

Beds & Herts LMC Ltd: Update for Practices, Monday 03rd April 2023



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1. GP Contract 2023/24

NHS England has now published updated contract documentation, setting out changes to the GP contract in 2023/24 which can be found here [NHS England » GP Contract](#). The Beds & Herts LMC team have commenced a review of all the documents to summarise the key changes in the contract which we hope to circulate shortly.

Please note: at this time the only detailed documents that have been released by NHS England relate to the changes in the PCN DES and QOF, **but not the GMS contract**. The new GMS contract will not be released until the regulatory changes required to implement the terms of the new contract have been put in place. This means that any suggested contract changes made by NHS England, such as access requirements, did not take effect from the 01st April and will only do so once the contract has been issued to practices and has been signed by the contract holders – or 14 days after it is issued to the practice (whichever is the sooner). The issuing of the new contract has usually taken place around October.

In the meantime, GPC England (GPCE) are calling on Steve Barclay, the Secretary for Health and Social Care, to reconsider the [imposition of this year's changes to the GP contract](#) from the 01st April, which is currently not fit for purpose. In a [letter sent to the Health Secretary](#) last week, they urged Mr Barclay to sit back down with them to negotiate a contract that the profession could accept. In their letter they said:

“At this time of unprecedented pressure across general practice, the imposition of such a contract will serve only to undermine further the confidence of the profession in the government to adequately deliver what is needed to maintain a safe and accessible general practice, for both GPs and their patients.”

The letter also explained what would be needed to rectify the inadequacy of the contract, including offering support to cover minimum wage uplifts for staff, inflationary rises in energy and medical supplies, and other practice running costs. The letter was published the same week as [a report by the Health Foundation](#), which laid bare the dire situation many GPs are facing in terms of wellbeing, quality of care and service delivery.

Findings include the fact that 71% of GPs described their job as 'extremely' or 'very stressful' in 2022, up from 60% in 2019, while the percentage of GPs saying they were extremely or very satisfied with the way they were practising medicine fell from 39 to 24% during the same period.

You can read the [press release about the letter to Steve Barclay](#) and more in this [online news story](#) and more about the 2023/24 GP contract changes on the [BMA website](#).

2. Junior doctors' and GP trainees strike action – new strike dates announced

Following discussions with the Health Secretary, where no offer was made to begin negotiations, the [BMA has announced](#) further industrial action to be undertaken by [junior doctors \(including GP Trainees\)](#) in England. A 96-hour walkout will take place for shifts starting between 06:59 on Tuesday 11th April and 06:59 on Saturday 15th April 2023.

GPC England (GPCE) supports all junior doctors, including GP trainees, in their pursuit for pay restoration to 2008 levels, and would urge practices to stand with GP trainees in their fight for fair pay, and show your support for the future of healthcare in England.

Watch David Wrigley, GPC England Deputy Chair, and Dave Smith, Chair of the GP Trainees Committee, explain more in [this video](#) and read also the [statement by Dave Smith](#).

GPCE have published [comprehensive guidance for GP practices](#), trainers and LMCs which covers everything from managing the impact of strike action on practice work to GP trainee rotas and information on [how GP practices can support GP trainees financially](#).

The BMA have produced a poster which they encourage you to display in your practice, a patient information leaflet, and an infographic that can be used on your website, which can be [ordered here](#).

They have also published [guidance on strike action for GP trainees](#).

3. GP Pressures

The latest [GP workforce data](#), published last week, shows that GP practices across England are continuing to experience significant and growing strain with declining GP numbers, rising patient demand, and struggles to recruit and retain staff.

England has lost 95 GP practices in the past year – reflecting a long-term trend of closures, primarily due to lack of workforce. This coincides with a rise in patients with a record-high of 62.4 million patients registered in February 2023. The average number of patients each full-time equivalent GP is responsible for has also reached a record high of 2,286.

Over the past year the NHS has lost the equivalent of 522 fully qualified full-time GPs, which includes losing the equivalent of 399 partners. We now also have the equivalent of 2,087 fewer fully qualified, full time GPs than we did in September 2015.

Despite all this, the Government is refusing to listen and make the meaningful changes general practice urgently needs. This is why the forthcoming workforce plan must include a fully funded plan, based on published modelling, for expanding the workforce.

