



Beds & Herts LMC Ltd: Weekly Update for Practices, Tuesday 6th July 2021

1. Beds & Herts LMC Ltd AGM – June 2021

Thank you to all those that attended the AGM held on 30th June 2021, via teams; as well as a good turnout of LMC Representatives, it was good to see several non LMC colleagues.

We were pleased to present a sound financial position, and bearing in mind the challenging year it has been for practices, the Board recommended that the Statutory levy remains at 45p per registered patient for next financial year (2022-23). This was agreed by the representatives at the AGM. The board also recommended the Voluntary levy remains at 3p per registered patient, which was supported by representatives.

Those present heard a presentation from the LMC office about Reflections on the Past Year, which highlighted the significant challenges that general practice and the LMC have faced over the past 12 months, and the huge amount of work that has been undertaken. We would like to extend a massive thank you to all GPs, Practice Managers and Practice staff for all their efforts.

For the full LMC presentation click [here](#)

Full details of our financial position will be published in our Annual Report in due course. Meanwhile our audited accounts are available to any GP should they wish to see them.

2. Community Pharmacist Consultation Service (CPCS) – Hertfordshire update

The CPCS has been extended to allow general practices to refer patients to community pharmacies to receive a consultation for minor illness. However, before this happens there must be local discussions to agree how it will work. In Hertfordshire, it is being piloted in three PCNs – Herts5 in Borehamwood launched on 1 March and Stevenage South, and Lea Valley Health went live on 1 July 2021. A steering group comprising the LPC, LMC, CCGs and NHSE&I are working together with the PCNs involved to find the best way to make this work, and will aim to report back to all practices on the outcomes within the next six weeks.

If your GP practice or PCN is interested in going live with CPCS click on the following [expression of interest form](#) and complete so that a timetable to support PCNs/GP practices going live can be put in place and communicated as appropriate.

In the meantime, you can find out further information on the link below to the recently published NHS England briefing note.

<https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service/referring-minor-illness-patients-to-a-community-pharmacist/>

3. PCSE – levy payments

Following our 'stop press' item in last weeks update, we have been made aware by several practices that their levy payments were taken for June by PCSE.

So please double check and just makes sure PCSE do not double collect in July if not appropriate.

4. New Secretary of State for Health and Social Care

Following the resignation of Matt Hancock MP [Sajid Javid MP](#) has been appointed Secretary of State for Health. Dr Chaand Nagpaul, BMA chair of council, has had a discussion with the secretary of state, in which Sajid Javid specifically asked that his thanks be passed on to GPs and their teams for their work in the vaccination programme.

5. Extension of the pandemic regulations

The new Secretary of State for Health has announced that the three [pandemic regulations 2020](#) relating to general practice have been extended to 30 September 2021. This includes the increase of the number of appointments for 111 to be able to book into from 1 per 3000 patients to 1 per 500 patients.

6. Concerns about top down control and NHSE targets

BMA has told the new Secretary of State for Health of their concerns about the implications of DHSC's extension of the pandemic regulations. The experience of general practice in England has been that these regulations have led to a command and control approach by NHSE/I through their various letters, guidance and SOPs ,and most recently with the latest NHSE/I target to increase appointment numbers outlined in their [board paper on NHS metrics for 2021/22](#) at a time when general practice is already overwhelmed. These directives provide less flexibility and whilst they are only guidance they have led to many practices feeling that they must operate in a specific way.

BMA has recently and repeatedly highlighted the government and NHSE/I are failing abysmally to deliver on another government commitment of an increase in 6000 GPs and if they were really serious about both improving the workforce's wellbeing and improving quality of care for patients they'd be setting this as the metric for general practice not the narrow and misguided focus on appointment numbers.

BMA has said (in reference to the target about appointment numbers)

“This is their target not ours, and whilst including the appointments done by the additional PCN-related workforce will mean this is delivered, what we all know is needed is for individual workload pressures to be reduced, and rather than suggesting we all work harder the goal should be for GPs to do fewer not more appointments. We've described the importance of this in our [previous workload paper](#).

We have therefore called on the Secretary of State to direct NHSE/I to end their restrictive and prescriptive direction of the profession and allow general practice to return to the way it operated in line with existing contracts, and support GPs and practices to provide the care they know their patients need.

Given the current state of general practice, with workload and appointments being at an all-time high, the impact of the ongoing respiratory epidemic across the country, alongside rising COVID cases, NHS care backlog and other patients who have not come forward during the pandemic now coming forward, we would again advise practices that it is for them to determine how they meet the reasonable needs of their patients in line with their contract.”

7. JCVI and NHSE/I guidance on COVID-19 booster vaccine programme

The [JCVI \(Joint Committee on Vaccination and Immunisation\)](#) issued [interim guidance yesterday advising that any potential COVID-19 booster programme](#) should be offered in 2 stages from September, starting with those most vulnerable, including care home residents,

people over 70, frontline health and social care workers, clinically extremely vulnerable adults and those who are immunosuppressed.

