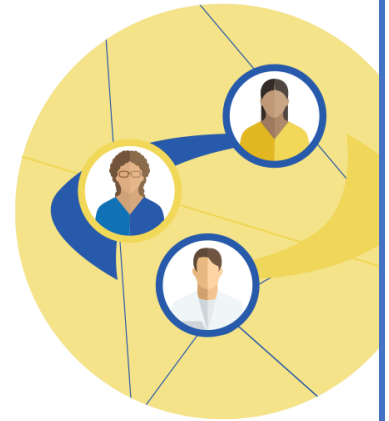


Beds & Herts LMC Ltd: Weekly Update for Practices, Monday 18th October 2021



1. NHSE plan for improving access for patients and supporting general practice

You will have by now doubtlessly either read the document NHS England published last Thursday, or seen a summary of its content. In the section below we have highlighted the key elements of the paper and their impact on practices. Like everyone else working in General Practice, we were shocked and astounded by both the content of the paper and the process by which the publication has come about (ostensibly a national newspaper penning government policy).

We have gone through the document in detail and created a guide which can be accessed via this [link](#)

It should be noted that this publication **does not represent a change to either the GMS contract or the PCN DES specification**. Practices are not being asked to “sign-up” to these new measures in return for funding or other support. These changes are essential being imposed by NHSE/I via the ICSs/CCGs.

The reality of how the proposals put forward by NHSE/I will truly impact general practice will not be known until:

- a. There is clarity from the BMA/GPC as to if NHSE/I can employ contractual sanctions for breaches in services which are not defined in the GMS contract (or PCN DES)
- b. The local ICSs/CCGs have shared their plans on how they intend to implement and monitor these changes, and what funding will be made available to support their implementation.

We would therefore encourage practices to make no significant changes to the way they currently operate (delivering services in the best interest of their local populations) until there is greater clarity on the two points above.

In response to this publication, we are taking the following actions:

1. We have asked each CCG for an emergency meeting this week to discuss the publication and the CCGs implementation plans (each CCG/ICS must submit a plan to NHS England by 28th Oct outlining how they intend to implement the requirements in the document).
2. We will this week be writing to each of the MPs across Bedfordshire and Hertfordshire to once again give them a true perspective of what life is like at a practice level and to highlight the inevitable negative consequences of both this publication and the governments overall attitude towards General Practice.
3. We are having ongoing conversations with other LMCs and the GPC at a national level about ways that General Practice could collectively respond.
4. We are seeking clarification from the BMA as to the legality of the sanctions CCGs are being told to use on practices who fail to meet the targets/requirements laid out in this publication, given that they do not form part of practices GMS/APMS contracts.

2. Your wellbeing

When we are all working so hard to do our best for our patients, the daily torrent of abuse and vitriol directed at GPs and their teams, both in the national media and from patients and the public, is having a major impact on the morale and mental well-being of many of us. With the long-awaited emergency support package failing to offer the hope needed that there will be meaningful support for the winter ahead, rather than more targets and performance management, it's important that we do our best to care for one another.

The BMA is there for GPs and offers supportive [wellbeing services](#) which include **face-to-face counselling**. You can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions. Call **0330 123 1245** today or [visit the website](#) for more information.

3. Workload Control in General Practice

As it is clear neither the government nor NHSEI show they understand the scale of the crisis impacting general practice, or have come forward with the necessary measures to support the profession at this critical time, we would encourage practices to look again at the BMA's [Workload Control in General Practice paper](#). Practices should not feel pressured to return to a traditional 10 minute treadmill of face to face consultations, that are neither good for patients nor clinicians, but instead adopt arrangements that allow for longer but fewer consultations, and which delivers a higher quality of care and a safer service to our patients.

4. Infection control recommendations for primary care

The UK Health Security Agency today has published recommendations for changes to [Infection Prevention and Control Guidance \(IPC\) in primary care](#) following previous recommendations which focussed on changes in elective care.

The main amendment is the reduction of the 2 metre social distancing rule to 1 metre, highlighting the need for appropriate mitigation. The BMA has already made the point that even 1 metre social distancing will be difficult for some smaller surgeries and as such there will still have to be a reduced capacity in some practices and buildings. The guidance strongly emphasises that local decisions and local risk assessments will ultimately govern judgements such whether a face-to-face consultation is appropriate and where physical distancing can be safely reduced, which we welcome. It is therefore for practices to determine what arrangements they have in the surgery. The full guidance will be published shortly. Read more about the [UKHSA review into IPC guidance](#)

5. New GP workforce data

The latest [GP workforce data](#) for August show the continuing contraction of the General Practice workforce, something that the Government's failed to acknowledge in its 'rescue package', although many media reports, including BBC reports last week, have started to helpfully focus on this important issue.

