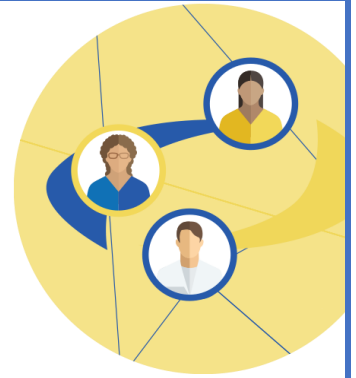


Bedfordshire & Hertfordshire LMC Ltd: Update for Practices, Monday 04th December 2023



In this edition:

1. GPC Survey
2. Locum GPs reporting reduced opportunities
3. LMC England Conference 2023 update and resolutions
4. Oliver McGowan Mandatory Training on Learning Disability and Autism
5. GP pressures and workforce data
6. Shingles technical guidance
7. MMR Catch-up campaign
8. What can we learn from innovation in general practice
9. UHUK Awareness Campaign – Winter 2023-24
10. Wellbeing resources
11. Survey on how to prevent and reduce violence towards NHS staff
12. Undergraduate GP Placement Survey
13. HWE Training Webinar – Domestic Abuse Perpetrator Intervention Programme

1. GPC Survey

Next year marks both the 20th anniversary of the introduction of the 2004 GMS contract, and the end of the current 2019-24 five-year investment framework. A general election is also likely at some point in the year, and potentially, a new government. With change comes opportunity, and a window to influence how we deliver patient care now and for the years ahead.

Manifestos from the main political parties, think tanks, charities, and other health bodies will seek to influence these changes. In advance of these, GPC England will publish its own vision outlining the future direction for general practice by those who know it best: GPs themselves.

This is where you come in. The GPC are giving you the opportunity to be heard. If you only respond to one [survey](#), make it this one.

They would like to hear from all fully qualified GPs in England, ***whether you're a BMA member or not.***

Please do share it with all GPs: partners, salaried, retainer and locum GPs; those working in wider primary care roles, in trusts, urgent care, secure or out-of-hours settings, and GP Registrars at ST3 and above.

A separate survey for all GP Trainees ST1+ will be opened by the BMA in the new year – the current survey is targeted at ST3+ to ensure that respondents have appropriate experience working within the practice setting to enable them to answer as many questions as possible.

Participants **do not need to be a member of the BMA** to participate but a GMC number is a requirement so they can corroborate responses as coming from qualified GPs based in England. **All responses will be anonymised.**

The survey will close on **Sunday 21st January 2024**. Please: [complete the survey](#) as soon as possible, to ensure the negotiating position is as strong as possible. Share the survey with ALL your GP colleagues now: [Share on WhatsApp](#).

2. Locum GPs reporting reduced opportunities

In a keynote speech given by Chair Katie Bramell-Stainer to the England LMC Conference last week, attention was drawn to where funding is landing, and where investment is being focused. Taking ARRS as an example, the £1.4bn being invested could be spent on 14,000 GPs, increasing GP access to 28 million patients across the country – but it isn't. The number one aim of PCNs when they were introduced in 2019 was to make the general practice workload more sustainable for PCNs' constituent practices – but it doesn't. GP workload has not changed, and in many cases some ARRS roles dilute the capacity of the GPs we have left.

Dr Bramell-Stainer said “almost every practice we speak to is experiencing a cashflow crisis”. The concern is that this represents the perfect storm leaving Locum GPs with reduced opportunities for work. Are you a GP Locum who is worried for their future? The GPC have a survey where you can share your experiences.

Please share among your Locum networks to provide the BMA with evidence to take forward: [Share on WhatsApp](#)

3. LMC England Conference 2023 update and resolutions

The 2023 Annual Conference of England LMC Representatives took place on the 23rd & 24th November. Entitled ‘Green Lights not Red Lines: What Do We Want From A New GMS Contract?’, the conference brings together LMCs from across England to direct policy for the GPC in their upcoming contract negotiations.

Beds and Herts LMC reps attended both days and spoke to numerous conference motions on your behalf.

On the first day of conference, Dr Harris (Beds) spoke emotively for a motion around the issue of workload capping, noting that every appointment needed extra time and represented increasingly complex cases now that ARRS staff dealt with more straight-forward patient requests. The motion supporting the BMA Safe Working Guidance and calling for safe limits to be a ‘red line’ in contract negotiations, and for NHSE to provide a suitable provision for PC to divert urgent workload when safe daily limits are reached, was carried.

