

Bedfordshire & Hertfordshire LMC Ltd: Update for Practices, Monday 14th August 2023



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1. Call for motions for the England Conference of LMCs

The England Conference of LMCs is being held on the 23rd & 24th November 2023. The Conference allows LMCs to propose and debate motions which form GPC policy for negotiation on matters affecting GPs and practices.

We are calling for your ideas for motions for conference. In order for us to be able to meet the deadline for submission of motions, which is the 13th September, **we need motions from you by the 01st September at the latest.**

Motions have to be under one of the following headings which are suitable for the England Conference:

- PCN workforce
- How do we sustain the partnership model?
- Workload capping
- Interface solutions
- ICB / ICS
- GPC England / General Practitioners Defence Fund (GPDF) / LMC
- Digital / IT
- Workforce including the NHSE long term workforce plan
- Clinical / Prescribing / Dispensing
- Sessionals (pertinent to England contract)
- Other

Please send any motions or ideas for possible motions to lmcadmin@bhlmc.co.uk and the team will pick these up.

2. Beds & Herts LMC Ltd Annual General Meeting – Wednesday 20th September 2023

We are pleased to announce that the Beds & Herts LMC Limited AGM will be held on Wednesday 20th September 2023 at Putteridge Bury Conference Centre, Hitchin Road, Beds, LU2 8LE at **2pm**.

Alongside taking care of the constitutional elements of the business, such as agreeing the accounts, auditors, budget and any amendments to levies, there will then be an opportunity hear about the key priority areas of work the LMC has been doing over the last year, such as:-

- The Future of the Partnership Model – work we have *done to identify the strengths of the Partnership Model and how it can continue in the future*;
- Goldilocks & the Three Partnerships Paper & the Partnership Change Project – *Primary Research analysis to identify key characteristics and considerations for joining, changing or leaving Partnerships*;
- Business Fundamentals Programme – *The LMC’s modular training course for aspiring/new partners including the 8 key competencies for partners*;
- The LMC’s Partner Competency Based Self-Assessment Tool – *The LMC’s newly developed tool for existing partners (and partnerships) to be able to assess themselves against the 8 key competencies for partners*;
- Equality, Diversity & Inclusion (EDI) review – *The LMC’s programme to monitor if our Committees are properly reflective of our membership, and then to help us centre EDI considerations in everything we do*;
- Statistical analysis of data to support General Practice – *There is now a lot of national data published about what is happening in practices. Here are some insights into what the national data actually says and how it doesn’t necessarily support the line that ICBs and the NHS want to tell you*.

All GPs and Practice Managers in Beds & Herts are welcome to attend the meeting as observers, and we would be grateful if you could indicate whether you are able to join by [clicking here to register](#), no later than the 08th September, so that we can send the agenda and papers in due course and are aware of numbers.

We look forward to seeing you on the 20th September at 2pm!

3. Advice re; Influenza

There has been much confusion and anxiety over the last week caused by recent NHSE communications which seemed to provide different start dates for vaccinations, and raised the possibility that GPs would not be paid for administering flu before the 01st October.

GPCE published their guidance to the profession last Thursday: [Seasonal influenza and COVID-19 vaccination programmes | GPC guidance \(bma-mail.org.uk\)](#)

In a nutshell the contract wording of the enhanced service specification clearly states that the flu campaign commences on the 01st September 2023. **So practices should continue to fill their already scheduled flu clinics for next month, and deliver them as originally planned.**

Later that day, NHSE published its response. We are pleased to say that it is helpful – see here: [NHS England » Autumn/Winter \(AW\) 2023-24 Flu and COVID-19 Seasonal Campaign](#)

This makes it clear, that all NHSE can do is “ask” practices to defer their flu clinics – and practices may politely decline to do this – it may not be in their patients’ best interests, and it may also

cause instability and inefficiency in practices' delivery of care. Further clarification, which is welcome, is that 'Flu vaccines that are delivered in September will be honoured with the routine immunisation tariff payment of £10.06.

4. Covid Vaccination Programmes

On the subject of the reduced Covid vaccination tariff of £7.54, GPCE Chair Dr Katie Bramall-Stainer wrote to Maria Caulfield MP, the minister for vaccinations and immunisations, as well as Neil O'Brien MP, minister for primary care to point out that Ministers have a choice – the Covid environment has changed in the past week with a much greater appreciation of the infectiousness of the new Eris variant, which stands to potentially adversely impact acute admission rates, and thus also the elective recovery programme and waiting lists in addition to our own workload. When the facts change, our opinions may also change – the DHSC has a window of opportunity to revert to the original commissioned plan which the JCVI felt was cost effective, prior to the cut of over 25% resource.

In addition to the reduction in the Covid vaccination tariff, the DHSC has also removed the Completed Care Home payments that were available previously. The specification retains the additional £10 payment for administering the vaccination to housebound patients, including care home residents.

The view of the BMA is that the reductions in funding make the delivery of the COVID vaccination programme financially unviable for practices and PCNs. We therefore strongly urge you to carefully consider the viability of participation in the COVID-19 vaccination programme before deciding to sign up or not.

5. Sessional GPs Conference

The Sessional GP Conference will take place on Friday 22nd September at the BMA House, between 10 – 5pm which is open to members and non-members across the UK. This one-day event that will give you information and updates on key issues including pensions, tools to help you manage your workload and suggestions to help you set and maintain professional boundaries. A copy of the agenda can be found [here](#).

