



Beds & Herts LMC Ltd: Weekly Update for Practices, Monday 13th September 2021

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1. A tearful goodbye

The LMC said a tearful goodbye to Rachel Lea on Friday 10th September as she sets off to start her new life in Portugal. It was lovely to see so many colleagues pop along to wave her off! Rachel was overwhelmed by all the kind words and messages she received as well as the generous gifts, and would like to say a huge thank you to everyone.

Following in Rachel's footsteps, Michael Sissens has taken on the mantle of the liaison role for Hertfordshire and if you need to contact him, his email is michaelsissens@bhlmc.co.uk

2. Supporting general practice and challenging abuse – letter to the Secretary of State

We have received the following message from Dr Richard Vautrey, Chair of GPC:
"I have written a [joint letter](#) to the Secretary of State for Health and Social Care, Sajid Javid, to express our grave concern with the lack of central support, or clear public challenge by government, of increasing instances of abuse being directed towards those working in general practice and the misinformation about how they are delivering their services for patients.

We share patients' frustrations when they face long delays for an appointment or long waiting times to get through to their surgery, but we are all on the same side and all want to ensure high-quality care is delivered when needed. However, practices are facing an increasing amount of abuse, as highlighted in a recent [BMA survey](#), whilst working tirelessly throughout the pandemic.

The importance of tackling the increased abuse directed against GP practices was also highlighted in a statement in the [NHSE/I primary bulletin](#) last week, which followed a meeting in which we stressed the importance of this. They said: *"Everyone has the right to be safe at work, and we want to reiterate in the strongest possible terms that violence and*

aggression towards NHS staff is totally unacceptable. Staff facing abuse will always have our support and that of their local system. We are also working with partner organisations to develop practical support for primary care employers and employees.” We now expect them to act on this.

This situation is not acceptable and we have therefore called for the Government to publicly support and defend dedicated GPs and primary care staff against this onslaught of misinformation and abuse promoted by the media. It is essential that patient care is protected by looking after the hardworking primary care teams who provide care.

We believe that there must be accurate, timely and regular communications from the government to the public, which reflect the realities of the situation and what is being done to address the challenges facing the NHS, and particularly relating to general practice.

GP pressures and abuse in the media

The BMA’s communications department continue to support us and the profession by pushing back against attacks against general practice in some sections of the media. Most recently I had a letter published in [the Spectator](#), responding to [an editorial](#) last week entitled ‘It’s time for NHS GPs to stop hiding behind their telephones’. A subscription is required to access the letter, but I highlighted how millions of in-person appointments had been delivered by practices during the pandemic, while noting the absurdity of comparing the re-opening of pubs and nightclubs with the situation in general practice. I said: “How many nightclubs force very sick people, many of them elderly and living with a number of long-term illnesses, into a confined space at the same time?” I underlined how unfair it was to lay the blame for the current crisis at the door of dedicated individual GPs, and how in doing so would have a lasting impact on staff morale, recruitment and retention, and ultimately, the doctor-patient relationship.

There was also a piece in the [Express](#) in defence of GPs. A [piece in Pulse](#) covered the abuse faced by GPs, while a [Pulse survey](#) of 1,000 GPs showed 8 in 10 say a return to pre-pandemic levels of face-to-face appointments is not necessary. The BMJ has written an article about GP abuse, entitled [Has abuse become the norm for NHS staff?](#)

3. GPC survey - help us to help you

GPC knows how tough it is for many GPs - that's why they want to hear directly about your experiences working as a GP. If you can, please complete their survey to tell them about the issues affecting you most, including your workload, recruitment and your future career plans.

This is an important survey and will support GPC’s negotiations and lobbying, and is a crucial important part of their GP campaign. Your responses will also help them better understand the issues affecting GPs and ensure they are representing the profession effectively.

The [survey](#) is open until **20 September** and will take around 10-15 minutes to complete

4. Support Your Surgery campaign

The GPC’s [Support Your Surgery](#) campaign provides GP practices with the tools to both manage expectations and to provide patients with the reality of issues facing general practice.

GPC now has a suite of resource materials available on the [Support Your Surgery campaign page](#) including [Support Your Surgery poster](#), as well as a [poster](#) and twitter versions explaining why practices are having to work differently during the pandemic.

