

Dear Colleagues

Wessex LMCs News Update from the Team. . .

Wessex LMCs Intro. . .



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‘Our plans for patients’

It's been a busy couple of weeks for the new Prime Minister and her team. Setting aside the headlines around the UK economy, we have the newly published [‘Our plans for patients’](#) issued on 22nd September by the Secretary of State for Health and Social Care, Dr Therese Coffey. It sets out a range of measures for the NHS and social care and will sit alongside the NHS Long Term Plan, the forthcoming workforce plan and plans to reform adult social care.

The commitment is to:

- make performance within primary and secondary care more transparent
- make it easier to people to work in and support the NHS
- shift the balance of funding between health and social care, to improve individual experiences of care
- the focus will be on ‘A, B, C, D’:
 - ambulances
 - backlog
 - care
 - doctors and dentists
- prevention services will be moved closer to the patient

With regard to primary care in its broadest sense (ie general practice, pharmacy, dentistry and ophthalmology), access will be at the centre. Expectations will be that:

- everyone who **needs** an appointment within 2 weeks can get one
- patients with urgent needs who **need** to be seen on the same day are prioritised
- opening up an additional 31,000 phone lines for GP practices
- inform patients by published data on how many appointments each GP practice delivers and the length of wait for appointments
- require ICBs to hold practices ‘to account’, providing support to those practices with the most acute access challenges

Broader system work will also include:

- recruiting more 111 and 999 call handlers
- improving ambulance response times
- creating more capacity in hospitals
- addressing backlogs and reducing waiting times by expanding capacity in secondary care
- securing earlier diagnostic tests
- prioritising those on the longest waiting lists and those with the most urgent needs
- using data and digital to support the wider system
- improving access to the care system
- addressing the shortfall in NHS dentistry

It's worrying that the new health secretary appears not to grasp the severity of the current workload and workforce crisis facing general practice and has further fuelled unrealistic public expectations with her stated commitments.

The idea of publishing practice appointment data and wait times is totally flawed, will further dent staff morale and does not take into account the huge amount of workload that practices undertake away from designated appointment slots.

An ambitious programme indeed which was followed, hot on its heels, by Dr Amanda Doyle's (National Director – Primary Care and Community Services) [letter to the system](#) on 26th September. The letter sets out that ICBs have been tasked with identifying the practical and supportive interventions necessary to boost capacity this winter. The national team is also seeking to identify where additional capital may be sourced and made available to ICBs later in the year.

The immediate changes identified in the letter are to issue a variation to the Network Contract DES:

- introducing further flexibility into the ARRS, including the addition of a GP assistant role to help reduce the administrative burden for GP teams, and a digital and transformation lead role
- increase the current cap on hiring APs from one per PCN to two
- reimburse training time for nursing associates to become registered nurses
- increase the ARRS maximum reimbursement rates for 22/23 to account for the Agenda for Change uplift
- remove the minimum 0.5 FTE restriction on clinical pharmacists once they have completed their required 18 month training course or have been granted equivalence/exemption from the PCPEP pathway
- permit equivalent entry routes to PCPEP for the clinical pharmacist role.
- retiring or deferring to 2023/24 four IIF indicators (worth £37m) and allocating this funding to PCNs via a monthly PCN capacity and access support payment for the purchase of additional clinical services this winter (indicators: ACC-02, EHCH06, ACC-08 are deferred and ACC-05 is retired)
- reducing the thresholds of two IIF indicators and changing the definition of a further two IIF indicators to make them easier to achieve (indicators: CVD-02 and PC-01)
- removing the personalised care indicator requirement for all clinical staff to undertake the Personalised Care Institute's e-learning refresher training for shared decision-making conversations
- making changes to the anticipatory care requirements to support PCN capacity over winter and to reflect the revised national approach of phased implementation of this model of care from April 2023 (indicators: CAN-01, CVD-04)

The Academy of Medical Royal Colleges has also been commissioned to identify 'actionable insights' where closer clinical collaboration at the interface would have most impact in managing upcoming winter pressures and beyond.

