YOUR News Update

WESSEX
Local Medical Committees
Representing & Supporting
General Practice

Issue: 01 September 2022

Dear Colleagues

Wessex LMCs News Update from the Team. . .

Wessex LMCs Intro…

Dr Edd Rendell
Medical Director
Wessex Local Medical Committees Ltd

Since joining Wessex LMCs, I have been trying to catch up with some of the many podcasts we have available on a variety of topics. I was listening to our recent podcast on patient safety earlier this week.

It was an interesting listen and centred on a patient who had an adverse event, with the wrong injection being administered by mistake. When listening to the story I was thinking about how the local teams were not aware of the incident initially.

Since July 2021, a national reporting system has been active which has a long name that "does what it says on the tin"… "Learn from Patient Safety Events"

NHS England » Learn from patient safety events (LFPSE) service

I know some practices are using the system, but I would encourage you to check if your practice does currently? Is it linked in with your significant event process? As well as a national picture being built up, the local Integrated Care Body teams can help support following a patient safety event and link in with other organisations involved or share learning.

Practice Wellbeing Check-in Friday 9th September

We highlighted in our introduction a few weeks ago about the tragic death of Dr Gail Milligan who was a GP Partner at the Camberley Health Centre. Her husband has said that her work in the surgery had become overwhelming, particularly during the pandemic, and that her family are in no doubt of the toll that it took on her health.

Her practice has created a link to a memorial book they have set up and the comments on there are poignant. From a mother of two (now older) premature daughters who had had Dr Milligan as their family GP for 16 years, to a neighbour writing on behalf of a 93 year old who is currently in hospital and has not been told the devastating news yet, reflecting on how much she loved Dr Milligan and was a devoted patient.

Gail Milligan's Kudoboard | Kudoboard

The BMA have noted that 10th September is World Suicide Prevention Day and as encouraging all GP

practices in England on Friday 9th September to spend some time focusing on the health and wellbeing of their staff. A link to further information regarding this is below.

Practices to focus and reflect on wellbeing - 9 September (bma-mail.org.uk)

We support this as an LMC and would encourage you as a practice team to discuss if this is something you would like to do. If you like the concept but 9th September seems too soon, you may wish to choose another date for your practice.

If you would like a resource to use in this time, we have made our "Lunch and Learn" about Mental Health in the practice free currently to support this initiative (see below). You can view our website or contact the office if you would like more information about how you or your colleagues can be supported.

Free Lunch and Learn. Mental Health – how to thrive working in General Practice

Wessex LMCs have a 'Lunch and Learn' training resource which you might like to use with your practice teams. The resource consists of a power point presentation and a script for a leader in the practice to facilitate a discussion about mental health and how the team and practice can help each other. The resource is currently FREE to download here and contains:

- a description of mental health, stress, and vulnerability
- the impact of mental health on us and our workplace
- what are coping techniques and which ones do we use
- how might we help each other as a whole group or as part of a smaller team

"No matter how large or small your role, you are contributing to the larger story unfolding within your life, your business and your organization" John Nemo December 2014

Inclisiran – Updated advice from BMA and RCGP. Wessex LMC Position

Inclisiran is a medication given by subcutaneous injection that is administered by a clinician, with the aim of reducing blood levels of Cholesterol. We have received a number of emails from practices about this medication, given the way it has been introduced.

New medications are normally discussed by an area prescribing board, which has representatives from both Primary and Secondary care, with a resulting local formulary stating if a drug is "Red", "Amber" or "Green" to prescribe. We understand all local area prescribing boards were uniquely advised by NHS England to designate this medication as Green, rather than discuss this in the usual way.

We advise practices to review the BMA/RCGP information published recently that outlines considerations when prescribing this medication and the responsibilities of a clinician choosing to do so.

https://www.rcgp.org.uk/policy/rcgp-policy-areas/inclisiran-position-statement

We would like to draw your attention to this specific section of the advice, should you choose to prescribe the medication.