In a Themed Debate session on ‘The Future Of Working At Scale’ – a soapbox-style session allowing LMC reps to contribute briefly to an issue for discussion rather than a formal motion – Dr Hannan (Beds) commented that the conference itself demonstrated successful working at scale, but spoke against the imposition within general practice and the need to set red lines against this movement. Dr Swain (Beds) spoke about the importance of continuity of care and the need to protect the GP role and contract for future trainee GPs.

Dr Mandalia (Herts) spoke against a motion proposing the introduction of certification for salaried GP job plans, recognising the need to protect the rights of salaried GPs but sharing concern that this could impact on parity across GP roles and reduce the current flexibility to accommodate the requirements of an individual practice/GP. The motion narrowly failed.

Dr Eliad (Herts), attending conference for the first time as a new partner, spoke for a motion around the supervision of ARRS staff, referencing the paramount importance of his own supervision and debrief sessions as a trainee GP and calling for fully funded supervision and protected time for learning for ARRS staff.

In the second Themed Debate session, on the topic of Interface Solutions, Dr Hannan (Beds) spoke about the danger of the standard expectation that GPs will take on all of the extra work.

The final debate of the first day focused on the governments decisions to spend significant sums of money on developing Artificial Intelligence (AI) systems within the NHS rather than upgrading the current inadequate basic IT infrastructure. Dr Hannan (Beds) spoke against the motion, arguing the potential of AI systems to create capacity in primary care should not be overlooked. Dr Power (Herts) spoke for the motion, speaking about patient safety concerns when systems are often down and patient information isn't accessible, and highlighting that it wasn't greedy to expect the NHS to have functioning basic IT. The motion was carried.

The morning of the second day of conference saw attendees divided into six 'break-out groups' to workshop and discuss three core themes to support the GPC ahead of contract negotiations for 2024-25:

1. 'Slicing The Pie' (what is an equitable and fit-for-purpose funding formula if not the Carr-Hill model)
2. 'Contractualising Continuity (how and if to define, measure and incentivise continuity)
3. 'Dissecting Care' (separating planned and unplanned care and the impact on the patient, GP and system)

In the afternoon, Dr Swain (Beds) spoke to a motion requiring appraisal costs to be reimbursed by NHSE, flagging the unnecessary hoops that needed to be jumped through regarding the process and paperwork, and claiming that the process was 'not doing what it set out to do'. The motion was successfully carried.

Read the resolutions and election results [here](#).

4. Oliver McGowan Mandatory Training on Learning Disability and Autism

The DHSC consultation into the implementation of the '[Oliver McGowan Mandatory Training](#)' has now closed and we are awaiting the recommendations. GPC England has responded, expressing a number of concerns regarding the impact this programme may have on General Practice.

In the interim you should note that there is a legal requirement within the Health and Social Care Act 2022 for GP practice staff to receive training in Autism and Learning Disability. However, whilst the title of the above programme includes the word "mandatory", *this does not mean that any single particular training programme is required*. It is, for the time being, the DHSC and NHS England recommended programme so, should practices undertake this programme, CQC and ICB teams should accept this.

It is unlikely, at least in the short term, that practices will find it easy to identify alternatives, especially for Tier 2 training, which needs to be delivered by specified trainers including one person with Learning Disability/Autism. If practices do undertake alternative Tier 1 training, it is recommended they ask the training provider for written assurances of the equivalency of their training programme to the [Tier 1 Oliver McGowan training](#) (which can be delivered remotely). CQC is waiting to receive clarification in relation to the accreditation of alternative training packages.

Tier 2 training currently involves a full day's face-to-face training: given the numbers of eligible participants, undertaking such training will cause a significant interruption in service capacity. Ideally Tier 2 training should be delivered over one day only, **within six months of receiving Tier 1 training**. This creates a difficulty for practices as at present it is unlikely local dates have been set for Tier 2 training and this may not be realistic to do until the outcome of the Consultation is known.

GPC England recommends that the training should be coordinated by local ICB teams working with Training Hubs, once the outcome of the Consultation has been published. CQC's advice to practices about this type of training is available [here](#). Beds & Herts LMC will engage with our ICBs to ascertain their plans.

5. GP pressures and workforce data

BMA teams collate monthly appointment and the [latest workforce data](#) onto their website. This has been refreshed and republished, and is a great resource for signposting PPGs, local press and MPs. October 2023's data shows that the NHS in England has 2,062 *fewer* fully qualified FTE GPs than we did in September 2015. The number of GP practices in England has also decreased by 119 over the past year – reflecting a continued trend of closures as well as mergers primarily due to a lack of workforce that coincides with a rise in patients.

As of October 2023, there was another record-high of almost 63 million patients registered with practices in England, with an average of 9,954 patients registered per practice. A single full-time GP is now responsible for an average of 2,300 patients – an increase of 362 more than September 2015.