Having so effectively led the COVID-19 vaccination campaign, and with their proven track record of delivering flu jabs every year, GPs and their teams must be enabled to play a pivotal role in the booster programme, delivering both vaccinations directly to local communities from their practices.

Following the guidance issued by JCVI on the need for a COVID-19 booster programme alongside the annual flu vaccination programme, NHSE/I have now issued [guidance on COVID-19 Vaccination Autumn / Winter \(Phase 3\) planning](#). It highlights that local systems should prepare to deliver booster doses of COVID-19 vaccine to the individuals outlined in the JCVI interim guidance between 6 September and 17 December 2021 (15 weeks), as quickly and safely as possible in two stages using supply available to us over that period. It suggests doing this through community pharmacy, vaccination centres and general practice but suggests that whilst practices delivered the majority of vaccines in phase 1, in phase 3 local plans should be for a minimum of 40% of COVID-19 booster vaccination through general practice and a maximum of 75%.

BMA have expressed concerns that this may be interpreted as a cap on general practice involvement in the winter vaccination campaign and, whilst historically local pharmacies have played a role in delivering flu vaccinations, most practices will, as part of their annual planning, be already making plans for the delivery of flu vaccination as usual this winter. It's imperative therefore that local systems and NHSE/I enable local practices that want to take part in this programme to receive sufficient COVID vaccination in order to provide this to their patients and do not place barriers in the way of them doing this. Furthermore, adding an additional 1000 community pharmacy sites in the run-up to September should not be done in such a way as to undermine practice involvement in this crucial phase of the pandemic. Read the full BMA statement [here](#)

8. Updates to Practice Privacy Notices & Employee Privacy Notices (Extension of COPI notice & COVID-19 Testing for Employees)

LMC Law has asked us to remind Practices (where they haven't done so already) to:

- 1) Revise any date references in their Practice Privacy Notices relating to the notice under The Health Service (Control of Patient Information) Regulations 2002 (**COPI**). This notice requires healthcare organisations such as GP Practices to support the processing and sharing of information to help the COVID-19 response and has been further extended until **September 30th, 2021**.
- 2) Update their Employee Privacy Notices in respect of COVID-19 testing for employees.

Practices will need to set out in their Employee Privacy Notices:

- a) What information they collect from employees (including any special category/sensitive information) in relation to COVID-19 testing;
- b) The purpose for collecting the information;
- c) How long this information will be held; and,
- d) Who this information is shared with.

Practices should note that tests are voluntary but staff should be encouraged to be involved in regular testing in order to benefit their colleagues and patients. The legal basis for

processing this type of information will usually be consent.

9. ICS framework document

NHS England's [ICS Design Framework](#), sets out how ICSs are expected to develop in the coming years and to prepare for statutory status, in line with the Government's [Health and Care White Paper](#). The framework includes key detail around the roles and responsibilities ICSs are set to take on ahead of April 2022 – including managing NHS funding, commissioning, and co-ordinating services. The framework will shape how GP and primary care services are planned and organised, as well as the role clinicians take in delivering system transformation. So, it is essential that all doctors – and GPs in particular – are aware of and engaged in this process.

General practice will have a seat on the ICS board but must also be fully involved in local place-based integrated care partnership arrangements. The framework says that "Primary care should be represented and involved in decision-making at all levels of the ICS, including strategic decision-making forums at place and system level". LMCs will play a crucial role in this and it's vital that discussions are taking place now to ensure the voice of general practice is heard. BMA's [summary](#) provides a comprehensive overview of the key details of the framework to help support this.

10. Improving the NWRS (National Workforce Reporting Service) (England)

NHS Digital has [improved the way they collect primary care workforce data](#) and replaced the former NWRS tool, which was decommissioned on 1 July.

The new NWRS is easier to use and has been designed with direct feedback from users. The aim is to make the task as simple and efficient as possible to help minimise the burden placed upon practices and primary care networks.

From July, users should access the new NWRS via the [Strategic Data Collection Service](#) (SDCS) - using the same login you use to complete other data collections, such as the General Practice Annual Electronic Self-Declaration, also known as eDEC. Please visit the [SDCS Data Submission site](#) to check that you have access to the new system. If you have never used SDCS, [you will need to register for an account](#). This process only takes a couple of minutes.

Why is workforce information so important?

Understanding staff capacity in the health service is more important than ever before. It is this information that helps shape GPC's negotiating strategy and how investment, training and resource is directed across the primary care workforce — ensuring the right support goes to the right place at the right time. It is therefore critical that the information you submit to NHS Digital about your staff is accurate and complete. Provision of workforce data is also a contractual requirement for practices and PCNs as it is crucial for understanding changing capacity across the primary care workforce.

Join a webinar to find out more

To find out more about the changes to the NWRS, Practice and PCN Managers can [join one of NHS Digital's webinars](#) which are running twice weekly.

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.](#)

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