To register to attend please [click here](#). Please share this with any sessional colleagues who may be interested.

6. DHSC delays permanent introduction of primary care doctors

Plans to permanently introduce flexibilities to allow many non-GPs to deliver primary care services without being on the Medical Performers List in England have been delayed by DHSC, following a consultation exercise which saw significant opposition by the BMA and others. DHSC still intends to press ahead with its plans at a future date, but acknowledged further details need to be worked through in discussions with stakeholders. The BMA will continue to oppose the proposals in line with its published [position statement](#).

Separate amendments to the regulations will come into force on the 18th September, including changes to inclusion on the list, a streamlined process for returners, and changes to a wide range of specific processes and requirements. The revised regulations can be found [here](#), with new NHS England guidance expected in advance of commencement.

7. NHS Long Term Workforce Plan Summary

On the 30th June 2023, NHS England published the long-awaited [NHS Long Term Workforce Plan](#) for England. It was written by NHS England, but commissioned and accepted by the Government. The BMA has produced this [briefing](#) for members to provide a summary and analysis of the plan's key announcements, and what they may mean for doctors.

8. Health and Social Care Committee recommendations

The Government has responded to the [Health and Social Care Committee's report recommendations](#) from its inquiry into general practice. While we support the Government's rejection of the committee's proposals to implement a list system across general practice, we are disappointed that other recommendations made by the committee to improve the support offered to practices were rejected, or only partially accepted, by the Government.

9. Changes to the NHS pensions from April 2023 – do they affect GP Federations?

Following a recent LMC query and follow up by the GPCE, NHS England's central GP contract team have now responded as follows:

"For any staff to have NHS pension scheme access their employer has always needed, and still needs, to hold a qualifying contract. In primary medical services that means a GMS, PMS or APMS contract, or (since April 2023) a standard subcontract for services provided under the Network Contract DES."

Further to sustained GPCE officer lobbying last year, NHSE issued a [subcontract](#) in August 2022. That confirms that subcontractors can access the pension scheme too, and it includes instructions. Should you have any further queries, please email info.gpc@bma.org.uk.

10. Partial retirement

Following the Government's consultation on retirement flexibilities earlier this year, partial retirement will be implemented from October 2023. The BMA fought back on the requirement of a 10% reduction in pensionable pay to be eligible, but Government have not budged on this. This adds unnecessary complexity and the BMA have already been made aware of there being inconsistent advice being given by NHS BSA and NHS Trusts on this.

GPCE have queried the practical application of partial retirement for GPs with NHS BSA and they have replied: *"In respect of GPs and partial retirement, they must drop their commitment by at least 10% to meet the requirements. If they are a partner (type 1 GP) in a practice this can be achieved by adjusting their partnership share ratio, or for a single-handed GP they may take on a partner. As alluded to, this may be easier for a salaried GP (type 2 GP) as they just need to demonstrate a drop in their commitment, for example the number of appointments they do. For a salaried GP this could be reflected in a change in their contract with the practice. It is a little harder for Locums to demonstrate the 10% drop in commitment as they can choose whether to pension their GP Locum work and are effectively as and when. However, if they are able to demonstrate this then it may be possible for them to meet the requirements for partial retirement."*

Further information on partial retirement can be found on the [NHS BSA website](#) and they have also published an [employer fact sheet](#) and [slide deck](#) from a recent event held with pension administrators. We are however still awaiting further NHS Employers guidance to be published, so we can better understand exactly how partial retirement will be administered and provide the best advice.

11. Access to healthcare for people seeking asylum in initial and contingency accommodation toolkit

The [toolkit](#), developed by Doctors of the World's Safe Surgeries programme, highlights key recommendations for ICBs, primary care commissioners and providers in supporting access to initial health assessment and ongoing primary care services for people seeking asylum residing in Home Office initial and contingency accommodation. It also provides links to useful resources, including a patient health questionnaire for people seeking asylum, translated resources on navigating the NHS and information on supporting GP practices to become Safe Surgeries to minimise barriers to accessing primary care and GP registration. There is a checklist for ICBs and GP practices, as well as case studies highlighting good practice from services meeting the needs of asylum seekers in England.

The resource is divided into three main themes:

- Planning commissioning of services to meet the needs of residents
- Facilitating long-term and meaningful access to healthcare
- Conducting initial health assessment

12. Safe working in General Practice

We urge practices to continue to use the [safe working guidance](#) to limit contacts to 25 per day in order to prioritise safe patient care, within the present bounds of the GMS contract.

13. Wellbeing Resources

As we continue to face overwhelming pressures in general practice, we encourage practices to continue to focus on their own team's wellbeing and take time to meet to reflect on their wellbeing and what they can do to protect it. This will meet the requirements of the QOF targets in the GP contract to do your [quality improvement project on staff wellbeing](#). The BMA have produced a [document](#) which includes some tangible recommendations and tools for improving workload and safe working.

A range of wellbeing and support services are available to doctors, from our 24/7 [counselling and peer support services](#), [NHS practitioner health service](#) and [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 wellbeing](#). Please visit the BMA's [wellbeing support services page](#) for more information and resources.

Please also remember that our pastoral support team is only a phone call away to provide confidential support for both personal and professional difficulties. To access the team please ring **01438 880010** and if you believe a colleague may be suffering, please remind them of the service too (click [here](#) for more information on the service).

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](#).

Contact Us:

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