Click [here](#) for more infographics and data on showing the pressures in General Practice.

We urge practices to continue to use the BMA's [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.

6. Shingles technical guidance

[NHS England has published updated technical guidance of the shingles vaccination programme](#). The guidance sets out information on eligible cohorts, clinical codes required to record shingles vaccination events and how payments will be supported via GPES, following the changes to the programme that came into effect from September this year.

7. MMR Catch-up campaign

[NHSE has now confirmed the vaccination 'catch-up campaign' for 2023/24](#). As with last year this will focus on MMR vaccinations and NHSE have set out a number of actions for practices to support the campaign. As per the SFE, practices will receive an item of service fee for every vaccination.

8. What can we learn from innovation in general practice

Despite current contractual, financial, and capacity constraints, GPs are innovating in different ways to deliver high-quality care and attract and retain staff. In [a collection of case-studies](#), the BMA explores how eight GP providers in England are implementing innovative models, from improving access to a wider range of services for patients to effective chronic disease management. There is no one-size-fits-all solution, but it is hoped that these examples will start a conversation about what is possible and begin to shape a vision for how to solve some of the barriers facing general practice. These models demonstrate that some solutions to the current crisis in general practice already exist but realising them on a larger scale will require far greater investment, contractual flexibility and political will.

GPs have fed back that they want to see a model for general practice that allows for autonomy, prioritises continuity of care, encourages and supports innovation, provides variety in their work, retains close ties to the communities they serve, and is cost-effective. England needs a model for

general practice that is inclusive and that reflects and supports the different ways modern GPs work as partners in practices and as salaried employees. Read more [here](#).

9. UHUK Awareness Campaign – Winter 2023-24

UHUK is a partnership of urgent and integrated healthcare social enterprise providers who cover 64% of the UK population. UHUK members provide a wide range of NHS services including but not limited to NHS 111, local clinical assessment hubs (CAS), virtual wards, palliative care, Primary Care In and Out of Hours (OOH), Urgent Treatment Centres (UTCs) and A&E triage and treatment.

All UHUK member organisations follow social enterprise principles, meaning any surpluses are reinvested into local services or communities. Starting this month, UHUK is launching an awareness raising campaign to highlight how vital urgent and integrated care providers are to the NHS and the wider health and care system.

The campaign webpage, video and fact sheet can be found at: [Urgent Health UK \(uhuk.co.uk\)](https://uhuk.co.uk) and you can follow UHUK on [LinkedIn](#) or [X](#).

10. Wellbeing resources

We continue to encourage practices to focus on their own team's wellbeing and take time to reflect on what can be done to protect it (this will also meet the requirements of QOF [quality improvement project on staff wellbeing](#)). The BMA has produced a [document](#) which includes some tools for improving workload and safe working. A range of wellbeing and support services are also available to doctors, from the BMA's [counselling and peer support services](#), [NHS practitioner health service](#), [Samaritans](#) and [Doctors in Distress](#). See also the BMA's [poster with 10 tips to help maintain and support wellbeing](#).

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).

11. Survey on how to prevent and reduce violence towards NHS staff

The Social Partnership Forum and NHS Employers are conducting a survey to inform recommendations on how to prevent and reduce violence towards NHS staff. They are mapping existing work, assessing its impact and identifying measures to reduce violence and aggression towards NHS staff.

[Take the survey](#) (it takes ten minutes to complete and closes on Friday 22nd December 2023).

12. Undergraduate GP Placement Survey

Medical Schools are currently struggling to identify adequate placement providers in general practice. University of Liverpool is running a [survey](#) which aims to identify the factors which affect a practice's decision to host undergraduate medical students. The data will be used by medical schools to identify drivers and barriers to medical student placements in general practice to tailor placement requirements appropriately and identify strategies to help practices overcome potential barriers.

If you are interested in participating, please read the [Participant Information](#) sheet and complete the online survey [here](#) (it is fully anonymous and should take no longer than 5 minutes to complete). Please contact Dr Kathryn J Harrison (docthark@liverpool.ac.uk) for any queries.

13. HWE Training Webinar – Domestic Abuse Perpetrator Intervention Programme

Hertfordshire and West Essex ICB are holding a webinar in February 2024 for all professionals in HWE. Please see the below details.

Date: Thursday 08th February 2024

Time: 1 – 2pm

Format: FREE webinar via MS Teams (link can be accessed via 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](#).

Contact Us:

Beds & Herts LMC Ltd,

Tel: 01438 880010

Email: lmadmin@bhlmc.co.uk

Website: www.bedshertslmcs.org.uk/contact_us

