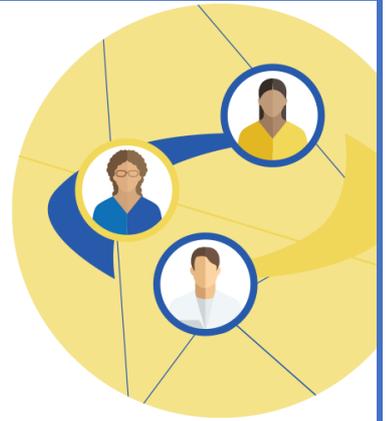


## Bedfordshire & Hertfordshire LMC Ltd: Weekly Update for Practices, Monday 06<sup>th</sup> June 2022



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### 1. Important information on the GP pension scheme – new CPI modeller

The recent soaring rate of inflation will have significant tax implications for some GPs’ pensions. This applies to those who are active members of the scheme contributing at any point of the current 2022/23 tax year, as you could have very large Annual Allowance charges, when such charges become due, depending on your accounting / pensions administration.

The BMA Pensions Committee have launched a new [CPI modeller for the GP pension scheme](#) for GPs to look at their pension growth in 2022/23 and 2023/24 tax years, and to explain the problems with poor design of the Annual Allowance and how it will interact with the 1995 / 2015 GP pension scheme, and Annual Allowance taxation. It is important that you urgently take steps to at least understand your position and the potential impact this may have on future Annual Allowance charges. Entering your own data and numbers in the tool will only take a few minutes and will enable you to see how this might affect you personally – for many members they may need to estimate the value of their current pension based on their most recently available pension savings statements, subsequent contribution history and pensionable earnings.

The GPC Pensions Committee continue to lobby Government on this significant issue and encourage members to raise this with their local MPs and help increase awareness with fellow GPs.

### 2. Fuller Stocktake report on the next steps for integrating primary care

Last week, NHSE/I published the [‘Fuller Stocktake report’](#) on the next steps for integrating primary care in England.

General practice's strength and value lies in its ability to provide good quality care from within communities, offering continuity and reassurance for patients. It is therefore positive to see this report and the accompanying King's Fund analysis recognise and champion the invaluable part that practices play in the health of their local areas, and why it is so vital that general practice is given a leading voice and role when it comes to overhauling health systems locally.

Throughout the pandemic, practices seized the opportunity they were given through increased flexibility to quickly adapt for the better under the most difficult circumstances, and it's particularly positive that this report recognises that this autonomy is far more valuable in improving outcomes for patients than top-down directives and micro-management.

While the report highlights pockets where good collaboration is happening successfully already, the BMA will continue to advocate on behalf of and call for more support for those areas that are struggling.

You can read the full BMA statement [here](#).

### **3. Communication with local MPs and Sajid Javid**

As we mentioned previously, we wrote to all seventeen of the MPs covering Bedfordshire and Hertfordshire at the end of April as part of the Rebuild General Practice Campaign. Our letter highlighted the pressure on practices, focusing on the impact of unsustainable increases in demand, coupled with the continuing fall in the numbers of GPs. In the letter we offered each MP a meeting with the LMC so we could discuss both the local and national issues in more detail and asked each MP to write to the Health Secretary, Sajid Javid, expressing the concerns of their constituents, both patients and staff, regarding the crisis in General Practice and the risk to patient safety.

Over the course of May we received a number of responses from MPs. Some have taken us up on the offer of a meeting with the LMC, and a number have written to Sajid Javid (or forwarded our original letter) as requested. Last week we received a response from the Health Secretary, via Grant Shapps (MP for Welwyn Hatfield). While the letter from Mr Javid did not say anything new in terms of the government's position or support for general practice, he did say the following which we thought it was important to share with you.