Since inclisiran is a black triangle drug[6], if you do decide to prescribe it before the long-term outcome and safety data is realised, please ensure you:

- *Undertake shared decision making with your patients, ensuring a full and detailed informed consent is taken, documenting the lack of long-term evidence and unknown long term safety profile of this new and novel medication,*
- *Encourage your patients to report all side effects to you, however minor, ensuring you fill in a MHRA "yellow card" when they are reported to you and*
- *Report any potential drug interactions or concerns of your own at the earliest opportunity*

The LMC view is that it is up to individual clinicians to decide whether they wish to prescribe this medication, given the above guidance and the responsibility that come with it. You may wish to develop a practice view on this and factors such as your competence and confidence as a prescribing clinician, practice workforce capacity and costs involved in the recall process might inform this.

We understand some areas of the country are looking to develop a Locally Commissioned Service to deliver this medication, given the costs to practices who choose to take on this work. There is a currently £10 available to practices, per patient, if ordered as a personally administered medication. Practices will need to decide if this adequately covers the costs of providing the medication when factors such as GP time to counsel prior to initiation, consultations about any side effects, clinician time to administer and staff training are considered. There are also wider financial considerations including the cost of maintaining a long-term recall system with an unknown future level of income, along with the impact of tax and current inflationary pressures. We have established that there is no longer a significant difference in cost to the NHS if Inclisiran is prescribed in primary or secondary care.

We anticipate further national developments via the BMA and RCGP about this medication and have created a webpage on this topic. It currently holds this newsletter item only, but we will aim to update this should we have further information in the future.

GP Workload and Workforce

GP practices across the country continue to experience significant and growing strain with declining GP numbers, rising demand, struggles to recruit and retain staff and has knock-on effects for patients. GP numbers are falling, with little increase in the overall number of GPs since 2015, and a significant decline in the number of GP partners over that time.

As shown by the latest GP practice workforce data, as of July 2022 we now have the equivalent of 1,857 fewer fully qualified full-time GPs compared to September 2015. This means that NHS has lost the equivalent of 51 full-time fully qualified GPs compared to the previous month (June 2022). This is despite the promises by the Government of an additional 6,000 GPs by 2024.

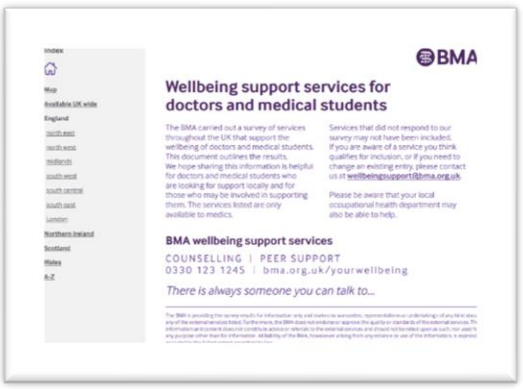
At the same time, the number of GP appointments remains high, with the July total of 26 million, of which 44.3% were same day appointments. Read more about the pressures in general practice here.

General practice is under considerable strain and due to these pressures, GPs continue to leave the profession in larger numbers than ever before. The BMA continues to urge the Government to tackle the systemic pressures that contribute to burnout and worsening wellbeing among doctors, impress upon the need to support the workforce.

It is encouraged that practices control their workload to mitigate the impact of unsustainable demand and overworking. The Safe working in general practice guidance enable practices to prioritise safe patient care within the present bounds of their contract with the NHS. The BMA would encourage practices to consider these suggestions for controlling their workload to ensure safe patient care, and better staff wellbeing could make a significant difference in the coming weeks and months. Please also take a moment to check in on your colleagues' wellbeing and look out for each other.

The BMA is there for you and offers a range of wellbeing and support services for doctors, for anybody who is feeling under strain to seek support. You can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions.

Call 0330 123 1245 today or visit the website for more information. For all other support, speak to a BMA adviser on 0300 123 1233 or email support@bma.org.uk



Wellbeing Corner - resource of the week

NHS Practitioner Health (NHSPH) is pleased to be partnering with NHS England and the local mental health and wellbeing hubs to ensure the NHS workforce can access the mental health care and support they need at this very difficult time.