While an increase of around 1,700 GP trainees since the previous month is a positive addition, General Practice is now 1,803 fully qualified full-time equivalent (FTE) GPs short of 2015 levels. Over the past year alone General Practice has lost 380 fully qualified FTE GPs, which equates to a net loss of 307 fully qualified individual GPs (a gain of 611 salaried and locum GPs, with a loss of 918 partners).

The number of primary care nurses and direct patient care staff has also dropped over the past year, and marginal increases in the number of admin and non-clinical staff are not enough to cope with increasing administrative and bureaucratic burden.

Meanwhile, the number of patients continues to grow equating to more pressure on remaining GPs as the number of fully qualified GPs per 1,000 patients in England have fallen). This, combined with the latest [GP appointment data](#), which showed that the total number of appointments delivered by general practice remains higher than pre-pandemic levels and the fact that appointments delivered face-to-face has risen to 57.7%, clearly illustrates that the profession is working harder than ever.

Full analysis can be found on the BMA's [Pressures in General Practice](#) webpage.

6. Flu vaccination guidance on accessing centrally supplied flu stock

DHSC have published [guidance](#) for general practice and community pharmacy, outlining the process for accessing centrally supplied flu vaccines for this season.

In order to achieve higher vaccine uptake rates compared to last year, DHSC has secured an additional supply of influenza vaccines, which will be for available from early November, for practices and community pharmacies to top up local supplies and where it is most needed.

Practices should determine if there is a need for further flu vaccines by assessing current uptake rates in eligible cohorts, and will be able to place orders for this stock from 18 October.

7. Health inequalities toolkit

The presidential project of last year's BMA president Sir Harry Burns culminated in a health inequalities conference last week to launch the BMA's [health inequalities toolkit](#). The toolkit brings together ideas of projects for colleagues across the UK and across medical specialties to try, should they wish to do something to tackle the growing health inequalities felt in this country.

The toolkit is intended to support clinicians and medical students, and that the Government should take responsibility for reducing health inequalities, rather than put that responsibility on clinicians.

If you are involved in a project that seeks to address health inequalities that you would like to share with colleagues, please email info.phh@bma.org.uk to request a submission form.

8. PCN Clinical Director survey

Please complete the BMA's [PCN survey](#) to tell them how things are going and how the pandemic has affected your work. Your responses will provide them with insights to share among PCNs and help them to negotiate with NHSE/I. It is open to all clinical directors of PCNs across England and closes on 27 October.

LMC Training & Events

** Final week to apply **

9. Beds & Herts LMC Business Fundamentals Programme for Managers in Hertfordshire and West Essex, January to June 2022

The Programme is designed for new and early career managers who wish to develop their understanding of the 'business basics' to develop their role within general practice. The programme may also benefit those considering leadership / business partnership roles in general practice in the future.

This is NOT a course in Practice Management but broadly covers key subject areas such as managing the business, legal obligations, digital healthcare, finance and strategic planning.

For more information and how to apply please view here: [Business Fundamentals Programme for Managers Jan to Jun 2022](#).

Application deadline: **Friday 22nd October 2021, 12pm (midday)**.

10. Adult Safeguarding: Domestic Abuse involving Older Victims, Thursday 21st October, 1.30 - 4.30pm

Webinar for general practice in Herts & West Essex

Agenda:

1. Domestic Abuse involving Older Victims: The Safety & Service Gap
2. Violence Against Women and Girls and Radicalisation
3. The IDVA Service in Herts: Single Point of Access for Primary Care

[More information and register your free place here](#)

11. Level 3 Children & Adult Safeguarding, Wednesday 3rd November, 2.00 – 4.30pm

Webinar for general practice in Herts & West Essex

Agenda:

1. Safeguarding children during the Covid-19 pandemic, post lockdown and the road to recovery.
2. Managing and safeguarding of individuals with complex needs as a result of drug or alcohol dependency.

[More information and register your free place here](#)

12. GP Pensions Webinar, Thursday 4th November 2021, 7.00 - 8.00pm

Webinar for GPs in Beds & Herts

GP Pensions Update Webinar hosted by Beds & Herts LMC Ltd, presented by MacArthur Gordon Ltd, medical financial specialists.

Agenda:

The NHS pension schemes, pension tax and the "McCloud" age discrimination case:

- 1995/2008/2015 Schemes and the impact of the McCloud Age Discrimination Case
- Annual Allowance / Tapered Annual Allowance – impact of the changes, options available, deadlines for Scheme Pays and the 19/20 Compensation Scheme
- Lifetime Allowance – implications of exceeding, protection, options available
- 24 Hour Retirement – the requirements outlining the current suspension of 16-hour limits, why, when and how
- Planning – debts and liabilities, leaving the practice, changing role.

[More information and register your free place here](#)

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 lmcadmin@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](#).

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