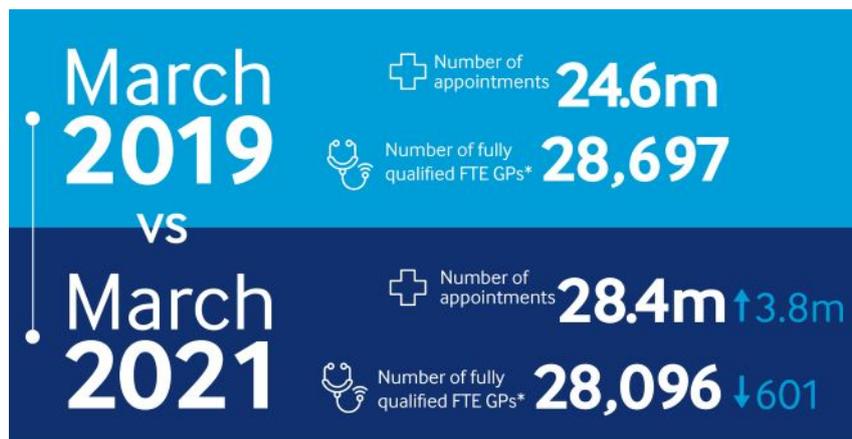


Beds & Herts LMC Ltd: Weekly Update for Practices, Tuesday 1st June 2021

1. **Unsustainable, unsafe, and unfair: General Practice in crisis - A message from Dr Richard Vautrey, Chair, GPC**



*Full time equivalent (FTE)

Full analysis of the latest GP workforce and activity data can be found on the BMA's [GP pressures page](#).

GPs and practices are under unprecedented pressure, delivering a far greater [number of consultations](#) with almost 5 million more appointments in March than they did the month before, and nearly 3 million more than they did in the same month two years ago, long before the onset of the pandemic. This is not just due to the serious impact of the COVID-19 pandemic, but also the major scale of the NHS backlog with millions more waiting for treatment, combined with falling numbers of GPs relative to the growing population, despite government pledges to address this. On top of this GPs and their teams are working incredibly hard to deliver the hugely impressive COVID vaccination programme quickly and effectively.

It is unsustainable, unsafe and unfair for GPs and their teams, whether in practices, urgent care services or other settings, to be working such excessive hours at an intensity that is increasingly at the expense of their own physical, mental, social and families' health. This is putting patients at risk.

The first duty for GPs, as doctors and professionals, is to do no harm. GPs must, therefore, take all steps possible to deliver care that is safe for patients and protects their staff. With social distancing and infection protection and control measures still necessary, patients should only receive a face-to-face appointment if they need one, not simply because they demand one. Many surgeries have restricted and unventilated reception areas and are not yet safe for patients to walk-in without an assessment.

Practices are already working well beyond their safe limits and the impact of this on patient care has yet to be fully appreciated or recognised. GPs and their practices, as independent practitioners, with the support of GPC England and your LMC, should deliver care to their patients in the way they determine that best protects and cares for their population. They should not be disempowered by national guidance.

Most importantly, it is for practices to determine how best to manage and deliver their services and the best arrangements for appointments, based on their expert knowledge of their local community, and with regard to the need to maintain good infection, protection and control measures in place. Practices have the contractual freedom to do this in a manner determined by each practice, taking in to account their capacity and workload pressures, and using their best clinical judgement to interpret any guidance, and by doing so delivering a safe service to their patients and a sustainable working environment for their workforce.

As GPC has repeatedly stated throughout the pandemic, GPs must be [trusted to lead](#) and given the autonomy to look after their patients as they think best in their expert judgement. BMA/GPC, as well as your local LMC, are here to support you in doing that.

The simple truth is that within the constraints of limited resources, dwindling workforce numbers and infection control measures it is not possible for practices to continue to deliver all that is expected of them. This is set against the context of rising infection levels and the spread of the B.1.617.2 variant in the UK, [cases of which have risen by more than 160% in the past seven days](#). It is this clinical context that should determine the key priorities for General Practice in the coming days and weeks, not politically-driven or media-fuelled edicts.

GPs have always put the needs of their patients and communities first. It is important that that we continue to prioritise our resources to our sickest and most vulnerable patients, and that we do everything within our power to ensure they are kept safe.

Over the next few weeks, BMA/GPC will be producing a series of support and guidance resources to help you to:

- define what unacceptable and [dangerous workload](#) looks like
- push back against unacceptable workload demands and workload shift
- work collaboratively at an ICS level to introduce an 'OPEL alert' system for use by practices supported by their LMC
- deal with any abuse from patients.