Practitioner Health is a free, confidential NHS primary care mental health and addiction service with expertise in treating health & care professionals including PMs. The service can help with a range of mental health conditions and addictions in primary care settings.

Find out more and access the service via https://www.practitionerhealth.nhs.uk/

BSW Wellbeing Matters Offer - support for you and your colleagues Podcast

Emma Clack, Team Manager of Wellbeing Matters, talks to our Medical Director, Dr Edd Rendell about the BSW staff support hub offer. Listen to the podcast here

The BSW Wellbeing Matters team provide caring and compassionate support to health and social care staff in Bath and North East Somerset, Swindon, and Wiltshire. The team are one of 40 new services funded by NHS England and offer confidential and impartial advice and support to help staff wellbeing. This support offer is extended to all clinical and non-clinical staff who work across BSW.

To find out more about the BSW Wellbeing Matters service or to make a referral, you can call: 0800 953 9003 or email the team on: awp.bswwellbeinghub@nhs.net

Check my emotional and mental wellbeing self-assessment tool

Support hubs in other areas of Wessex:
Dorset: The ICS staff wellbeing service – Here For Each Other (joinourdorset.nhs.uk)
Hants & IOW: HIOW Staff Support Hub
North East Hants - Here for you Surrey and Borders Partnership NHS Foundation Trust

Supporting GP practices in offering patients access to their future health information

In just over two months, patients with online accounts, such as through the NHS App, will be able to read new entries in their health records. This applies to patients whose practices use the TPP and EMIS systems (practices using Vision [Cegedim] clinical system are under discussion).

NHS England recently wrote to general practice staff to detail the need to prepare for this change and the support available, including an updated RCGP GP Online Services toolkit, videos covering key topics, learning from early adopter sites and communication materials for general practice to use to inform their patients.

A GP practice readiness checklist has also been produced to help practices ensure they have completed all the necessary actions, such as staff training and reviewing of relevant policies and processes.

All staff, including locums, should receive the necessary training with regards to checking and entering information into patient records and familiarise themselves with any change in business processes and GP system functionality. To find out what the changes mean for you and what you need to do next, register for one of the upcoming awareness webinars

Improvement to suspend patient records

GP practices are now able to receive suspended patient health records electronically with electronic health records (EHRs) arriving via GP2GP. Practices will still receive a Lloyd George envelope from PCSE.

Practices still need to print electronic records, in line with the usual process, for patients who de-register from their practice list and do not register elsewhere. Changes later in the year will mean that these suspended

patient records will be held in a national electronic records repository.

Once a patient is registered, GP2GP will transfer from your patient's previous practice - it is important that you integrate/file this record into your system. Practices should have a process in place to integrate/file a new patient's EHR as soon as it is received (usually within minutes of the patient registration). EHRs received by GP2GP must be manually integrated within eight days. If not, they need to be printed by the sending practice, breaking the digital record's continuity, and adding administrative burden for both practices.

PCNs – clarification on CQC registration

Following concerns and some confusion at local level regarding PCNs (Primary Care Networks) and CQC (Care Quality Commission) registration, the following clarification has been provided by CQC:

> *'It is important to remember that only legal entities can register with CQC. If a provider is a collaborative, such as a PCN, and is not a legal entity then it cannot carry out regulated activities and therefore it cannot be registered with CQC. In a situation where a PCN is not a legal entity, and the constituent members are already registered with CQC for the delivery of regulated activities they provide as part of the network (including extended access) they will not need to register separately from the constituent practices; however, it is advised that providers amend their statement of purpose to accurately reflect the additional roles they will assume as a participant member of a PCN.*
>
> *In a situation where a new or currently unregistered provider organisation is formed as a legal entity AND the organisation will have ongoing direction and control of the delivery of regulated activities it would be required to register with CQC. If a PCN becomes a legal entity but does not directly control and deliver regulated activities (for example by supplying staff to assist constituent practices to deliver their regulated activities) there is no need to register with CQC. Please note that new applications for registration can take up to 10 weeks to process. The exact timeframe will depend upon the complexity of the application and the availability of key information requested by the registration inspector.'*

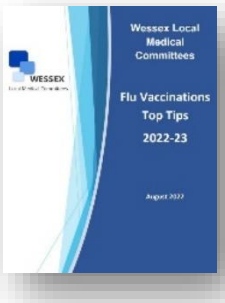
In addition to this statement, GPC England officers and staff will be working with CQC to develop and publish responses to a range of FAQs addressing PCNs and registration

New Flu Enhanced Service Specification and Flu Collaboration Agreement

NHS England and NHS Improvement (NHSE/I) has now published the service specifications for 2022/23 flu childhood flu vaccination programmes.

