

Dear Colleagues

Wessex LMCs News Update from the Team. . .

Wessex LMCs Intro. . .



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Joint CEOs

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This week we are faced with a heatwave, rising Covid levels, political turmoil, and a sudden expansion of the Winter Flu vaccination program. What next?

General practice seems to be responsible for keeping the country running. Recent ONS data shows that [UK services output grew in May](#)

[2022](#) with human health and social work activities growing by 2.1%, and this was attributed mainly to a large rise in GP appointments, with 24m in April 2022 jumping to 27.6m in May. We are propping up the economy too!

We have a new health secretary, at least until the next Conservative leader is chosen. The rapidly changing political landscape and distraction of leadership challenge must just add to the difficulty that our BMA GPC executive team have in starting negotiations around a new contract for general practice that will address the current workload and workforce crisis.

The ARM (annual representatives meeting) of the BMA took place from 27th-29th June.

The RB (Representative body), which consists of delegates from all BMA divisions and branches of practice, regional and national BMA councils, meets each year at [ARM](#) to form BMA policy.

When a motion is passed at ARM, it is handed to the appropriate body for implementation (GPC in terms of GP relevant policy) and it ultimately becomes BMA policy.

Doctors attending the BMA's Annual Representative Meeting (ARM) have voted in favour of GP practice withdrawal from PCNs by next year. The vote was passed with 61% voting in favour, 12% against and 27% abstaining.

This was the motion:

Motion 41:

Motion by LONDON REGIONAL COUNCIL: That this meeting supports GPs fighting to defend the GMS

contract and NHS independent contractor status. The long-term GP/patient relationship and the right for GPs to control their workload in a safe way, is essential for the future of general practice. We applaud the South Staffordshire motion passed at the 2021 LMC conference which called for GPCE to negotiate the end of the Primary Care Networks (PCNs) from 2023 as they 'pose an existential threat to independent contractor status' and this meeting: -

- i) calls on GPCE and the BMA to organise the withdrawal of GP practices from the PCNs by 2023;
- ii) calls for PCN funding to be moved into the core contract;
- iii) instructs GPC England to act upon the GP ballot of 2021 and to organise opposition to the imposition of the new contract including industrial action if necessary.

The motion mentions the GP ballot of 2021 which didn't give the BMA a mandate for industrial action, and it remains to be seen whether our historical reluctance to consider this option will change.

It's important to understand that the ARM motion was debated and passed by doctors from all branches of practice in the BMA, not just GPs. However, the potential impact will be felt entirely in our practices.

It is easy to understand the sentiment behind this motion but is it deliverable in reality? The reality is that many Practices now feel that they simply can't afford to withdraw from their PCN. This is not therefore a positive choice for many but one of forced necessity, an attempt to mitigate the overwhelming workload we currently face as it feels like the only offer on the table. It feels like some of the specifications are like icing – wonderful aspirational care standards. But whilst there is an investment in the icing many of us feel there is not enough investment in the underlying cake. Indeed, the vast majority of GPs would argue that a simple but helpful step would be significant financial investment in our core contract to meet patient need, but the Government have been clear in that they see PCNs as the building blocks to Integrated Care Systems. Will the government be willing to tear up their current plans and transfer the funding back into practices? Will they trust the profession to provide care for their patients without micromanagement?

In some areas PCNs have managed to address some of the workload and workforce issues. This is what we were promised was their primary function when they were first established but mission creep, increasing top-down directives and micromanagement are stifling this.

Practices and their PCNs need to have freedom to be trusted to meet the needs of their local population.

Our response to the covid pandemic has shown how agile and innovative we can be in delivering healthcare for our patients when we are freed up from regulation and bureaucracy.

These are truly extraordinary times. We need the government to support the profession to do what it does best – provide care for patients. We need them to acknowledge the current crisis. We need resources and most importantly we need trust.

Introduction of ICSs

As of 1 July, the 42 ICSs (Integrated Care Systems) across England have 'gone live' as statutory bodies, taking formal control over the planning, commissioning, and funding of NHS services across their footprints. Visit the [BMA's dedicated webpage](#) to learn more about ICSs and what they mean for GPs and the NHS.

The move to statutory ICSs follows the enactment of the [Health and Care Act \(2022\)](#) and also marks the end of CCGs (Clinical Commissioning groups) which have been dissolved, with their powers, funding, and many of their staff transferring over to local ICSs.

GPC and the BMA continue to lobby ICSs on our core priorities, particularly on the need to enhance representation within ICSs for GPs, including positions on ICS boards for LMCs.

