

Beds & Herts LMC Ltd: Weekly Update for Practices, Monday 8th November 2021



1. Winter Access Fund

Over the coming weeks practices will start to be approached by their CCG to notify them they have been identified in the (up to) 20% of practices that require support under the winter access plan (we are aware that some practices have already been contacted). Below we have identified some of the key elements that practices should be aware of, and listed some questions it may be helpful to ask the CCG if you are contacted.

General points to consider

- This is unilateral, non-contractual performance management. It is not based on any targets or metrics that are recognised in your GMS/APMS contract.
- You do not have to accept the CCG's offer of support if you've been identified as a practice in the "20%". It is a choice.
- While we at the LMC are not directly engaging with the CCGs (as per the BMA's request) **we are more than happy to support individual practices identified by their CCG** to analyse data and help formulate responses to the CCG.

A note on the CCG staff

While it will be a member of the CCG teams that will be contacting practices to say they have been identified as part of the winter access plan process, it is important to remember that this is a process conceived and driven by NHSE. Feedback across the country indicates that many who work at the CCGs are appalled by what is included in the plan, the way it was communicated, and the draconian way in which its implementation is being enforced by NHSE. While we at LMCs, alongside the BMA, will do everything in our power to push back against this plan, we believe that there is little to be gained by "shooting the CCG messenger", beyond venting obvious frustrations. What is important is that the CCG representatives feed back to NHSE how destructive and demeaning this plan is.

Things to ask the CCG before agreeing to anything:

a. Data.

The CCG will most likely have used data sets produced either locally or by NHSE to identify practices. Feedback we have had from a wide number of sources is that these data sets are unreliable at best, and incomprehensible at worst. Therefore, we would strongly advise practices to question the CCG on the data used.

- Ask for a copy of the data on which they have based their decision. Make sure this includes not just your own practice data, but a wider data set for each metric so you can actually understand how you compare to other (anonymised) practices.
- Make sure that any data you are being shown is displayed as a reflection of your practice list size, not simply the raw numbers. Also confirm that this is based on your actual list size not your weighted list size (comparing the actual number of your patients that called 111 divided by your weighted list size is meaningless).
- Ask specifically which of the various metrics they may be using are the ones that your practice has been identified as poorly performing on.

- Ask what statistical adjustments they've made for known variables (e.g. we know that practices located near to A&E departments have high A&E attendances through no fault of the practice, so these factors should be accounted for).
- If your practice has been selected for reasons other than activity data, ask for a written explanation for the decision and the information that supported that decision.

b. Improvement Targets

Practices that have been identified by the CCG will likely have to make "improvements" in order to receive any further support/funding.

- Ask the CCG (in writing) for the metrics and improvement targets that the practice will be measured against.
- Ask the CCG for the timelines your progress will be measured against.
- Ask the CCG to clarify what actions they will take if you do not achieve the required improvements.
- Ask for written confirmation as to if the sanctions for failing to meet the required improvements could include breach notices to your GMS/APMS contract (Note: we cannot understand how they could do this, as we do not see what element of your contract they could say you are breaching but the NHSE document alludes to this happening).

c. Securing Your Practice Reputation

- Ask the CCG for a guarantee that if a third party (e.g. a local newspaper) submitted a freedom of information (FOI) request to the CCG, that the CCG would not share anything that would allow your practice to be identified.
- If the CCG cannot guarantee that you will not be identified under an FOI request, ask for the CCG's communications team to provide you, pre-emptively, with a press statement you can give to any media outlet, wording you can put on your website, messages you can put on social media, text messages you can send to your patients etc. Also ask for an immediate route of contact with the CCG communication team to support you if your practice is identified and these prepared responses are not sufficient to deal with the media and patient interest/response.

d. The Support Package

- Ask the CCG for a breakdown of the support package(s) they will be able to offer you.
- Ask the CCG to confirm if the CQC will be involved in providing support.

Additional actions to consider if you are approached by the CCG.

- Submit an application to close your list. The CCG has identified you as struggling to deliver services to your patients, therefore it is unreasonable to expect you to increase your patient list at this time.
- Submit a section 96 funding bid to the CCG. Section 96 funding is designed to support practice resilience, clearly in the CCG's eyes you require support.
- Ask the CCG to pause all bureaucratic requests for data, practice visits and other non-essential tasks while you are addressing the access issues the CCG has identified.

2. GPs' NHS earnings threshold

Due to the imposition of contract regulations in October 2021, it is now a contractual requirement to ensure [GPs earning over the earnings threshold \(£150k\) to declare their income](#).