GPC is strongly encouraging patients and the profession to sign their petition calling on Government to provide the resourcing needed to increase the number of GPs in England – please show your support and sign it [here](#). A paper version of the petition is also available to use in practices, and which could be used for the large number of patients attending surgeries, including in forthcoming vaccination sessions. Once completed, these can be emailed back to info.gpc@bma.org.uk.

You can also show your support for the campaign by adding a '[Support Your Surgery](#)' [Twibbon](#) or [Twitter banner](#), and [Facebook banner](#) to your social media profiles.

At a time when so many are criticising general practice, GPC encourages you to use this campaign to gain the support of your patients to make the changes that are urgently needed. GPC asks that you continue to support the campaign in the coming weeks. ([@BMA_GP](#)) / [Twitter](#)

5. Government imposes pay transparency regulations

The Department of Health and Social Care last week published [regulations](#) which will require GPs and their staff with NHS earnings of £150,000 and over in 2019/20 to declare these through national arrangements. This information will then be published by NHS Digital as part of the government's pay transparency agenda. In the 2019 contract negotiations, government and NHSE/I insisted on the inclusion of new pay transparency arrangements for higher earners as part of the overall package but it was also agreed that this should not solely relate to general practice but would be progressed for all those working in the NHS.

While the Government has now published [regulations](#) for general practice, to ensure GPs and their staff will have to declare their earnings over certain limits, there are at present no similar proposals for pharmacists, optometrists, dentists, consultants or other doctors in the NHS, anywhere else in the UK. As such the Government and NHSE/I have chosen to single out general practice in England and have breached the 2019/20 agreement. BMA/GPC have not agreed the change. However, health ministers have instead decided to impose this on the profession.

The 2019 agreement that was reached in principle did not take into the account the significant changes that have happened since, including the effect of the pandemic that has seen many GPs being willing to work longer hours and do more sessions to cope with the demand, and more recently the increased levels of abuse suffered by GPs and their teams. GPC strongly believe that these imposed changes risk dedicated hardworking doctors being subjected to abuse and that they will worsen the current workforce crisis if GPs seek to reduce their working commitments. It could also make it harder to recruit doctors to fill out-of-hours sessions and thereby have an impact on A&E pressures. Ultimately patients will be impacted by these unacceptable changes. GPC has made it clear that the government will be responsible for the consequences of this.

6. GPC England meeting with NHSE/I

Last week GPC held its first formal meeting with NHSE/I since May, following agreement by the Committee the previous week that they should do so. It was an opportunity to convey the significant strength of feeling and anger of the committee and profession about the current low morale of the profession, the workload and demand pressures, and the impact of abuse from patients and media. The GPC described specific examples of the impact this was having on GPs and others and how it was leading to some thinking about leaving the profession. They also clearly articulated that NHSE/I, DHSC and government were not

sufficiently supportive of the profession, whether through funding, through policy/contract initiatives or through explicit public statements of support and this must urgently change.

GPC stated that, first and foremost, the profession needs a public and repeated show of support for GPs and practices from NHS England, DHSC and wider Government, including defending the profession when criticised and a more proactive and reactive approach to counter the negative media coverage, as well as strong public statements about the unacceptability of any aggression toward GPs or practice staff. Following the meeting, NHSE/I issued a statement as highlighted above.

GPC pressed for rapid and significant actions to address the current situation, including an immediate suspension of QOF with income protection, not least with the ongoing blood bottle shortage but also in expectation of significant pressures with rising covid-19 cases in the coming winter, support for practices against complaints, renewed efforts to recruit and retain GPs, and an emphasis on practices rather than PCNs, highlighting the professions strength of feeling that PCNs are not the panacea for all primary care ills and cannot be the only avenue for services and funding for general practice. GPC made it clear that PCNs were established to build on and support their member practices as a response to rising workload, so the NHS must develop, support and fund practices as the foundations for not only their networks but the rest of the NHS. GPC also called for more ongoing support for managing the impact of the pandemic and the backlog of patients both in general practice and secondary care.