JCVI updated statement on the Covid-19 vaccination programme for Autumn 22

The Joint Committee on Vaccination and Immunisation issue further advice last week ([JCVI updated statement on the COVID-19 vaccination programme for autumn 2022 - GOV.UK \(www.gov.uk\)](#)) formally confirming that those to be offered a Covid-19 vaccine in the autumn are:

- residents in a care home for older adults and staff working in care homes for older adults
- frontline health and social care workers
- all adults aged 50 years and over
- persons aged 5 to 49 years in a clinical risk group, as set out in the [Green Book, chapter 14a, tables 3 and 4](#)
- persons aged 5 to 49 years who are household contacts of people with immunosuppression
- persons aged 16 to 49 years who are carers, as set out in the [Green Book, chapter 14a, table 3](#)
- These groups include all those on practice learning disability registers (table 4, Green Book) and frontline health care workers.

Rising Covid Cases and Pressures on Health Services

The BMA is concerned about the [rise in COVID-19 cases](#) and hospitalisations in recent weeks, and the reports that the UK has now recorded 200,000 Covid-related deaths since the start of the pandemic, particularly in the context of the significant and rising pressures on NHS staff and services and the removal of special COVID leave for NHS staff. The BMA have called on the government to reverse this deeply damaging decision (see the [Guardian article here](#)) and will continue to press for improved financial and wider support for everyone unable to work due to long Covid. It also supports calls by the all-party parliamentary group for coronavirus for a compensation scheme for frontline workers.

The BMA has [called publicly](#) for the UK government to do more to protect the NHS by bringing back mandatory mask-wearing for patients when they are in healthcare settings, ensuring regular testing for staff, and making sure that there is reliable access to appropriate PPE throughout the health service.

In the absence of clear government guidance, the BMA have [written to NHS Trusts](#) this week reminding them of their legal duty under Health and Safety laws to undertake appropriate risk assessments and setting out the protective measures that individual Trusts can take to mitigate risks to healthcare staff and patients in healthcare settings.

Updated guidance on [risk assessments for GP practices](#) emphasising that employers must continue to conduct risk assessments for those who come into contact with COVID19 and take steps to mitigate risks identified has also been released.

Alongside the COVID-19 specific activities, the BMA continue to press for appropriate resourcing and staffing of the NHS to support staff and ensure the NHS is able to respond to the increasing pressures – please see the most recent press release [here](#).

A [COVID-19 review](#) is also being undertaken to ensure that lessons are learned and members' voices heard, and the first three reports from this review have now been published

All Over-50s to be offered COVID-19 booster and Flu jab this Autumn

In a letter published on 15 July, [everyone aged 50 and over will be among those offered a COVID-19 booster and a flu jab this autumn](#) under plans to increase protection against respiratory viruses ahead of winter. On COVID-19 boosters, the Joint Committee on Vaccination and Immunisation (JCVI) has now [published its final recommendations for this autumn's programme](#).

Rise in GP Appointments

Recent ONS data show that [UK services output grew in May 2022](#) with human health and social work activities growing by 2.1%, mainly because of a large rise in GP appointments, with 24 million in April 2022 jumping to 27.6 million in May.

These figures are yet another example of how hard GPs and their teams are working, but also why we desperately need more resource to close the workforce gap in primary care. This is not a sustainable way of working, and GPs desperately need more support if they're going to be able to carry on providing this level of care. We don't have enough GPs, and when taking on more work, they open themselves up to more stress,

burn out, and exhaustion - potentially having to reduce their hours or leave the profession altogether, creating a vicious cycle of even fewer GPs, and ultimately threatens safe patient care.

The new Health Secretary has the opportunity to put right the wrongs done to general practice, and the wider NHS, by giving it the appropriate funding and resources it so desperately needs to close the growing workforce gap and safely meet patient demand. All doctors want to do is give the best care they can, but without proper support, this is becoming increasingly hard to do.

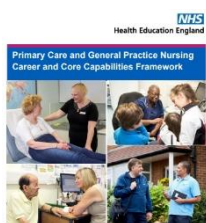
Read the full statement by Dr Farah Jameel, chair of GPC England, [here](#).

NHS Oversight Framework

The [NHS Oversight Framework for 2022/23](#) has been issued along with an accompanying [set of metrics to support implementation of this framework](#).

This Framework, which will come into force from 1 July 2022, describes NHS England's approach to NHS oversight for 2022/23 and is aligned with the ambitions set out in the [NHS Long Term Plan](#), the [2022/23 operational planning and contracting guidance](#) and the legislative changes enabled by the [Health and Care Act 2022](#).

Primary Care & General Practice Nursing Career & Core Capabilities Framework



This recent framework, published by Skills for Health, [provides a standard and greater clarity on the scope of practice for nurses working within primary care and general practice settings](#).