*"I would like to thank GPs and their practice teams for their hard work serving their patients, and I recognise that they have gone above and beyond to care for their local populations throughout the pandemic, including playing a vital role in delivering the COVID-19 vaccination programme."*

During our meetings with MPs, we have been trying to focus the conversation on three main points:

1. General practice does not have an access issue, it has a capacity issue, and the two things are fundamentally different.
2. While the feedback MPs are receiving from constituents may make it feel like this is a local issue, the fact that practices across England are all facing the same challenges means that this is clearly a national issue. Therefore, there should not be an expectation that local practices can solve the current crisis themselves, and there needs to be some recognition that the actions that need to be taken to help stabilise general practice are in the hands of those in Westminster.
3. That the support (or lack of support) for practices shown by their MPs has a direct impact on the cycle of recruitment and retention. GPs and practice staff do not want to work in an area where the local MP is constantly lambasting the practices in public. This leads to fewer staff, which leads to more complaints, and the cycle continues. Therefore, we are asking the MPs

to consider how they communicate with their constituents when issues regarding General Practices are raised.

#### **4. Extending fit note certification**

From the 1<sup>st</sup> July, legislation is changing which will allow more healthcare professionals to certify fit notes to patients.

- Currently only doctors can legally certify fit notes. DWP are now changing the legislation which will allow a further four professions to do this. These professions are nurses, occupational therapists, physiotherapists, and pharmacists.
- Not everybody working within these professions should issue fit notes. Professionals should be working in a suitable environment and have the necessary skills and training to have work and health conversations with patients. This task needs to be within their professional 'scope of practice', therefore new guidance and training has been developed which will help professionals to identify if this task is suitable for them.
- This legislation change applies across England, Scotland, and Wales.
- This change follows legislation changes in April which removed the need for fit notes to be signed in ink. This change made it possible for doctors to certify fit notes digitally and also for patients to receive their fit note via digital channels (where GP IT systems support this).

#### **5. Working conditions of independent contractor GPs**

GPC England met last week in their first face-to-face meeting since before the pandemic. In that meeting, the committee debated and passed a motion regarding the working conditions of independent contractor GPs. This motion reaffirms GPC England's commitment to defending the independent contractor model, whilst highlighting the committee's concerns about the pressures GP contractors are under, and its recognition of how undervalued they are by the current Government. Representatives also firmly believe the interests of independent contractors, and defence of the model, are also best served by one united committee for all GPs in England.

Commenting on the motion, Dr Farah Jameel GPC Chair, England 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 policymakers. 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."*

## 6. GP workforce and appointment data

The latest [GP data](#) from NHS Digital once again shows a decline in GP numbers. Compared with this time a year ago, England has the equivalent of 396 fewer full-time, fully qualified GPs – having lost a further 26 in the most recent month alone. To this end, 1,622, fully-qualified full-time equivalent GPs have been lost from the workforce since 2015 (when the current collection method began). Meanwhile, the total appointments booked have reduced to 24.0 million in April 2022 from 29.7 million in the previous month – this is potentially due to there being fewer working weekdays in April compared to March.

You can read the full analysis about pressures in general practice [here](#) and the [full BMA press statement](#).

## 7. Fees calculator

Doctors have undercharged for private and non-NHS fee-based work for years, effectively subsidising the system and taking the hit on their take-home pay. In response to this issue, which was highlighted during ARM last year, the BMA recently launched the [Fees calculator](#) and feedback has been extremely positive. Many doctors told said that they rarely reviewed their fees, some looked to their peers to gauge what to charge, and others used guidelines that were years out of date. The Fees calculator helps doctors decide how much to charge for their services based on their own circumstances. [Find out more here](#).

The Fees calculator uses your overheads to calculate a fee range for the time it takes to complete a piece of work. The calculations are specific to you, and you can see what rates you would need to charge to make sure your costs are covered. You can find out more about [how the tool can help you save money and save time](#).

## 8. Safe Surgeries Survey

[Doctors of the World](#) (DOTW) is working with UCL and the NHS to better understand issues facing underserved groups when accessing GP services. They want to hear from general practice staff (including reception staff, managers, clinical staff) to find better ways to support staff and patients to ensure that everyone can register with a GP. Part of this work will involve evaluating and redesigning the [DOTW UK Safe Surgeries Initiative](#), a BMA-endorsed programme and toolkit that supports GP practices to become more accessible to socially excluded groups.