As practices will be aware from the previous NHSE/I flu letters, practice staff are still not included within the cohorts for the programme. We have serious concerns about this as including practice staff within the eligible cohort would improve uptake, protect patients, and help maintain workforce. We have repeatedly raised our concerns about this with NHSE/I, especially as practice staff were included in last year's programme, and this is something that we are continuing to discuss with NHSE/I as a matter of urgency.

Flu Vaccinations Top Tips for 2022 - 2023



We have put together a comprehensive list of common questions with answers adapted and taken directly from the NHS, UKHSA and Government's publication for 2022/23. We have also referred to the Covid-19 winter booster that may impact the service delivery this year.

This document also has details and added links to some useful resources throughout. Download the guide here: Flu Vaccination Top Tips 2022 / 2023

Covid Booster

Responding to the announcement of the autumn COVID-19 booster programme, Preeti Shukla, GPC clinical and prescribing policy lead, said:

"The new Moderna bivalent vaccine is great news in the fight against the Covid virus and will make an

important addition to this autumn's booster programme – a programme essential to preventing another outbreak in the winter"

"However, with the current well-documented pressures on GP practices and the reduction in the funding for delivery of these vaccines, we have serious concerns about the rollout. Payment to GPs for delivery of vaccines has dropped 20% since last year's rollout while the costs for GP practices have only rocketed in the meantime. This vaccine will require freezing and refrigerating, an ever more expensive operation as energy costs rise. The new Moderna vaccine only strengthens the case for returning payments to last year's level rather than trying to deliver a booster programme on the cheap.

"GP practices, while glad to hear of a new vaccine to add to their arsenal, will nevertheless be wondering if the numbers add up as they face a difficult autumn and winter."

Read the statement: Autumn booster programme must not be delivered 'on the cheap'

Regular asymptomatic testing paused in additional settings

The DHSC has made an announcement regarding asymptomatic Covid testing, as follows:

- Routine asymptomatic testing will be paused across remaining settings, including hospitals and care homes, from 31 August as COVID-19 cases continue to fall
- Testing for individuals with symptoms in these settings, including health and social care staff, will continue
- Immunocompromised patients in hospitals and people being admitted into care homes and hospices will also continue to be tested

Regular asymptomatic testing for COVID-19 in all remaining settings in England will be paused from 31 August, as COVID-19 cases continue to fall. Free testing for the public ended on 1 April as part of the government's Living with COVID plan, but asymptomatic testing continued to be used in some settings during periods of high case rates.

The vaccination programme means COVID-19 cases have now fallen to 40,027 and the risk of transmission has reduced. Deaths have fallen to 744 and hospitalisations to 6,005 in the last 7 days, meaning wider asymptomatic testing can soon end as planned in most instances. Symptomatic testing in high-risk settings will continue.

Settings where asymptomatic testing of staff and patients or residents will be paused include:

- the NHS (including independent healthcare providers treating NHS patients)
- adult social care and hospice services (apart from new admissions)
- parts of the prison estate and some places of detention
- certain domestic abuse refuges and homelessness settings

Testing will remain in place for admissions into care homes and hospices from both hospitals and the community, and for transfers for immunocompromised patients into and within hospital to protect those who are most vulnerable.

Testing will also be available for outbreaks in certain high-risk settings such as care homes.

