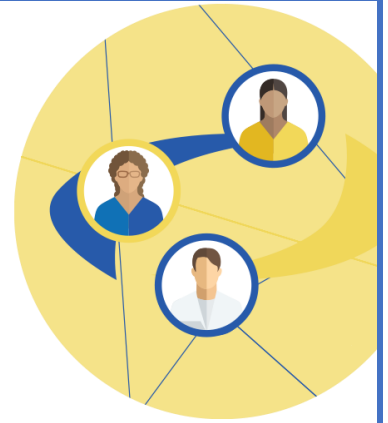


Bedfordshire & Hertfordshire LMC Ltd: Weekly Update for Practices, Monday 23rd May 2022



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1. Beds and Herts LMC at the UK Conference of LMCs – 10th & 11th May

It was the UK Conference of LMCs on the 10th and 11th of May. This is a Conference that sets policy for GPC to try to negotiate in the coming year. This Conference was for LMCs from the four nations of the UK, and it debated issues that cover GPs in all parts of the UK so there were no discussions about England-only matters, such as the PCN DES, ICSs, CQC etc.

This was the first face-to-face conference of LMCs in over two years. Beds and Herts LMC reps were very vocal in speaking to the conference motions on your behalf.

The motion that got most press coverage was a proposal that the hours of the core GP contract should be reduced to 09.00 to 17.00. Dr Hughes (Beds) spoke against this, arguing that reduced opening hours would not really do anything to reduce the amount of work that GPs have; that GPs need to work smarter to have an impact on their workload; and that reduced hours of access would not be good for patients. Dr Eliad (Herts) spoke against the motion, arguing that patients do need to see a GP outside of 9am to 5pm, and that work in extended hours can be rewarding as a GP. He also argued that a move towards 9am to 5pm would be in the opposite direction to what most of the UK workforce now do.

The arguments of Dr Hughes and Dr Eliad contributed to this motion not being accepted.

Dr Hannan (Beds) spoke in favour of a motion calling for further support and expansion of the practice team and for members of the practice team to be able to refer without involving a GP. The arguments of Dr Hannan contributed to this motion being accepted.

During a Soapbox session, which does not debate formal motions, but allows LMC members to raise issues so that GPC are aware of them and can factor them into their negotiation work, Beds and Herts members raised the following topics:

- Dr Eliad (Herts) spoke about the unfairness of the childhood immunisation targets where it is impossible to exception report on the grounds of parental objections, making the targets unachievable for many practices.

- Dr Hannan (Beds) asked the GPC to explore insurance and other ramifications if the salaried future proposed by the Policy Exchange finds favour with the Government and with GPs.
- Dr Turner (Herts) reminded GPs to not always say “Yes” to everything but to say “No” in order to get a better work/life balance.

Dr Harris (Beds) spoke against a motion calling for a move away from a target-based GP contract and for rewards to be based on continuity. She recognised the failings of QOF but noted that the “quality” measures of QOF had soon become a tick-box exercise and she cautioned that any “continuity”-based replacement could equally see “continuity” turned into a tick-box exercise. Despite Dr Harris’ arguments for caution, this motion was accepted. An article published by Pulse can be seen [here](#), where further details regarding this motion can be found.

Dr Hughes (Beds) spoke in favour of a motion to allow dispensing doctors to compete with pharmacists on a level playing field, reflecting on the impact the loss of dispensing patients could have on a practice and how dispensing staff in a practice were also key to services for non-dispensing patients.

Dr Hannan (Beds) proposed a motion calling for variations to the organisation of the UK conference to allow more opportunities for single-nation, e.g., England-only, issues to be discussed. Despite sterling efforts from Dr Hannan, this motion was not accepted.

Dr Turner (Herts) spoke against a motion saying that general practice is not best placed, and that GPs are not the most appropriate professional, to assess fitness to work. He argued that the nature of the doctor/patient relationship put the GP in a good position to have these discussions with the patient about time off work. Despite Dr Turner’s arguments against elements of it, this motion was accepted.

In terms of other motions more generally, the conference voted through a motion calling on the national GPCs renegotiating the GMS contracts to include workload limits in order to protect patients and staff. With a dwindling, overstretched workforce, this motion gives the national committees the mandate to demand an end to endless unsafe demands on our GP services. Read the [BMA’s safe working in general practice guidance](#).

The conference also urged the GPCs to negotiate a GP contract that incentivises continuity of care, as mentioned above. In response, Dr Farah Jameel, GPC England Chair, said that “If continuity of care is to be rewarded and preserved, it will need to be measured and monitored and it will need new payment mechanisms. So, we’ll need to spend some time thinking about these matters. We must reward continuity of care and it is right that we ask for it. We’ll need courage – from policymakers, from us and from parliamentarians.”

The resolutions will be published shortly on this page: [Local medical committees](#)

2. Pension Tax Risk due to Inflation

Last week the BMA pensions committee chair wrote out to members to alert them to the potential tax implications that may arise from the current high levels of inflation (due to the fact that consumer price index (CPI) is used as part of the calculation to assess pension changes). The BMA has created a tool ([the CPI modeller for the GP pension scheme](#)) to allow GPs to understand if they are likely to be affected, and encourages all GPs who are part of the 1995/2005 GP pension scheme to use the tool.