GPC reiterated their significant concerns with the decision to impose the declarations of earnings provisions into the GP contract, despite their protestations to NHSE/I and DHSC and without the involvement of other healthcare professionals as was agreed in 2019, and called out the unacceptable way it was enacted. GPC also called for a delay to the implementation of the PCN access arrangements, so that they can be appropriately negotiated and considered by the Committee, and so that practices and PCNs are able to prepare for the implementation. The immediate priority must be resolving the current pressures for GPs and practices before spending time looking ahead to next year, not least as the NHS faces what many predict to be the worst winter for a generation.

GPC also insisted that the government must fund the additional employers National Insurance contributions planned for next April so that this did not fall as an added burden on to practices. NHSE/I highlighted the wording included in the Government statement that it intends to compensate departments and other public sector employers in England, including practices, at the Spending Review for the increased cost of the Levy. GPC has asked for NHSE/I's assurance that this will be implemented ASAP.

7. NHS Digital GP workforce data releases switch to monthly from quarterly

The latest quarterly [GP workforce data for England was released by NHS Digital](#) last week. The methodology NHSD now use no longer includes estimated data to accommodate for the small proportion of practices that have historically uploaded no or partial workforce data.

For July 2021, the new way of collecting data suggests that the fully-qualified full-time equivalent GP workforce has shrunk by 253 since June 2021 and 616 since September 2015 respectively. In reality, when reinstating previous historical estimates, fully-qualified [FTE GP numbers have actually shrunk by 1,904](#) and GP partner numbers have also [decreased by 18% since 2015](#)

GPC remains in dialogue with NHSD and GPC representatives strongly raised their objection to the methodology change during their last meeting together in August. Changing the baseline now is only going to exacerbate the GP workforce crisis because we need to know where we started from in order to make positive improvements. NHSD counterparts committed to consider reinstating the estimates and to working with GPC to find a workable solution going forward.

8. LMC role in Integrated care systems

The BMA continues to lobby on a range of issues relating to the Health and Care Bill, including strengthening the involvement of general practice, and the role of LMCs. As part of this they have co-signed a [letter](#) with other representative bodies for primary care, to Ministers and the Health and Care Bill Committee, asking for a commitment from Ministers in Committee that:

- The government honours its commitment for primary care to be represented and involved in decision-making at all levels of the Integrated Care Systems (ICS) including strategic decision-making forums through formalised roles for GPs, dentists, pharmacists, primary eye care and primary hearing care audiologists in Integrated Care Partnerships (ICPs)
- These roles are remunerated to ensure parity of availability and voice with NHS Trusts, NHS staff, social care and public health colleagues in strategic thinking and decision-making
- That existing statutory Local Representative Committees, such as LMCs, have the right put forward nominations for those roles
- Transparency and accountability - ICBs and ICPs to be under duty to explain in writing in public when they choose not to heed advice from local primary care bodies.

A [briefing](#) outlining what collectively the BMA want government to do has also been sent to Ministers. Last week, BMA council chair, Dr Chaand Nagpaul, [provided oral evidence](#) to the [Public Bill Committee on the Health & Care Bill](#), alongside Sara Gorton (Unison, Head of Health).

9. Advice and Guidance – statement from GPC

GPC has drafted the following statement relating to [Advice and Guidance \(A&G\)](#), following a query from an LMC who had been invited to sign up to a local scheme to use Advice and Guidance before making referrals.

[Advice and Guidance \(A&G\)](#) is defined as non-face-to-face activity delivered by consultant-led service, which provides primary care with continued access to specialist clinical advice, enabling a patient's care to be managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity.

“Advice and Guidance as a service needs to be clearly defined in its role and what it is trying to achieve. When used to support and enhance professional interaction between GP and specialist it can be a helpful tool and a good adjunct to the normal referral arrangements, reducing waiting time, preventing delays to care. It should provide GPs with quick and relevant advice and guidance from a consultant.

Whilst A&G can be helpful as an option when it is clinically appropriate, we would be concerned about any scheme that compelled its use prior to onward referral for further specialist assessment. This could result in unnecessary and avoidable delays to care, it will result in additional unresourced transferred workload in primary care, and thereby impact

the care of others, but could also theoretically result in greater medicolegal risk if GPs became responsible for patients and treatments they did not have the competence to deal with appropriately.