Year-round symptomatic testing will continue to be provided in some settings, including:

- NHS patients who require testing as part of established clinical pathways or those eligible for COVID-19 treatments
- NHS staff and staff in NHS-funded independent healthcare provision
- staff in adult social care services and hospices and residents of care homes, extra care and supported living settings and hospices
- staff and detainees in prisons
- staff and service users of certain domestic abuse refuges and homelessness services

Individuals will continue to be protected through vaccination and access to antivirals where eligible.
Regular asymptomatic testing paused in additional settings - GOV.UK (www.gov.uk)

Government's reported plan for GPs to prescribe heating bill discounts is 'beggars belief'

In response to the report that GPs would be asked by government to 'write prescriptions for money off energy bills', David Wrigley, GPC England deputy chair, said:

"We completely reject any suggestion that GPs do this work. They do not have the time or the skills to do the work of the welfare system. At a time when GPs are already overwhelmed with the greatest workforce crisis and are supporting patients on hospital waiting lists which are longer than ever, this addition to their workload would be totally unacceptable. It is beggars belief that government ministers think it is appropriate to suggest GPs undertake it. The government has not discussed this with us in any form - floating these sorts of proposals via the media is deeply unprofessional."

Read the full statement here

Social prescription trial on walking and cycling

The Government is introducing social prescriptions for walking, wheeling and cycling, as part of a new trial to improve mental and physical health and reduce disparities across the country. This is a step in the right direction for public health - physical activity is key to good physical and mental health and brings huge benefits to society and the environment.

But the impact will be minimal without a clear commitment to long-term funding and consideration of the wider context. Without properly addressing resources and the capacity of GPs, this approach risks frustrating doctors as well as the public. The initiative needs public health and primary care to have joined up policymaking and adequate funding, however, if prevention is to stay the course and deliver long-term health benefits, especially for the poorest.

Read more in this article by Penelope Toff, Chair of the BMA's Public Health Medicine Committee

GP 'bureaucracy busting concordat'

The Government recently published its GP 'bureaucracy busting concordat', which outlines seven principles to help reduce unnecessary bureaucracy and administrative burdens in general practice. Developed with input from the BMA, the concordat includes principles around medical evidence, certification and designing processes around ease of use for both GPs and patients.

GPC England deputy chair, Kieran Sharrock, said he was glad that DHSC and NHSE *"I recognise the potential of what empowering practices to take charge of their workload can do, and hope all Government departments sign up to this concordat and its seven principles - which the BMA helped develop - to ensure unnecessary bureaucracy in general practice can finally start to be relieved".*

Section 49 report guidance

Under section 49 of the Mental Capacity Act 2005 (the "MCA"), the Court of Protection (the "CoP") may require NHS health bodies and local authorities to arrange for a report to be made for the purpose of considering any question relating to someone who may lack capacity. Producing a report is a complex process involving assessing the patient, reviewing notes, discussing with relevant professionals, and compiling information. The amount of time required to review a long and complex set of medical records presented can be significant.

The definition of 'NHS body' does not include GP practices, even if their contractor CCGs/PCOs are. Therefore, practices cannot be directly ordered by the Court of Protection to produce a report under section 49.

Although it is possible for an NHS body (e.g. an NHS Trust) that had been ordered to arrange for a report to be made to request that someone else produce a report (under section 49(3)), e.g. a GP - in doing so, the trust

cannot compel a GP as an independent practitioner to do the work and if the GP agrees to do the work, he/she is entitled to be paid a rate agreeable to the GP.

Read more in this guidance by the BMA's Medico Legal Committee

Fifth Money Laundering Directive (The Trust Register)

On 10 January 2020, the Fifth Money Laundering Directive (5MLD) was transposed into UK law. One objective of the 5MLD was to broaden the scope of trusts required to comply with and sign up to the Trust Register Service (TRS), which may apply to some GP surgeries depending on how they are structured.

Property-owning GP partners may be required to register, particularly where the names on the land registry entry do not match the names of the property-owning partners, or where there are more than five surgery-owning partners. Similarly, and depending on the precise wording of your Primary Care Network (PCN) agreement, monies held by one practice on behalf of a PCN could be construed as the formation of a trust and may trigger a registration requirement.