As more care is being managed and delivered in the primary care setting there are opportunities for a wider range of nursing knowledge, skills and attributes including nursing associate, mental health, learning disabilities and children's nursing.

Statutory Medical Examiner System

NHS England has written to NHS trusts, GP practices and Integrated Care Boards explaining [what is required to prepare for the statutory medical examiner system](#). Ministers recently [announced](#) their intention to work towards this commencing from April 2023, recognising the need for all relevant government departments to be ready and aligned to enable successful implementation.

Certifying Sick Notes

There is guidance and training available to support the new rules about who can certify fit notes. Employers and healthcare professionals should read the [guidance](#) that provides a summary of the knowledge, skills, and experience that healthcare professionals eligible to sign fit notes are expected to have **before** undertaking this task. Healthcare professionals eligible to certify fit notes should also complete the e-learning training programme which is freely accessible [here](#).

Firearms Marker in England

There will be a temporary pause on the digital firearms marker for practices using the EMIS system, effective from the evening of 14 July 2022. The digital marker system on EMIS should be back up and running after a few weeks, and after it has been cleared through the JGPITC (Joint General Practitioners Information Technology Committee). This temporary pause is to address some issues that have been communicated by GPs and practices, and to enable testing of the accuracy and completeness of the flags that are currently popping up. The TPP system will continue to run during this time. The BMA hope to be in a position to provide an update on the digital marker next week.

Inclisiran

As you may be aware the BMA and RCGP have longstanding concerns regarding the roll out of Inclisiran within primary care. Following on from the publication of their joint [position statement](#) in December 2021, the BMA have continued discussions with NHSE/I regarding the roll out of inclisiran, an injectable lipid lowering

therapy, within primary care. The BMA & RCGP have now sent a further joint letter to NHSE/I, laying out their position and re-establishing core concerns which were highlighted by BMA members. These concerns include the lack of long-term efficacy and effect on cardiovascular outcomes, lack of long-term safety data and the workload implications of managing and prescribing the drug in primary care. The updated [position statement](#) can be found on the RCGP website.

DDRB Recommendations Published

The government has accepted the recommendations from the independent NHS pay review bodies in full. The pay review bodies considered a range of evidence from various organisations including government, the NHS and trade unions.

Dentists and doctors within the Doctors and Dentists' Remuneration Body (DDRB) remit this year will receive a 4.5% pay rise as the government accepted the recommendations of the independent NHS Pay Review Body (NHSPRB) and the DDRB in full. The DDRB has also set out that uplifts should be backdated to 1 April 2022 so that they would be paid in full for the 2022-23 financial year

The BMA has issued a press release in response to the recommendations at: [‘Brutal pay cut will come as a bitter blow to doctors’, says BMA - BMA media centre - BMA](#)

Wessex LMCs feel that this is yet more bad news on a number of levels for GPs in that GPs would have reasonably hoped for at least a cost of living rise in line with inflation, but also for practices to meet even the 4.5% increase will result in significant cost pressure given that the core practice funding uplift negotiated in the 5 year deal is based on historical inflation below 4.5%.

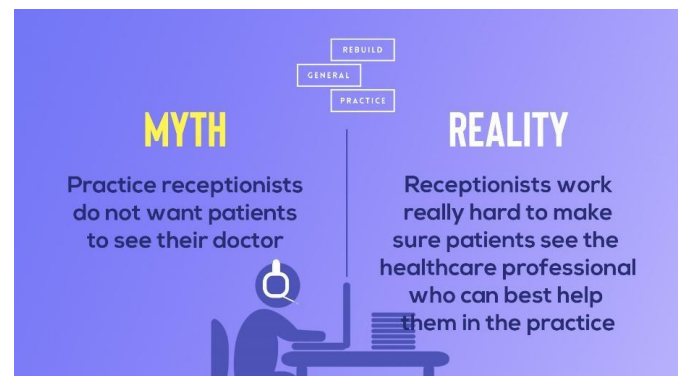
National Standards of Healthcare Cleanliness 2021

The BMA have recently been asked if the National Standards of Healthcare Cleanliness 2021 guidance is mandatory for general practice. The BMA sought clarification on this from CQC last year and it was made clear that it will continue to regulate based on the actual regulations and the official code of practice. Its [infection control mythbuster website page](#) addresses this directly. The BMA clarified the contractual position at that time, receiving confirmation that it was not a mandatory requirement. There has been no contractual change since then.

Rebuild General Practice: Myth Busting

General Practice has been in crisis for years, and as a result, many patients have become frustrated and disillusioned. This has led to certain myths surrounding the profession, and the Rebuild General Practice Campaign wants to set some of these straight, to bring GPs and patients back together. After all, we're all working towards the same goal: excellent and safe patient care.

