



Information Update: Additional Workload on Practices 24 August 2017

It has come to our attention recently that third party providers of various services are asking GP practices to assist in various ways with the delivery or monitoring of these services or initiatives. The examples that have come to light are the Diabetic Eye Screening Service run by Derby Teaching Hospital, the Breast Screening Service run by Chesterfield Royal Hospital and the Erewash CCG response to the NHS Improvement national ambition to reduce healthcare associated with E. coli. In general all of these initiatives are no doubt well-intentioned but the common theme is that they look to impose extra un-resourced pressures onto General Practice. In all of these cases the work being requested is not part of the essential services specified in practices core GMS/PMS contracts and practices are therefore at liberty to choose whether they undertake this work.

The common theme in these three examples is the originator asking the practice to undertake time consuming administrative tasks and while it is clear that it has to be an individual practice decision whether to undertake these tasks the LMC are encouraging practices to give consideration to saying no to unfunded work. We consider that when faced with such requests to undertake unfunded non contractual work practices have the following options:

1. Write/e-mail back to the originator stating that this is a significant piece of additional work that is unfunded and not part of the GMS/PMS contract and therefore you are not able to complete this work.
2. Write/e-mail back to the originator service stating that this is a significant piece of additional work that is unfunded and not part of the GMS/PMS contract. If the originator wishes you to complete this work then you are prepared to negotiate a fee payable to the practice.
3. Write/e-mail back to the originator stating that this is a significant piece of additional work that is unfunded and not part of the GMS/PMS contract and if the originator wishes to come to the practice to access the medical records to complete this piece of work then you could facilitate this. (Clearly you would need to consider the data protection implications).
4. Continue to carry out this work as requested by the originator with the associated additional pressures on the practice with no additional resources.

While we have highlighted these 3 examples there are many other similar requests and we would urge practices to take a similar stance. Please contact [David Gibbs, Head of Business Support](#) at the LMC if you require any further guidance.

For further information, or to arrange an interview, please contact:
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