3. GPC England meeting update

GPC England met on the 19th of May in their first face-to-face meeting since before the pandemic.

In the morning, the committee received updates from the GPC England chair and the BMA Head of Strategic Communications, regarding the ongoing Rebuilding General Practice campaign and the impact that it is having.

A brief presentation was given to help inspire thoughts and discussion on the committee's future vision of General Practice. To feed into this ongoing debate, in the afternoon, there were roundtable discussions where members got to share their different perspectives and experiences on behalf of constituents and discuss ways to ensure GPCE can effectively secure better outcomes for the profession and patients.

The committee also debated and voted on a motion regarding the working conditions of independent contractor GPs. This motion was passed by the committee and reaffirmed GPC England's commitment to defending the independent contractor model, whilst highlighting the committee's concerns about the pressures that the model is currently under, and its undervalued nature by the government. The motion also contained a proposal for a separate committee for independent contractor GPs to be established. After a considered and rich debate, this part of the motion was not passed. The committee believed the interests of independent contractors, and defence of the model, were best served through representation by one united committee for all GPs in England.

Commenting on the motion GPC England Chair, Dr Farah Jameel, said:

“General practice has evolved over many years, changing to meet the needs of communities, but with the independent contractor model sustaining as the core on which it is built. We know that patients appear to benefit from continuity of care, with the quality, strength and consistency of their relationship with their family doctor having a significant impact on their health outcomes. All of this and more is possible through the independent contractor model.

The outcome of this motion reaffirms the committee's wholehearted support and commitment to this model that allows for high-quality, cost effective and timely care, despite it being poorly valued by policy makers. And it further demonstrates how important it is that the profession stands together with strong representation for all GPs, regardless of career path, at a time when general practice and the whole of the NHS and care system are facing unprecedented challenges.

With the NHS undergoing significant reorganisation, it is vital that a strong, high quality general practice is able to thrive as part of the wider system and meet the needs of patients.”

4. Rebuild General Practice: support the campaign

The [Rebuild General Practice campaign](#) continues to tackle the crisis facing general practice. The campaign has been building awareness of the key issues in the media, with the public and with politicians. It needs your support to amplify the message and make the campaign a success.

You can also follow and share content, news, and updates on the campaign [Twitter page](#).

5. Delayed contractual changes for deceased patient records

NHSE/I have confirmed that the contractual changes for the management of deceased patient records have yet to take effect. This is due to required legislative and system changes remaining outstanding and means that practices should continue printing and sending the full records to PCSE until NHSE/I notifies the profession otherwise. PCSE will also retain the obligation to process AHRA requests it receives directly until that time.

6. Medical exemption service

As of the 12th of May 2022, the domestic NHS COVID Pass is no longer available, and the medical exemptions service (119) will no longer accept new applications from people who want to use the domestic NHS COVID Pass to prove they cannot be vaccinated for medical reasons.

The 119 service will continue running at a minimal level until the 11th of July, only accepting queries to the call centre and processing outstanding applications via GP assessments into the Summary Care Record application (SCRa). GPs will be required to continue processing applications until the 11th of July to comply with the amendments to GP regulations. Previously granted exemptions will continue to show throughout in the NHS Covid Pass under “view my records” except where they have expired due to time-limited grounds.

The NHS COVID Pass for international travel will continue to be available as normal. More information about medical exemptions can be found on [gov.uk](https://www.gov.uk).

7. Navigating the GP sponsorship process webinar

The BMA has partnered with legal firm Magrath Sheldrick, who oversee their [immigration advice service](#), to develop a webinar on navigating the GP sponsorship process. The webinar is aimed at GP employers and offers practical tips on how to navigate the current sponsorship process to recruit non-UK nationals and addresses frequently asked questions on the process itself. The link to the webinar is enclosed: www.magrath.co.uk/gp-practices-sponsor-licence-process/

If you have any questions or would like to share your experiences of navigating the sponsorship process, please contact Caroline Strickland, Senior Policy Advisor, International Affairs (cstrickland@bma.org.uk).

More information about certificate of sponsorship is available on the [BMA website](#).

8. GP training needs reform: the status quo isn't working for anyone

A recent BMA survey has shown a shocking level of unacceptable behaviour towards trainees. Read more in this [blog](#) by Euan Strachan-Orr, chair of the BMA's GP Trainees Committee.

9. Improvements to benefit eligibility at the end of life

On the 4th of April 2022, eligibility for the Special Rules changed. This means that individuals can make a fast-tracked claim to two working age benefits if they have an estimated 12 months or less to live. To support people accessing these benefits and to find out more about the **new** process and medical evidence form, [DWP have published this guidance](#).

10. Primary Care Paediatric Allergy Study Day

Date: Monday 20th June 2022

Time: Registration from 08:45-09:00, close of day 16:45-17:00

Venue: Novotel Hotel - Knebworth Park, Stevenage, SG1 2AX

How to book: Please contact Lisa Pridmore via email, lisa.pridmore@nhs.net, to reserve your place

The paediatric allergy team at Lister Hospital are welcoming those that work in Primary Care to attend a study day to gain an insight into children that suffer with allergies.

For further information about this event please see the [attached flyer](#).

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](#).

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