2. New PCSE GP Pay and Pensions portal (England)

The new PCSE GP Pay and Pensions portal's go-live date is on 1 June. PCSE has advised that via this new portal, practices and GPs working in general practice will be able to access a range of new services to help manage their payments and pensions administration online.

PCSE has written to all practices to ensure they have the correct details on file for the correct contact who will control the access within their practice to the new system. BMA/GPC has been assured that this work is complete but if a practice believes that they have not had this correspondence or they are unsure who their assigned contact is they should email pcse.user-registration@nhs.net Once the service is live, these 'User Admins'

will then be able to log in to the portal and assign the roles to their practice staff. A suite of guidance for using the new system can be found on the PCSE website [here](#).

Many GPs will have received four (4) emails over the weekend allocating a role for the new PCSE online portal for pay and pension. You will be allocated 4 roles. This covers partners, salaried, locum and solo work. This is because at some time you may switch from one role to another so PCSE have allocated all 4 roles. It is not because they do not know your status. This is in preparation for the launch of the GP Pay Pension portal launching on 1 June. PCSE has advised BMA/GPC that the allocation of any extra roles is not a change to your Performer's list status.

The payments element of the new system should allow practices to submit payment claims, such as for premises or Locum cover, online. Monthly practice statements will also move to the portal from 1 June. These will only be available via this route.

Practices should find it easier to submit pension information such as an Estimate of GP and Non-GP Provider NHS Pensionable Profits with the new system. Practices should also be able to provide updates on salary changes in real-time to ensure the correct pensions contributions are being deducted. Approving Locum A forms and other pensions administration work should also be easier.

Any GP who is a member of the NHS Pensions Scheme as a GP partner, salaried GP or locum GP will be able to access an improved service from PCSE to administer their pension account and access their pension records from 2014/15 onwards. Members will be able to do the following via PCSE online with the new service: Type 1 Annual Certificate of Pensionable Profit and Type 2 self-assessment forms; Estimates of Pensionable Profit/Pay form; Retirement, 24-hour retirement and death in service; GP Locum contributions; GP Solo contributions; opting members in or out of the NHS pension scheme; amending member's Additional Voluntary Contribution (AVC). Further information can be found [on the PCSE website](#)

Members of the scheme are encouraged to log onto the new portal from 1 June 2021. To access this functionality you will need to have a verified PCSE Online account. If you don't have an account, or have yet to verify your existing account, please contact the PCSE User Registration team at pcse.user-registration@nhs.net. If you already have an account but have forgotten your log in details you can set up a new password on the [PCSE login page](#)

3. GP Data for Planning and Research

We have covered this issue in previous updates but please note the confirmation below in bold. NHS Digital has published a [Data Provision Notice](#) (DPN) in order to begin extracting data as part of the [GP Data for Planning and Research \(GPDPR\)](#) programme, which is the successor to the GP Extract Service (GPES). Your IT supplier will be in touch separately with instructions on how to comply, as these vary by system. **As this is a legal direction, responsibility for communicating these changes to the general public sits with NHS Digital and the Department of Health and Social Care. Should you wish to communicate it to your patients you may do so, but it is not an obligation.**

These are the next steps that practices need to take:

Comply with [DPN](#) ;Update your [Privacy notice](#) ; Consider whether to proactively contact patients to inform them of what is changing; and register [type 1 opt-outs](#) in a timely fashion.

If patients register a Type 1 Opt-out, practices must process this. Codes for opt-out can be found [here](#)

4. Beds & Herts LMC Limited Annual General Meeting

The Beds & Herts LMC Limited AGM will be held on Wednesday 30th June 2021 at 7.15pm via Teams.

All GPs and Practice Managers in Beds & Herts are welcome to observe the meeting, and we would be grateful if you could indicate whether you are able to join by [Clicking here to register](#), in order that we can send you joining details in due course.

We look forward to seeing you on the 30th June 2021.

Updates - If you have missed any of our regular bulletins for practices, please visit the [Weekly Updates](#) section of our website.

BHLMC Job Board - Advertise your practice vacancies with us on our Job Board on the website [here](#). If you are interested in posting an advert please contact lmcadmin@bhlmc.co.uk for more information.

Locums - If you are a Locum and would like to receive mailings and updates from Beds & Herts LMC Ltd please register via the [online form](#) and we can add you to our database.

Wellbeing for GPs: [Visit our webpage.](#)

Contact Us:
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Website: www.bedshertslmcs.org.uk/contact_us

