[*Insert Practice Logo and Address*]

Date of letter: [*To be co-ordinated collectively between participating GP practices*]

Dear Kirsty,

Thank you for your ongoing support and understanding of the pressures that General Practice is under in Leeds and across the country.

As part of GP Collective Action, practices across Leeds have been communicating with each other, and with Leeds Local Medical Committee, and have been waiting for a time when it feels safe and appropriate to issue Leeds ICB with the following:

Letter to serve notice:

Please accept this letter as formal notification that we today serve Leeds ICB with three months' notice for the following non-commissioned, 'custom and practice' services effective from [*insert date 3 months from letter date*];

1) **Any request to prescribe on behalf of a secondary, tertiary or community service.**

Please note that this includes;

- any acute short-term medication need that a service identifies but emerges after a patient has been discharged after a hospital admission, day-case procedure, or out-patient appointment.

- any first-time medication initiations or dose changes as part of any secondary, tertiary or community service management plan after any form of consultation with a patient (including midwifery or district-nurse led services).

We will continue to consider adding medications to the patient's GP clinical record repeat prescriptions in cases where both of the following situations have been satisfied:

- The patient has been issued with the prescription by the requesting service and has started taking the new medication/dose.

- We have received a clear and written request to do so from a prescribing clinician stating the indication for the medication and that the patient has been fully counselled.

Please can Leeds ICB ensure that provider trusts have communicated across all departments that this will be effective from [*insert date 3 months from letter date*] and that adequate prescribing arrangements are in place. We have been informed by Leeds Local Medical Committee that the provider trusts have identified the following alternative prescribing options that can be utilized for their various services.

- Internal electronic prescribing/SystemOne functionality already in place (most of LCH)

  Or

- LTHT Boots onsite pharmacy to access prescriptions generated by clinicians via PPM with the option for Boots to arrange collection from any Boots store in Leeds, or delivery of the prescription to the patient's home.

  Or

- FP10s to be made available in outpatient clinics and sent out in the post when needed (LYPFT)

In the event of a service being unable to find an alternative and safe prescribing arrangement in time, please liaise with Leeds Local Medical Committee to consider an agreed, commissioned pathway with General Practice.

2) **Any request to perform blood tests on behalf of another secondary, tertiary or community service <u>when;</u>**

   - **these have not been requested on ICE,**

     OR

   - **patients have not been given a paper blood form request to bring to the GP practice.**

Please note that we are NOT at this stage serving notice on the Secondary Care Bloods Local Enhanced Service (LES)

We are requesting that all provider services that interface with General Practice in Leeds are equipped with the necessary facilities to enable the LES to function as intended as per the service specification and tariff arrangement which pays only for the phlebotomy work to take place in General Practice.

Please can Leeds ICB ensure that provider trusts have communicated across all departments that this will be effective from [*insert date 3 months from letter date*] and have adequate arrangements in place to ensure that blood results will go back to the requesting clinician, either by ensuring clinicians are enabled to access ICE or through the availability of paper blood forms to be given to patients.

In the event of a service being unable to find a way to fulfil the needs of the existing LES in time, please liaise with Leeds Local Medical Committee to consider an agreed and commissioned pathway with General Practice to manage the additional workload and clinical risk associated with managing the blood results as well.

Letter notifying you of our future intent to serve notice:

Please accept this letter as notification of our future intent to serve notice on or around 1st April 2025 for the following existing Leeds Local Enhanced Services (LES):

- **Secondary care blood LES**
- **All other phlebotomy services in General Practice**
- **All ECGs**
- **Amber Drug LES**

Unless

existing ICB payments are uplifted to cover the true cost of work by 1st April 2025

or

are covered by an adequate GMS core contract by 1st April 2025.

Please accept this letter as notification of our future intent to serve notice on or around 1st April 2025 for the following unfunded services currently being provided by General Practice on a non-commissioned, 'custom and practice' basis

- **Wound care – suture removal, simple and complex dressings**
- **Fatty liver pathway**
- **Heart failure pathway**
- **Advice and Guidance**
- **Spirometry**
- **B12 injections**
- **PSA monitoring**
- **Menorrhagia insertion of Mirena**
- **Ring pessary fittings**
- **Administration of gonadorelin injections**
- **Ear syringing**
- **Bariatric surgery post-operative monitoring**
- **Denosumab**
- **Home visit bloods**

Unless

these are covered adequately within the April 2025 GPOP

or

are covered by new, separate, and adequately funded LESs in time for April 2025

or

are covered by an adequate GMS core contract by 1st April 2025.

We remain committed to providing our patients with core General Practice services that are adequately resourced. It is in order to protect provision of core services that we are taking these steps.

We also continue to support the provision of other services closer to patients' homes, wh appropriate, safe, and adequately resourced, and look forward to the outcomes of further negotiations between yourselves and Leeds Local Medical Committee.

Yours Sincerely,