General practice is being pushed beyond its limits. We hope that this latest announcement will genuinely support practices and, although we welcome the commitments set out, we do not feel they go far enough (with no mention of QOF or other practice pressure points). At a local level, we will be asking ICBs how they will be supporting practices this winter to reduce the unacceptable workload burden under which they are working.

GPC England Meeting

GPs Committee England met on Thursday 22 September, in an emergency meeting to discuss concerns about ongoing pressures in general practice and any potential actions that GPs can take as a profession in response to the underinvestment by the government and the crippling workloads faced by GPs. The Committee also debated the GP contract, discussing what needs to be done to support practices struggling with inadequate premises, maintaining the declining workforce, bureaucracy, and our negotiating strategy for the forthcoming year. The GPC England representatives will be providing reports from the meeting to their constituencies.

They also held a one minute silence in memory of Her Majesty the Queen, Elizabeth II. The [BMA has offered its deepest and most sincere condolences to the Royal Family](#).

Read updates from the meeting on the BMA GP twitter account @BMA_GP / [Twitter GP pressure](#)

GP Pressures

GP practices continue work under immense pressure with rising demand and a huge shortage of GPs, and colleagues are now also bracing themselves for a torrid winter in the NHS as the combined pressures of COVID and flu, as well as the enormous NHS backlog, threaten to shatter our fragile health service.

As shown by the latest [GP practice workforce data](#), published today, as of August 2022 we now have the equivalent of 1,850 fewer fully qualified full-time GPs compared to September 2015. This longterm decline coincides with a rise in patients: in August 2022, there was a record-high total of almost 61.9 million patients registered, with a record high average of 9,576 patients per practice, an increase of 16% patients each full-time equivalent GP is responsible for since 2015, demonstrating the mounting workload in general practice.

The GPC recently wrote to the new Secretary of State for Health and Social Care Dr Thérèse Coffey to highlight the pressures general practice is facing as we approach the winter months, including vaccine delivery, increased patient demand and rising utility and premises costs and called for her to work with us in addressing these issues. However, [the announcement from the Secretary of State](#), which promises to improve access to general practice by freeing up over 3 million appointments, so all patients who need an appointment can get one within two weeks, while well intentioned, falls well short of what's needed and there simply aren't enough GPs and staff to deliver the care our patients need and deserve. (See our newsletter introduction for more detail.)

The GPC also met with Shadow Secretary of State Wes Streeting MP's advisors, to discuss the current state of general practice workload and workforce and the impact this is having on the wellbeing of practice staff. Read more about the pressures in general practice [here](#).

Workload and Wellbeing

The GPC is encouraging practices to think about how you manage your workload as set out in their [Workload Control in General Practice](#) and [Safe working in general practice](#) documents. They have also published guidance on [How to improve the safety of your service and wellbeing of your workforce](#), setting out safe limits of the numbers of patient contacts per day, and what is considered 'essential services' under the GMS contract.

A recent [BMJ article](#) has shown that a substantial proportion of healthcare professionals report symptoms of burnout, and that there is the need for urgent action to protect patients, physicians, and health systems.

The GPC will be producing further guidance on safe working, and please let them know if you have any feedback on how they can develop further tools to help practices: info.lmcqueries@bma.org.uk

Wellbeing Resources

A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support. Please take a moment to check in on your colleagues' wellbeing and look out for each other.

Support comes in various forms, from the BMA's 24/7 confidential [counselling and peer support services](#) to networking groups and wellbeing hubs with peers, as well as the [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#).

See the BMA's poster with [10 tips to help maintain and support the wellbeing](#) of you and your colleagues.

Please visit the BMA's [wellbeing support services page](#) for further information and resources.

For all other support, speak to a BMA adviser on [0300 123 1233](#) or email support@bma.org.uk. We encourage you to access any of the support resources and encourage colleagues to do so too.

Suicide Prevention - priorities in the next decade – lunchtime webinar:

The BMA's Board of Science is hosting a live lunchtime (12.30-13.30) webinar on 19 October, where Dr JS Bamrah will speak to Prof Louis Appleby, from the University of Manchester.