Declarations apply to GP partners, GP subcontractors or locum GPs operating under the core contract and earning above the income threshold, and if they fail to declare their earnings, then the practice will be in breach of its core contract. If the practice refuses to deliver a service that is required within the contract/regulations, the practice will be in breach of its core contract. The deadline for the declaration of NHS earnings over £150,000 for 2019/20 is Friday 12th November.

Individuals employed by the contractor or employed by a sub-contractor (including where a locum GP is engaged by a third party to provide services) are not within scope and so do not need to declare their earnings. Therefore, salaried GPs and those who are employed by a contractor or sub-contractor, which is a company, and the individual is not named on the contract or sub-contract, will not need to declare their earnings if above the threshold. Company directors are also not included unless they fall under the definition above.

Through the act of self-declaration, the individual will be consenting to publication. Individuals should therefore carefully consider the implications before self-declaration. The BMA believes this policy provides no benefit to patients but will potentially increase acts of aggression and abuse toward GPs and practices.

3. TPP access to records

As part of the accelerated access to records programme, practices will have seen communications that patient access to records held in TPP SystemOne is planned to go live in December, with EMIS and Vision to follow in 2022. GPC England has been engaged in discussions on this and have expressed significant concerns, including the timing of the launch during winter months, with anticipated unprecedented demand adding to patient safety risks that would result from a December rollout. They are seeking a pause to ensure the views of the profession are better represented and the programme delayed until there is appropriate time to work through our list of concerns.

4. New GP workforce data

The latest [GP workforce data](#) in England for September show the continuing contraction of the General Practice workforce, which the Government has clearly failed to acknowledge in its 'rescue package'.

September's data shows only a total increase of 42 FTE GPs compared to the previous month – which is an increase of 99 fully qualified GPs set against a loss of 57 trainees. This increase is clearly insufficient to cope with the current workload, with the enormous jump in [GP appointments](#) in the last month alone (up by 4.7 million, from 23.9 million to 28.6 million).

General practice is now the equivalent of 1,704 fewer fully qualified FTE GPs than 2015 levels. Over the last year (September 2020 to September 2021) general practice has lost 154 fully qualified GPs (a gain of 759 salaried and locum, set against a loss of 913 partners), and 282 fully qualified FTE GPs (430 FTE Partners set against a gain of 148 FTE Salaried).

Meanwhile, the number of patients continues to rise, which means the number of fully qualified GPs per 1,000 patients in England is likely to further fall soon (currently 0.45, compared to 0.52 in 2015)

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

The [Eastern Eye](#) reported on [Sajid Javid's statement to the health select committee](#) when asked if the government was on track to implement the pledge of 6,000 GPs - "No. I'm not going to pretend that we're on track when we are clearly not." In response to this Dr Richard Vautrey, GPC Chair, said: "while the health secretary's admission today is long overdue, it is absolutely not news to GPs and their colleagues working in surgeries across the country that have been decimated by workforce shortages. The bottom line is we are haemorrhaging doctors in general practice. While more younger doctors may be choosing to enter general practice, even more experienced GPs are leaving the profession or reducing their hours to manage unsustainable workloads." [The Times](#) and [Healthcare Leader](#) also reported on the fall in GP numbers.

5. BMA Webinar - The Health and Care Bill

The BMA is holding a member [webinar on the Health and Care Bill: What it means for you and what you can do about it](#) – **on Wednesday 17th November, 7-8pm.**

The BMA believes that if this Bill is passed, it will usher in drastic changes to the NHS in England, impacting the working lives of doctors, and that urgent and significant changes must be made to it.

[Register now](#) to attend this event to learn more about the Bill and what you can do about it.

If you have any questions about the event, please contact tbramwell@bma.org.uk. For further information about the Bill and the BMA's work in this area, visit: www.bma.org.uk/hcb

6. Level 3 Safeguarding Webinars

for healthcare practitioners working in general practice in Herts & West Essex

a) Children & Adult Safeguarding Webinar

Thurs 2nd December or Tues 18th January 2022, 2.00 – 4.30pm

Agenda:

1. **Contextual Safeguarding:** Young people's experiences of significant harm beyond their families with specific reference to understanding how situations relate to each other and inform their risk taking behaviour.
2. **Learning Disabilities:** Best practice in primary care. Small steps you can take in practice to safeguard your learning disability patients against premature mortality due to delays in diagnostics.

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

b) Adult Safeguarding: Mental Capacity Act Webinar

Weds 26th January 2022 or Tues 15th March 2022, 1.30 - 4.30pm

Agenda:

1. Applying the Mental Capacity Act confidently in practice
2. How to undertake a capacity assessment
3. Making a best interests decision
4. Medical treatment issues – including advance decisions and DNACPRs
5. What is a deprivation of liberty and what should we do about it?

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

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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](#).

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