This project '[Right to Care](#)' aims to identify barriers and facilitators to support socially excluded groups such as people experiencing homelessness, people with irregular or insecure immigration status, people who sell sex, and members of the Roma, Gypsy, and Traveller communities who may experience unique challenges to access primary care and to register with a GP.

GP staff perspectives will be highly valued and will help better support the needs of your GP practice and community. Please complete a 5 minute [survey](#) by the 20<sup>th</sup> June 2022.

If you're interested in participating in a short online interview, please contact Kerrie at [k.stevenson@ucl.ac.uk](mailto:k.stevenson@ucl.ac.uk)

## 9. NHS Digital survey on the future of GP data sharing

Following discussions last year around the proposed GP Data for Research and Planning programme, and ultimately the indefinite delay to the programme. NHS Digital is now seeking views from the profession to shape their thinking in this area and more broadly in terms of data sharing across

general practice. They have produced a 5-minute [survey](#) with a view to garnering feedback from all practice staff, so please forward on where appropriate. The survey will close on Friday 10<sup>th</sup> June 2022.

#### **10. Primary care wellbeing survey**

NHSE/I has commissioned the Institute of Employment Studies to carry out a [survey of the wellbeing and resilience levels of staff in primary care](#). The findings provide valuable insight into the wellbeing of primary care staff and help national and regional teams to respond to the needs of the workforce.

The survey takes 10 minutes to complete and will close at the end of June. Take the survey [here](#).

[NHSE/I health and wellbeing support is available on the FutureNHS space](#). This includes a [coaching programme](#), support for managing patients and promotional resources to share with teams.

#### **11. Annual health checks to patients aged 14 years or over on the learning disabilities register**

Under the LDHC (Learning Disability Health Check Scheme) DES, GP practices are required to offer an annual health check to each patient aged 14 years or over on the learning disabilities register. [The requirements are set out in the DES Directions 2022](#). During the pandemic, NHSE/I advised GP practices that the LDHC could be undertaken with a blend of remote and in person appointments.

However, recent feedback of patient experience gathered by NHSE/I has indicated a preference to return to face-to-face checks, so NHSE/I request that GP practices ensure at least part of the check is face to face unless there is a strong clinical and/or patient preference for not doing so. Where the LDHC has already been delivered virtually this financial year, this will still be counted. [More information can be found here](#).

#### **12. LMC UK conference 2022**

The resolutions and election results from the [2022 UK LMC Conference](#) held on the 10<sup>th</sup> & 11<sup>th</sup> May have now been published: [M10 2009-2010 \(bma.org.uk\)](#)

#### **13. Eating Disorders Service – Hertfordshire Practices**

The CAMHS team were hopeful to be able to recruit to provide a monitoring service. The LMC recently asked for an update, and they confirmed that HPFT have had further significant challenge with recruitment and retention into the team. Due to the lack of resource the service is somewhat limited, and as such some things may well come back to the practice after referral, including requests to undertake weekly patient monitoring.

The LMC have been asked by practices if you can say no to these requests. We would advise that you are under no contractual obligation to undertake the specialised monitoring of patients. This would not be required by the GMS/APMS contract. You are within your rights to push back to the eating disorder team, otherwise it will be another case of general practice just doing it, which will undermine HPFT's requests for more funding and/or human resources to support these patients.

If you do decide to decline to accept these monitoring requests, we would also advise that you put in writing the reasons why you can't hold responsibility/provide the service – e.g., non-contractual, no resource, lack of expertise, inadequate IT for a robust recall system, high risk, vulnerable person, no agreed shared care arrangements etc. You may also have your own additional and specific local pressures. We would also advise letting the CCG know, as they have a responsibility to ensure care

for the individual. Knowledge of the specific cases and the numbers of them helps to add to the pressure on the CCG to commission an appropriate service for such patients.

#### **14. ENHT Medical Examiner Role**

ENHT are now advertising for their additional Medical Examiners. Please see the link below for the job description and application.

