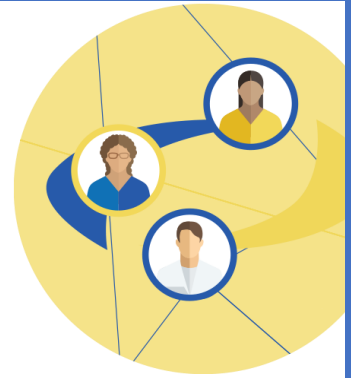


Bedfordshire & Hertfordshire LMC Ltd: Update for Practices, Monday 15th January 2024



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1. LMC UK Conference 2024 – Call for Motions

The UK Conference of LMCs will be on the 23rd & 24th May 2024. 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, we need motions from you by Wednesday 14th February 2024 at the latest. Please send any suggestions to lmcadmin@bhlmc.co.uk

Please ensure the motions you send address UK relevant issues; motions specific to England are unlikely to be prioritised for debate, so will need to be careful about the language used such as NHS England, CQC, PCNs etc. A list of topics which are suitable for the UK Conference is available below. (If you have an issue for the England conference, this will be in November).

Capacity demand and mismatch
Clinical, prescribing and dispensing
Digital, technology and data
Equality, inclusion and diversity in general practice
Funding principles, pay / DDRB and resources
Future proofing the role of the GP
General practice estates
GP Registrars and training
GPC / LMCs / BMA political structure
Greener general practice

Health inequalities and population health
Non-NHS and private GP work
Partnership and contractor models
Pensions
Primary / Secondary interface
Professional standards, medico legal and regulation
Sessions and portfolio ways of working
Wider practice team (clinical roles)
Wider practice team (non-clinical roles)
Other

2. Have your say now on the future of general practice

The GPC writes:

‘We know how busy you all are - but we need your help, and we need to hear your voice. 2024 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 later this 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. As your representatives, we are keen to feed your views into our strategy to help influence the future direction of General Practice. We will be articulating our vision outlining the direction we need to see for our patients, profession and practices determined by those who know it best: GPs themselves. The next 6-12 months are key, and we need to make the most of this window of opportunity to influence, shape and inform the future.’

The survey is open to all fully qualified GPs and ST3/4 GP Registrars in England, **including non-BMA members** and will close on **Sunday 21st January 2024**.

[CLICK HERE TO COMPLETE THE GPC SURVEY](#)

3. Death certification reforms

The government has confirmed that the [death certification reforms will be enacted from April 2024](#), including the role of the [medical examiner \(ME\)](#) becoming statutory. Once the new death certification process comes into force, all deaths in England and Wales will be independently reviewed by a medical examiner or a coroner. The main changes are:

- **NHS trusts** hosting a [medical examiner office](#) should provide adequate support and ensure the independence of medical examiners is respected.
- **All other healthcare providers including GP practices** should set up processes to start referring deaths to medical examiner offices if they have not already done so. There is a podcast on [how medical examiners can support GPs](#) and their work with bereaved people.
- **Integrated Care Boards (ICBs)** in England should ask all healthcare providers in their area to establish processes to refer relevant deaths to medical examiner offices for independent scrutiny as soon as possible.

Other changes include a new Medical Certificate of Cause of Death, which can be completed by a doctor who attended the deceased at any time (at present MCCDs can only be completed if the doctor saw the patient within 28 days before death or after death).

Read more GPC guidance [here](#).

4. Online access to records - data breaches from misfiling of records

The GPC notes that there is ongoing work continuing behind the scenes focusing on making the online access to records project safer. Their outstanding concerns regarding how this was imposed on the profession can be found [here](#).

If you have any examples of potential or actual harm that has arisen, for example: the accidental misfiling of data/letters in the wrong patient's record, or when information should have been withheld from online view in order to prevent harm, but wasn't, and which has only come to light now more patients have access to their records, please pass on details to info.gpc@bma.org.uk.

5. Direct access to diagnostic tests

NHSE has published '[Enhancing GP direct access to diagnostic tests for patients with suspected chronic obstructive pulmonary disease, asthma, or heart failure](#)'. This is non-clinical guidance for systems which should be helpful for LMCs in local discussions about availability of Spirometry, FENO and NT-proBNP. It is clear that commissioners should continue with local services where they exist but that additional services should also be in place, which must be made available for GP referral via eRS.

NHSE has been explicit that they are not the commissioner of these services and decisions on exactly what is commissioned rests with local ICBs. This guidance confirms that these services should be made available for all GPs to refer to, therefore clarifying that practices should not be expected to provide, unless appropriate funding is in place.

6. Lipid modification resource implications

GPCE, along with RCGP, met several times with NICE about '[Cardiovascular disease: risk assessment and reduction, including lipid modification](#)'. LMCs have raised concerns about QOF targets and the resource implications of providing alternative lipid lowering agents such as ezetimibe, Inclisiran and PCSK9 inhibitors.

The GPC reports that, as a result of these meetings, NICE reviewed its [Resource assessment](#), which recognises the additional costs and demand on GP appointments associated with prescribing and administration of Inclisiran; and that PCSK9 inhibitor prescribing is mainly hospital based and likely to remain low. As these services will be commissioned locally, NICE has produced a [template for ICBs to assess local resource implications](#), which includes the additional GP appointments likely to be required. The NICE guidance committee stated that 'increased uptake of lipid-lowering treatments is necessary for an overall improvement in population health, but that the extra cost of lipid-lowering treatment would be partly offset by savings due to a reduction in CVD events (including hospital admissions for stroke, heart disease and cardiovascular procedures).'

7. NHS Vaccination Strategy

In December NHS England announced their long delayed '[vaccination strategy](#)' (following an initial consultation in 2022) which aims to support and boost vaccination rates in England. GPC England will be discussing its approach to this and what it means for General Practice over the coming months and will respond in the coming weeks once 2024-25 contract negotiations have concluded.

8. Wellbeing resources

The BMA continues 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](#)). They have 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 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).

9. HWE ICB Safeguarding webinar - Domestic Abuse Perpetrator Intervention Programme

Herts only

Hertfordshire and West Essex ICB are offering a FREE Lunch and Learn webinar on 'breaking the cycle of domestic abuse'.

When: Thursday 08th February 2024

Time: 1 – 2pm

How to join: via MS Teams (link provided in the [attached flyer.](#))

10. HWE ICB Safeguarding webinar – Firearms Programme

Herts only

Hertfordshire and West Essex ICB are offering a FREE Lunch and Learn webinar on 'firearms'.

When: Thursday 29th February 2024

Time: 1 – 2pm

How to join: via MS Teams (link provided in the [attached flyer.](#))

11. HWE ICB – Level 1 & 2 Safeguarding Children webinar

Herts only

Dr Fabienne Smith (ICB Named GP for Safeguarding Children) will be delivering a webinar which contributes to Level 1&2 mandatory participatory safeguarding children training requirements.

When: Tuesday 05th March 2024

Time: 1 – 2:30pm

How to join: via MS Teams (link provided in 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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