If A&G is being used as part of referral management or waiting list initiative by acute trusts or commissioners, it must be adequately resourced and appropriately commissioned with the wider implications for general practice clearly assessed. Local medical committees must be involved in these discussions. Unfunded transfer of workload into general practice is unacceptable as this does not only add further burden to an already overstretched service, but also has the potential to worsen access to general practice services for all patients.

It should always be voluntary for practices to take part in schemes such as this and the principle should be similar to shared care agreements, in that the clinician must feel able and competent to carry out any recommended investigations and ongoing management as advised, they should be aware that they will carry clinical responsibility for the patient until seen by secondary care.

Practices should never be put in the position of having a financial incentive not to refer a patient, which goes against [GMC responsibilities](#) (78. *You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients*) and the [GMS contract regulations](#):

17.5 (b) making available such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the Act and liaison with other health care professionals involved in the patient's treatment and care."

10. Survey of practices' experiences of using PCSE payments and pensions portal in August

A reminder to please fill in BMA/GPC's joint [survey](#) (with the Institute of General Practice Management), for practices and practice managers to learn of their experiences of using the PCSE payments and pensions portal during August specifically. GPC is also keen to know about your experiences of contacting PCSE for support around issues raised around the portal since it came into use on 1 June.

GPC recognises how incredibly busy practices are but completing the survey should take no longer than 10 minutes and will be invaluable in helping us hold PCSE and NHSE accountable for the portal's performance. The [survey](#) will

11. The Community Pharmacy Contract

The contract that Community Pharmacists work to has been updated and includes some services that complement elements of the PCN DES and/or are intended to promote more integrated working between practices and pharmacies. This [briefing document from the PSNC](#) (the pharmacists' equivalent to the GPC) gives further information.

12. Let's talk about surgery leases - Aitchison Raffety (argroup.co.uk)

Are you a GP Partner or Practice Manager looking to understand more about surgery leases and why they are different to other commercial leases?

[Aitchison Raffety](#) is a leading independent practice of Chartered Surveyors and Town Planners offering a full range of professional property solutions. They have published a video blog about [surgery leases](#) with DR Solicitors: [View here: Let's talk about Surgery Leases.](#)

Final week to apply

13. Are you interested in being a GP Mentor in BLMK?

- Are you a mid-late career GP in BLMK interested in mentoring and supporting others locally?
- Would you like to gain a professional accredited ILM5 qualification in coaching & mentoring?

The BLMK GP Mentor Development Programme for mid-late career GPs is a new opportunity to expand your career portfolio through offering an additional paid session a week to mentor early career GPs. Mentors will gain a professional accredited ILM5 qualification in coaching & mentoring as well as receive additional support and development from Beds & Herts LMC Ltd.

For further information about the opportunity please review:

- [Mentor Information Pack](#)
- [Mentor Role Description](#)

If you would like to apply for a GP Mentor role, please download and complete the application form [here](#) and email to ccs.blmk.traininghub@nhs.net by **Friday 17th September**.

14. Level 3 Children and Adult Safeguarding Webinars for Primary Care (Herts & West Essex)

Beds & Herts LMC and Herts & West Essex ICS invite primary care colleagues in Hertfordshire and West Essex to attend a series of Level 3 Safeguarding webinars. Please select the link below for more information and how to register your free place.

Please view here: [Level 3 Children and Adult Safeguarding Webinars for Primary Care in Herts & West Essex](#)

News - For the latest news, information and weekly updates for practices, please visit the [Hot Topics](#) section of our website.

BHLMC Job Board - Advertise your practice vacancies or search for jobs on our [Job Board](#). If you are interested in posting an advert please contact lmadmin@bhlmc.co.uk for more information.

Locums - If you are a Locum and would like to receive LMC updates, please register via the [online form](#) to be added to our database and mailing list.

Workforce Wellbeing & Support [Visit our webpage](#).

Contact Us:

Beds & Herts LMC Ltd, Tel: 01438 880010

Email: lmadmin@bhlmc.co.uk

Website: www.bedshertslmcs.org.uk/contact_us