The latest [GP appointment data](#), published last week, shows that practices in England delivered 27.3 million appointments in February, almost 2 million more than they did in February last year. Eighty-five per cent of appointments were delivered within two weeks of booking, and around two-thirds

were face to face. This is all despite practices in England having lost the equivalent of more than 500 full-time, fully qualified GPs over that time, showing the intense pressures that practices are under.

To support practices during this crisis, the GPC has produced [safe working guidance](#) to enable GPs to prioritise safe patient care, within the present bounds of the GMS contract. Beds & Herts LMC are undertaking more work with our representatives to help practices undertake safe working practices which will be shared through a series of roadshows later this year.

You can read more about the pressures in general practice [here](#).

4. General Practice Pay Declaration: guidance

NHS England has now published [guidance](#) setting out which individuals are required to make a pay self-declaration and outlines the definition of NHS earnings for the purpose of the general practice pay declaration. It also explains the process of making the self-declaration and how the data collected will be used. It could affect contractors, salaried GPs, self-employed locums, and those employed through third party providers.

GPC England is opposed to this policy, believing that it will increase the risk of abuse on of GPs and practice staff. This may also lead to further GPs leaving the profession which will harm patient care. They have repeatedly lobbied for this policy to be reversed. We recommend that all GPs read our read the BMA's [guidance](#) which is in the process of being updated.

The LMC has produced the following generic points based on the guidance on the BMA website. Please do consider all the BMA [guidance](#) too, as there may be elements that apply to you which are not drawn out in the following extracts.

The first thing to do is to check whether the practice has a GMS or APMS contract which has been updated to include the requirement to declare NHS earnings above the threshold (£156,000 for 2021/22). The fact that the requirement to declare has been announced and has been put into regulations does not make it part of a practice's contract until the practice has received a duly updated GMS or APMS contract.

If the practice has received a contract variation with due notice, then relevant individuals are contractually required to declare NHS earnings above the threshold. (Please check the [guidance](#) on the BMA website for an explanation of who within a practice the declaration requirement applies to.)

If the practice has not received a contract variation with due notice, then there is no contractual duty to comply with these earning declaration rules.

The current definition of earnings is based on a GP's pensionable pay. That is based on a GP's taxable NHS income, but from an accounting point of view this may be too simplistic. This is likely to lead to examples of GPs in the same practice having the same income, but only some of them crossing the threshold to declare. (Again, the BMA [guidance](#) gives some examples illustrating this.)

If a declaration should be made but isn't, then the practice would be in breach of its contract. The commissioner would need to be able to show that a contract variation with due notice had been issued to the practice and that individuals within the practice were under a contractual obligation to declare earnings above the threshold. A commissioner could issue a remedial notice to a practice which had failed to make relevant declarations within the contractual timescale. This would give the practice 28 days to remedy that failure.

It is unclear how any commissioner could verify the income of those who have declared or not declared.

We understand that NHS Pensions and HMRC data on earnings are usually anonymised before sharing with NHSE, but we cannot be sure that they cannot access identifiable information.

If a GP does not declare and is approached by the ICB, we would expect evidence of why the ICB believes the GP should declare and where they have got that information. If this has been sourced through illegitimate means, it would be open to legal challenge. If a GP or practice were to find themselves in this situation then the LMC would be ready to help and we could also call on GPC assistance as appropriate.

5. Guidance on HRT Pre-Payment Certificate (PPC)

The government has a new policy from the 01st April 2023 to support patients having menopausal symptoms with the cost of treatment. Patients who are not already exempt from NHS prescription charges will be able to purchase an [annual HRT Pre-Payment Certificate](#) for the cost of two single prescription charges - £19.60. This will only be valid for HRT preparations published in the [Drug tariff](#) Part XVI. These drugs can be prescribed for any clinical reason and still qualify for the HRT PPC.

The amended regulations require the script for HRT be issued separately from non-HRT items (whether paper or EPS). GPCE supports the Government's decision to make HRT medicines more accessible to patients at reduced cost, but consider the introduction of this new prepayment certificate, specifically for HRT medicines, too complex. They are disappointed that despite their advice, the DHSC has decided to proceed before the IT for automatic separation of prescriptions is ready, in contravention of the bureaucracy concordat, which they agreed to only a year ago. From the 01st April, new FP10s will be introduced with a box 'w' for HRT PPC, but old stock can continue to be used with the patient selecting box 'f' general PPC and the dispenser checking for valid HRT PPC.

When applying for the HRT PPC patients will be advised that they must inform the practice/prescriber that they hold an HRT PPC and ask that the script be issued separately.