Unless exempt, 5MLD requires the express trusts to register with the TRS. HMRC has published guidance on what may constitute an express trust here and instances where exemptions may apply here.

Please don't panic, DR Solicitors have produced a really useful blog on this topic and The General Practitioners Defence Fund (GPDF) have also shared with us an interim update below:

You will be aware that on 1 September 2022 there will be a requirement for Trusts to Register with HMRC and that this will likely affect some practices, PCNs, Federations and possibly LMCs.

The GPDF has commissioned an advice note which will be distributed as soon as we are able, but this will not be before the deadline of 1 September.

The website of the Institute of Chartered Accountants in England and Wales contains information from HMRC on failure to Register or late registration which you may find helpful:

In recognition of the fact that the registration requirement is a new and unfamiliar obligation for many trustees, there will be no penalty for a first offence of failure to register or late registration of a trust. The exception is when that failure is shown to be due to deliberate behaviour on the part of the trustees. In that case, or where there are repeated failures, a £5,000 penalty may be charged per offence.

In practice, this means that, should HMRC become aware of a trust which has not been registered by the relevant deadline – either because that trust has been registered late or because HMRC has identified that trust's existence by other means – HMRC may issue a warning letter to the trustee or agent. It would usually only charge a penalty if that letter were not acted on.

The website contains other relevant information and can be accessed at: https://www.icaew.com/insights/tax-news/2022/aug-2022/hmrc-updates-trs-manual-in-advance-of-1-september-deadline

GPDF is unable to answer individual queries which should be taken up with the appropriate professional advisers.

As soon as we have any further information, we will share it with practices.

National Standards of Healthcare Cleanliness

Recorded during our PM update on 31st August, Connie Timmins, Lead Nurse for Infection Prevention and Control at NHS BSW ICB talks to us about the National Standards of Healthcare Cleanliness 2021.

Listen to the podcast here or watch the webinar version here
National Standards of Healthcare Cleanliness Presentation Slides

Wessex LEaD - Education & Events

Level 3 Child Safeguarding – Fabricated or Induced Illness

Tuesday 27 September 2022 14:00 – 15:30
Wessex LMC Members £15pp
Book Online: https://www.wessexlmcs.com/events/12871

(FII) is a rare form of child abuse. It happens when a parent or carer exaggerates or deliberately causes symptoms of illness in the child. The parent or carer tries to convince doctors that the child is ill, or that their condition is worse than it really is. The parent or carer does not necessarily intend to deceive doctors, but their behaviour is likely to harm the child. For example, the child may have unnecessary treatment or tests, be made to believe they're ill, or have their education disrupted.

We are delighted to have Dr Michael Roe, to come and talk us through this difficult and extremely sensitive area. He will also cover the territory known as 'perplexing presentations'. He will help us be alert to these presentations and talk through the latest guidance to help us navigate these extremely tricky cases.
It promises to be a fascinating insight into a complex area.

Please note this webinar is not being recorded

Level 3 Child Safeguarding Focusing on Looked After Children.

Tuesday 27 September 2022 09:15 – 10:45
Wessex LMC Members £15pp
Book Online: https://www.wessexlmcs.com/events/12870

Zena Penny, Designated Doctor for Looked after Children, and Claire Langrish, Associate Designated Nurse for Safeguarding Children, Adults & Looked after Children will be helping us through this tricky topic. This session is designed to give you an opportunity to top up your Level 3 Safeguarding hours.

This interactive session for primary care staff, will:

- look at the facts
- see them from a primary care perspective
- discuss real examples
- reflect on how we can change our practice in the light of what we have learnt.

Please note this webinar is not being recorded

A Focus on PCNs

Operational & Employment Issues

This pre-recorded webinar brings a panel of experts together to look at:

- ARRS - the roles and what is expected
- Sharing staff - the contract and the finance
- Communications and relationships with practices and patients

Purchase the webinar for only £5 and watch in your own time

Incorporation, Finance & VAT
This pre-recorded webinar brings a panel of experts together to look at:

- Incorporation
- Mitigating the VAT risk
- Financial Issues

Purchase the webinar for only £5 and watch in your own time

Regards

The LMC Team

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