YOUR News Update

WESSEX Local Medical Committees

Issue: 10 June 2022

Dear Colleagues

Wessex LMCs News Update from the Team. . .

Wessex LMCs Intro. . .

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We are weeks away from the inception of the new integrated care systems (ICSs) which will replace CCGs. This potentially heralds a radical overhaul in the way health and social care services are designed and delivered in our communities. There is understandable concern as to how general practice will be represented as we move away from the membership organisations that are CCGs into the larger ICSs.

The call from the ICS CEOs is for ICSs to be locally led, nationally enabled and adequately resourced. This principle must be replicated at place and neighbourhoods in the new ICSs if we are to enable general practice to best meet the needs of the populations that they serve.

You may or may not have heard, that Dr Claire Fuller, has published her 'Fuller Stocktake report' for a new vision for integrating Primary Care, and recommendations for how ICSs, with national support, can make this happen. In what has been described as an extraordinary and welcome display of common purpose across health and care, each of the CEOs of the 42 new integrated care systems has added their signature to this report. Dr Fuller has been a GP for over 25 years, CCG chair, CCG accountable officer and is an ICS CEO designate.

So, what does this mean to GPs and the Practices you may well ask?

The report acknowledges the great work of Primary Care, the huge value it offers people at the heart of their communities, and stresses that current pressures mean that things need to change.

'For generations, Primary Care has been at the heart of our communities. Health visitors, community and district nurses, GPs, dentists, pharmacists, opticians, and social care workers are among the most recognisable of a multitude of dedicated staff delivering care around the clock in every neighbourhood in the country. Every day, more than a million people benefit from the advice and support of Primary Care professionals – acting as a first point of contact for most people accessing the NHS and also providing an ongoing relationship to those who need it. This enduring connection to people is what makes Primary Care so valued by the communities it serves.

Despite this, there are real signs of genuine and growing discontent with Primary Care – both from the public who use it and the professionals who work within it.'

It sets out a vision for the future of integrating Primary Care into health and care systems and improving the overall health of local communities through a focus on locally driven change that includes:

- Streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it.

- Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions.

- Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention.

As an LMC, we are pleased that our ICS CEOs have pledged to embrace the recommendations in this report, and it gives us a framework by which we can work with them to ensure that general practice is represented and supported to be an integral part of the developing ICSs. However, we will only be able to deliver on the direction of travel laid out by Fuller the stocktake if the Government and NHS England commit to support the recommendations and urgently address the issues around workforce, estates, and digital infrastructure.

Read the full BMA statement here

Wessex LMCs Summary of the Fuller Report

PCNs are seen as key building blocks for the ICSs.

The report includes recommendations that capitalise on the PCN model to create neighbourhood teams, making best use of whole system estates, workforce, and data.

PCNs should be enabled to evolve into integrated neighbourhood teams, supporting better continuity and preventive healthcare as well as access, with a blended generalist and specialist workforce drawn from all sectors.

It highlights the need for Secondary Care to be outward looking, focusing on the community they serve. This is something that we have been consistently calling for and we welcome this change of philosophy.

Secondary care consultants – including, for example, geriatricians, respiratory consultants, paediatricians and psychiatrists – should be aligned to neighbourhood teams with commitments reflected in job plans, along with members of community and mental health teams. With teams collocated within neighbourhoods, to extend models of personalised care, embed enhanced health in care homes and develop a consistent set of diagnostic tests. We see this as a fundamental shift in encouraging secondary care to be more outward looking.

There is acknowledgement of the need to urgently address the shortfall in GPs as well as recruitment and retention issues in the wider Primary Care workforce, but it also emphasises that this isn't just about head counting and that the working environment needs to be more attractive, compassionate, inclusive and flexible.

Dr Fuller says that she has listened to the next generation of Primary Care leaders who are clear about the need for a sense of parity with specialist careers, a realistic work life balance, a desire to work in MDTS, and having the ability to pursue a variety of roles to create a diverse working week and, ultimately, career. PCN clinical directors are seen as essential to the leadership of integrated neighbourhood teams and so there is a need for investment in this local leadership to drive change.

The report acknowledges that much of the existing general practice and Primary Care estate is not up to

scratch. Space is a significant capacity constraint. In Dorset, the Primary Care estates team has undertaken an 18-month programme to pull together practice profiles for its 120 general practice sites. These profiles include ownership models, square footage, utilisation etc, and are supporting the development of a broader strategic network plan that allows PCNs and practices to take a holistic approach to estates planning. Significantly, the report calls for a change in the way that traditionally the focus of capital investment has been weighted towards secondary care.

There is a call for improved data sharing and a shared patient record that gives a single version of events for each patient. There is recognition of the importance of Digital technology and building on the lessons learned from it use during the covid pandemic.

NHS England are asked to consider combining and simplifying central programme and transformation budgets for Primary Care and maximise what control ICSs have over the direction of discretionary investment in Primary Care.

There is clear recognition in the report that maintaining stability in general practice will be central to being able to deliver the new model of integrated care. Importantly, it doesn't propose any one new model for general practice, rather it calls for backing for existing practices and new models of provision of Primary Care where there is a need or desire for change.

There is a clear statement that Primary Care leadership is embedded throughout the ICS and that integrated neighbourhood teams should be represented on all place-based boards to ensure that primary care and the views of the communities it works in are heard throughout systems.

Both Dr Fuller and the accompanying King's Fund analysis recognise that autonomy for practices to do what is right for their community, is far more valuable in improving outcomes for patients than top-down directives and micro-management.