Pharmacy Contractors and dispensaries may either:

1. First, refuse to dispense a 'mixed' prescription presented by a patient – refuse to dispense both the listed HRT medicine and the other non-HRT item – and ask the patient to return to the GP for two separate prescriptions, or
2. Second, either: dispense the listed HRT medicine, or dispense the other non-HRT item(s) with the prescription charge(s) paid, or (This may be appropriate if the patient has an urgent clinical need for the listed HRT medicine or non-HRT item(s); the patient will need to obtain another prescription for any items not dispensed)
3. Third, dispense both the listed HRT medicine and the non-HRT item(s) – and complete an FP57 refund form for the listed HRT medicine (there is a charge and refund for the HRT medicines, so no money changes hands) and take a prescription charge for the non-HRT item(s).

GPCE recommends that GP practices should discuss with their local pharmacies about local approaches to this guidance. GPCE will continue to work with DHSC and system suppliers to ensure a digital separation solution is in place as soon as possible.

The patient can choose to apply for an HRT PPC backdated for up to 1 month. If they have not yet applied the pharmacy can issue a FP57 refund form. Patients who already have a valid 3 or 12-month pre-payment certificate for all their prescriptions will not need an HRT PPC. For patients that are

stable on HRT we would recommend issuing via repeat dispensing at review, with one authorisation to cover a 12-month period, thus ensuring HRT is issued on a separate prescription.

The items included all contain oestrogen/progestogen or both as listed in [DHSC guidance](#). Other medications sometimes used in menopause are not included and would need to be paid for as normal.

For further information and guidance for dispensaries see [the full DHSC guidance](#).

6. Medical Examiners

The new medical examiner system continues to be rolled out across England and Wales. While initially supportive of the increase in scrutiny of deaths, the BMA continues to have concerns around the system and its implementation. In England, the roll-out is expected to take place at a local level, with the risk of inconsistent decision making and unequal support for practices. Some members have found that the new system is working as intended, however others have found it to be difficult to implement without additional resourcing or capacity. While learning from death is an important aspect of medicine, it must not come at a cost to the living and must be adequately resourced. If you or your practice is finding it difficult to comply with the requests of the medical examiner, you may invite the medical examiner to the practice to review the deceased patient's file (ensuring they have all appropriate permissions from the family/next of kin).

There is currently nothing within the GP contract requiring doctors to interact with this system. The role of the medical examiner has been created through the Health Care Act, however the way the medical examiner system is expected to operate is not currently subject to legislation (we expect this to change in the next 6-12 months). If the medical examiner system is placing an excessive burden on GP work, we suggest you comply with your duties and obligations as a GP to certify the death.

7. DWP Special Rules update

From the 03rd April 2023, individuals who are likely to have less than 12 months to live can now claim PIP, DLA, AA, UC and ESA via the [Special Rules](#). For more information please visit: [The 'Special Rules': how the benefit system supports people nearing the end of life - GOV.UK](#)

8. Wellbeing

As we continue to face overwhelming pressures in general practice, we encourage practices to focus on their own team's wellbeing.

A range of wellbeing and support services are available to doctors, from our 24/7 confidential [counselling and peer support services](#) to networking groups and wellbeing hubs with peers, as well as the [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions. See our [poster with 10 tips to help maintain and support the wellbeing](#) of you and your colleagues.

Please visit the BMA's dedicated [wellbeing support services page](#) for further information.

We would also like to remind all GPs of the LMCs pastoral service. Please do call the office if you feel you would benefit from a confidential one-to-one conversation with our team on 01438 880010.

9. GP Pensions Update Webinar

Hosted by Beds & Herts LMC Ltd, presented by Paul Gordon from [Atomos](#), this session is **aimed at GPs** and is an update, not an introductory session.

Date: Thursday 11th May 2023

Time: 7.00 – 8.00pm (registration from 6.45pm)

Format: Webinar via MS Teams - joining instructions sent 1 week before

Agenda:

- 1995/2008/2015 Schemes - including Normal Retirement Ages, accrual of benefits and peripheral benefits
- Age Discrimination Case – the impact on members and their benefits
- Annual Allowance – the issues around growth, the impact of the McCloud Judgement, Scheme Pays Election and the options available
- Lifetime Allowance – Budget 2023
- 24-Hour Retirement/Partial Retirement – how, when and why
- Q&A

For more information and how to register your FREE place, please visit [GP Pensions Webinar](#).

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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