[ENHT Medical Examiner Role](#) (closing date 12th June)

Successful recruitment to the posts will support the roll out of the role to community deaths, and lead to improved learning from deaths across our local system.

#### **15. Update re; new IPC advice letter from NHS Medical Director – 01<sup>st</sup> June 2022**

Dr Ursula Montgomery, Director of Primary Care, NHS England & Improvement, has confirmed new [IPC \(infection prevention and control\) guidance](#) has been issued by Professor Stephen Powis, NHS Medical Director.

*Dr Montgomery confirms:*

*This highlights the updates from UK Health Security Agency and notes that this advice should sit alongside the [National Infection Prevention and Control manual](#) and local risk assessment. There is also an acknowledgement that there may need to be a period of transition as practices make changes to their operating procedures especially in light of local COVID-19 infection rates.*

*Top line summary of points:*

- *Patients should be able to be accompanied to appointments if they wish*
- *Health and care staff should wear facemasks in untriaged settings where patients might have COVID19*
- *Masking where known patients with immunosuppression*
- *Health and care staff in general do not need to wear face masks in nonclinical areas e.g., offices unless personal preference*
- *Patients with respiratory symptoms should wear a facemask or covering if tolerated or offered one on arrival*
- *Other patients not required to wear a facemask unless personal preference*
- *People accompanying patients not routinely required to wear a face mask unless personal preference*

*Further updates will be shared as they become available.*

*Dr Montgomery suggests the key points are:*

- *Local risk assessment*
- *Phasing of changes and;*
- *Working in line with the [national infection prevention and control manual](#)*
- *To implement as per previous changes.*

## **16. Beds & Herts LMC Limited Annual General Meeting – 29<sup>th</sup> June 2022**

We are pleased to announce that the Beds & Herts LMC Limited AGM will be held on Wednesday 29<sup>th</sup> June 2022 at 7.15pm at the 76 Lounge, The Lamex Stadium, Stevenage Football Club, Broadhall Way, Stevenage, Herts, SG2 8RH.

All GPs and Practice Managers in Beds & Herts are welcome to observe the meeting, and we would be grateful if you could indicate whether you are able to join by [clicking here to register](#), so that we can send the agenda and papers in due course and are aware of numbers.

Alongside taking care of the constitutional elements of the business, such as agreeing the accounts, auditors, budget and any amendments to levies, this will be an opportunity to catch up with colleagues, socialise and hear about the positive work the LMC has been doing.

We look forward to seeing you on the 29<sup>th</sup> June 2022!

## **17. Safeguarding Children Update – Bruising Policy Awareness Webinar**

**\*Herts Colleagues\***

**Date:** Thursday 14<sup>th</sup> July 2022

**Time:** 13:00 – 14:00

**Venue:** Online via MS Teams

This webinar will provide Primary Care professionals with an overview of the management of bruising and suspicious marks in children.

The aim of the course is:

- For practitioners to know where to access the appropriate Policy
- For practitioners to feel confident using the Policy
- To encourage discussion in team meetings and supervision

For further information about this webinar and how to join, please [click here](#).

## **18. Primary Care Safeguarding Children Webinar: Introduction to ‘Spot the Signs – Youth Suicide Prevention Overview’**

**\*Herts Colleagues\***

**Date:** Thursday 21<sup>st</sup> July 2022

**Time:** 13:00 – 14:00

**Venue:** Online via MS Teams

Jessica Whittaker will provide Primary Care professionals with an overview of the ‘Spot the Signs’ campaign focusing on prevention techniques for children and young people (CYP).

By the end of the session, candidates will be expected to:

- Have a broad awareness of suicide in relation to CYP
- Have an understanding of risk factors and warning signs in relation to CYP
- Have a basic understanding of responding to suicidal behaviours in CYP and;
- Know where and when to signpost them for additional support

For further information about this webinar and how to join, please [click 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 [lmadmin@bhlmc.co.uk](mailto: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](mailto:lmadmin@bhlmc.co.uk)

Website: [www.bedshertslmcs.org.uk/contact\\_us](http://www.bedshertslmcs.org.uk/contact_us)