You can view the full report here: Microsoft Word - FINAL 003 250522 - Fuller report[46].docx (england.nhs.uk)

Levers for Change in Primary Care: a review of the literature (kingsfund.org.uk)

The Kings Fund analysis of levers for change in general practice was published alongside the Fuller report but hasn't received the same headline coverage. Wessex LMCs feel that it highlights some important issues that need to inform negotiations around our future GP contract:

- The NHS in England is an outlier by international standards with regard to the extent it has used financial incentives to try and improve primary care although the evidence base to suggest that financial incentives or target setting improve Primary Care is surprisingly thin.
- 'Top-down' approaches to driving change and improvement risk alienating workforce and there needs to be space for localised decision making, adaptation and adjustment.
- Pay for performance financial incentives can be effective at shifting the areas in which clinicians focus their efforts (NHS England 2018) and increasing activity and quality in specific areas (PSNC 2021), though there is limited evidence on the effect on patient outcomes overall and potential evidence that they can have an adverse effect on those areas that are not targeted (Doran et al 2011).
- There is some evidence that the use of pay for performance can increase health disparities, as those in more affluent areas find it easier to achieve targets (Alshamsan et al 2010)
- The implementation of financial levers can have adverse effects on staff morale (Mandavia et al 2017;

Gillam 2015).

- Increasing activity and creating new initiatives to meet targets can lead to poorly designed and overlapping services that fail to improve outcomes (Tan and Mays 2014). Evaluation of the Advanced Access programme used in general practice in the early 2000s found that not only did most practices not meet the target, the over emphasis on rapid access interfered with providing access to appropriate care (Salisbury et al 2007).

- The impact of scale on quality improvement is equivocal. Studies suggest limited robust direct evidence of impacts on patient experience, and no evidence was identified on the cost-effectiveness of scaling up

- general practice. One systematic review found no consistent association between scale, quality of care or the generation of efficiency saving (Pettigrew et al 2018).

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 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.

Extending Fit Note Certification

From 1 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).

Working Conditions of Independent Contractor GPs

GPC England met last week in our 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.

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.

Read our full analysis about pressures in general practice here and the full BMA press statement

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 the BMA 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

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.

Monkeypox

An increasing number of monkeypox infections are being identified with some spread in the community.

Whilst the risk is currently low, an increase in numbers is expected, and the UK Health Security Agency (UKHSA) is asking people to be alert to any new rashes or lesions on any part of their body. Although this advice applies to everyone, initial infections are currently mainly in urban areas with a particular focus on gay communities and men having sex with men. Practices should remain vigilant as anyone in close contact with a case, including household contacts, will be at risk.

If you are concerned that a patient may have contracted the disease, use appropriate PPE, including mask and gloves. Isolate the person whilst seeking advice on next steps from the local sexual health clinic for urgent advice or your local health protection team and ensure the consultation room is cleaned appropriately afterwards based on UKHPA advice.

We have raised concerns with NHS England that specific guidance for Primary Care has not been provided. If you have any specific concerns, please get in touch and we can raise these with UKHSA.

Read more, including guidance for healthcare professionals, on the UKHSA website.

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 20 June 2022. If you're interested in participating in a short online interview, please contact Kerrie at k.stevenson@ucl.ac.uk

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.

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.

LMC UK conference 2022

The resolutions and election results from the 2022 UK LMC Conference held on 10-11 May have now been published: M10 2009-2010 (bma.org.uk)

Recruitment Across Wessex

Do you have a vacancy to advertise or looking to move within Wessex? Practices can submit job adverts via our website here (you must have a Wessex LMCs log in) or you can search for vacancies here

Wessex LMCs locum section has been designed to allow locum GPs, Nurses and PMs to add their availability to our website and for practices to easily find locums that may be available for work.

We also have a list of practices who are happy to host a GP retainer here as well as a list of practices who hold a Tier 2 Visa Sponsor Licence here

Education & Events

Basic Fire Safety & Extinguisher Training

Thursday 16th June 13:00 to 14:30
Wessex LMCs members £40pp
Book online: https://www.wessexlmcs.com/events/12585

This interactive and virtual webinar has been designed to assist practices in meeting part of their legal obligations under the Regulatory Reform (Fire Safety) Order 2005. The course provides the necessary knowledge to enable all practice personnel to identify and select the correct fire extinguisher in the event of a fire and to use it effectively and safely. The course is suitable for all members of staff in the workplace.

Please note this webinar is not being recorded

Examination of the Neurological System

Tuesday 5th July 09:30 to 12:30
Wessex LMCs members £40pp
Book online: https://www.wessexlmcs.com/events/13031

Suitable for practice nurses, community nurses and allied health professionals. The aims of this webinar are:

- To be able to undertake a targeted patient history
- To gain an understanding of the six components comprising the neurological examination
- To be able to determine normal from abnormal findings
- To be able to identify neurological red flag signs and symptoms

This webinar is being recorded and can be purchased afterwards here

Bite Size Webinar for PMs – Delegation & Organisation

Wednesday 13th July 15:00 to 16:30
FREE for Wessex PMs and their deputies
Book online: https://www.wessexlmcs.com/events/13273

Please join us for a 'bite-size' session specifically designed for Practice Managers and Team Leaders, led by Jayne Tabor, one of our Practice Manager Supporters. Jayne will lead this 1.5 hour session for any Managers in the Practice looking at:

- How are other practice teams structured?
- How do you implement small and large changes of structure within your team?
- How do you successfully delegate and who is taking responsibility?
- Are you creating leadership opportunities in your team?

This webinar is being recorded and can be purchased afterwards along with other in the Bite Size Series

Regards
The LMC Team

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