The Rebuild General Practice campaign have created assets for your surgery to share either on social media or on screens in your practice waiting rooms, so you can reach your patients directly.



Please find linked here a [toolkit](#) where there are templates and guides for you to quickly share these assets with minimal input required.

Make sure to use the #RebuildGP when sharing and share any noteworthy patient responses with hello@rebuildgp.co.uk.

General Practice Improvement Leads (GPIL) Programme

Applications are now open for the funded [GPIL programme](#), which will start in September 2022. The GPIL programme is a nationally accredited personal development programme for those working in general practice,

including, but not limited to, GPs, practice managers, nurses, reception managers and senior administrators. Participants gain new perspectives, skills and confidence in using quality improvement tools and techniques (improvement science) for service redesign and leading colleagues and teams through change.

The programme will be held virtually, and places are offered on a first come, first served basis to those eligible. The last day for applications is 26 August 2022

BMA Committee Elections

Nominations to the following BMA committees are open:

- [Private Practice Committee \(PPC\)](#)
- [Professional Fees Committee \(PFC\)](#)
- [Civil and Public Services Committee \(CPSC\)](#)
- [Armed Forces Committee \(AFC\)](#)

The deadline for nominations is 12pm Friday 29 July. To submit your nomination, please login to the BMA's [election system](#).

To participate in the election, you must be a BMA member and hold the relevant position for the specified seat. For more information about the committees and the positions available please visit the committee webpages linked above or visit the elections system to access the elections guide. If you have any queries regarding the election process, please contact elections@bma.org.uk.

Education & Events

Stress Management, Wellbeing and Resilience with John Perry

Friday 30 September 2022 09:30 – 12:30

Wessex LMCs members £45pp

Book Online: <https://www.wessexlmcs.com/events/13970>

This interactive workshop will demonstrate a range of practical tools to Manage Pressure and Stress, Enhance Resilience and Stay on top of your Inner-Game

Previous Delegate Feedback

"Amazing workshop, John was brilliant, lots of info to take away and put into practice. Already started using some of the techniques which are brilliant. The power of positive thought!!!"

"I wish there was an extra box called 'absolutely bloomin brilliant' because I would tick it on every one. Such a great morning, a zoom training that felt like the trainer was in my room. It was so interesting, enjoyable and gave me insight personally as well as professionally. Wish it was on video so I could watch it once a year and share it with everyone I know as we could all benefit. Thank you SOOOOO much"

Please note this webinar is not being recorded



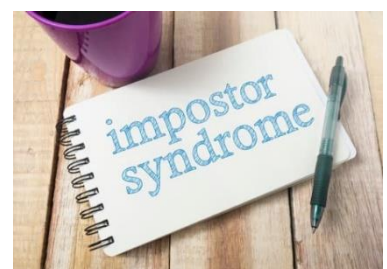
Coping with Imposter Syndrome with John Perry

Monday 17 October 2022 14:00 – 16:00

Wessex LMCs members: £30pp

Book online: <https://www.wessexlmcs.com/events/13971>

Imposter Syndrome is the experience that many high-achieving people have of feeling a fraud, of not deserving their success, a fear of being 'found out', of not being as competent as other people think they are. It is characterised by chronic self-doubt, feeling phoney, attributing success to luck or other external factors, feeling unable to live up to expectations, etc.



Many people who experience imposter syndrome prioritize self-esteem (which has to be earned) over self-worth (which is innate). The solution therefore is to encourage unconditional self-acceptance and a focus on recognizing our innate self-worth rather than chasing ever-higher self-esteem.

This interactive, two-hour workshop will provide an overview of the causes of and remedies for Imposter Syndrome

Please note this webinar is not being recorded

An Introduction to: Communicating with Excellence – Neurolinguistic Programming Techniques for GPs and AHPs

Tuesday 1st November 2022 13:00 – 14:00

Wessex LMCs members: £30pp

Book online: <https://www.wessexlmcs.com/events/13404>

Come and learn how NLP can help GPs & AHPs during challenging times. Neuro-linguistic programming (NLP) is a psychological approach that involves analysing strategies used by successful individuals and applying them to reach a personal goal. It relates thoughts, language, and patterns of behaviour learned through experience to specific outcomes.



This short session will introduce the learner to techniques distilled from years of experience of NLP, mindfulness, CBT and motivational interviewing. In this 1-hour taster session you will get a glimpse of some of the background of NLP.

[Take a listen to this podcast where Sam explains more....](#)

Please note this webinar is not being recorded

Regards

The LMC Team

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