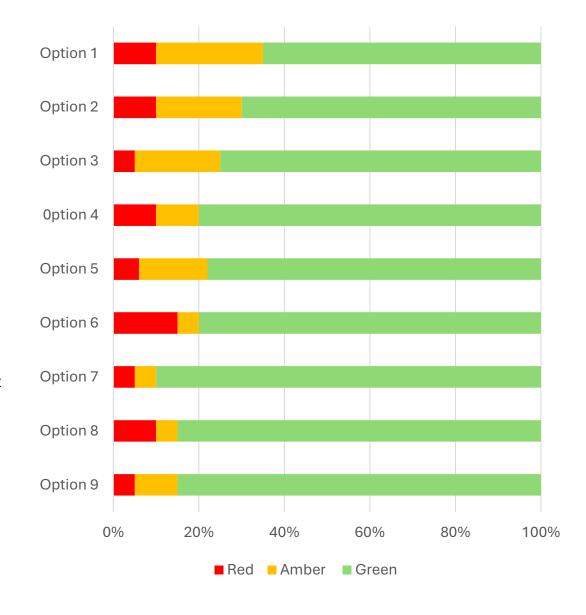
GP Contract dispute – Sefton LMC survey of GP Practice preferences for collective action GPC Options- -

Option Rating Key – RED - will not undertake:
AMBER – will undertake in certain conditions
Green - will readily undertake

Period of survey 3 August – 28th August 2024

Collective action survey options and preferences Sefton GPs

- 1. Adopt BMA Safe Working Guidance: Limit daily patient consultations to the UEMO-recommended safe maximum of 25 patients per clinician, per day.
- 2. Stop engaging withe-Referral Advice & Guidance Pathway: Cease engagement unless it is timely and clinically beneficial.
- 3. Stop supporting the system at the expense of your Business and Staff: Withdraw from any voluntary services that compensate for local commissioning gaps.
- **4. Stop rationing referrals, investigations, and admissions**. Refer patients for specialist care when clinically appropriate, using professional letters where preferable.
- **5. Defer Signing Declarations of completion**: for "better digital telephony" and "simpler online requests" until further GPC England guidance in early 2025.
- **6. Switch Off GP Connect Functionality**: Prevent third-party providers from entering codes into GP clinical records.
- 7. Withdraw permission for data sharing agreements: which exclusively use for secondary purposes only ie do not help direct patient care.
- 8. Freeze sign up to any new data sharing agreements o local sharing platforms
- **9. Disable Medicines Optimisation Software**: Turn off software embedded by the local ICB aimed at financial savings rather than clinical benefit.



Overview Sefton GP Practices Survey of R A G rating of GPC Collective Action Options

SUMMARY % OF PRACTICES' PREFERENCES