Prof Appleby leads the National Suicide Prevention Strategy for England and directs the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Prof Appleby will present on current suicide prevention priorities, tying in with recently announced suicide prevention strategy from the UK government, before answering questions from the chair and the audience.

This event is free, and open to both BMA members and non-members. You can sign up for it [here](#)

If you have any questions, you can get in touch with the board via info.bos@bma.org.uk

Vaccines and Immunisations

The [seasonal flu enhanced service specification](#) has been updated to include a new requirement for practices to offer their eligible frontline patient-facing staff a flu vaccination as part of their employer occupational health responsibilities. The inclusion of this requirement in the enhanced service brings the provision of flu vaccinations to these eligible practice staff under the provision of the Clinical Negligence Scheme for General Practice (CNSGP). Practices will not receive reimbursement of either the IOS fee or vaccine costs but it means they are covered by indemnity to vaccinate these staff themselves.

The GPC has been firm in their objections to NHSE/I's plans to implement a national call/recall flu programme for 2-3 year olds. Whilst recognising that ensuring good flu vaccine uptake is a key public health priority heading into winter. However, the timing proposed by NHSE/I – with emails and texts to parents and guardians going out on 21 September – was extremely unfortunate, coming directly on the heels of an unscheduled bank holiday with the significant administrative burden this entails. The GPC has made strong representations to NHSE/I that this will create additional demand at a time where there is no capacity to spare.

Email your MP to solve the NHS Pension Crisis

It is vital MPs understand the impact the current punitive pension taxation rules are having on retention across the already understaffed general practice workforce and the steps which must be taken to solve the issue, both in the short and long term, to allow doctors to stay in the NHS for longer. Please ask your MP to take action using our online tool [here](#)

Advice for managing long COVID

While the symptoms may vary, and the diagnosis may be slow to be confirmed, long COVID is most likely to be categorised as a disability in employment terms. This means that, as an employer, you must take extra care in managing the employment relationship – not just managing the absences themselves but also in the day-to-day management of staff affected, to ensure employees are not suffering a detriment as a result of their condition. Investing time and skill early in the process can reduce the long-term liabilities of the practice and encourage a supportive working environment.

Talk to the BMA's [Employment Advisory Service](#) to get support with your staff employment issues

Three ways the BMA can support GPs managing HR issues

As a GP partner or practice manager, your BMA membership includes HR and employment law advice and practical support. Read our blog to find out how we can help with:

1. non-compliant contracts
2. resolving relationship grievances
3. untangling complex procedures.

Best Practice Show – 12-13 October 2022, NEC Birmingham

The BMA and GPC England will have a dedicated theatre at the at Best Practice Show at the NEC Birmingham on 12-13 October 2022. The programme focusses on the most pressing issues facing general practice, including the future of general practice, working within ICSs, workload management, workforce management and primary care estates.

Free for healthcare professionals, the conference programme will provide up to 12 hours of CPD certified training, expertly tailored to meet the training requirements of healthcare professionals.

If you are interested in attending, you can register [here](#)

Education & Events

Wondering How General Practice works?

FULLY FUNDED FOR WESSEX LMCS MEMBERS

If you answered 'yes' to this question - you are not alone. As we all know, this is a time of massive change and upheaval with many people joining GP practices and PCNs for the first time and many taking on additional responsibilities.

Our 'How to...' webinar series is aimed at decision makers and leaders, Partners, and all GPs. These are practical sessions which will get to the bottom of exactly what you need to know with the help of our Wessex LMCS team plus some experts in their field of law or finance. You can book onto as many or few as you like (free for Wessex LMC members)

This [short video](#) from our Medical Director, Dr Edd Rendell explains more...



Wed 5th October 22	How to understand & apply the regulations. An overview of the NHS & NHS contracts
Wed 16th November 22	How To... Understand finance – the income streams and efficiencies
Thu 8th December 22	How To... Assess Leadership, success, understand 'well-led' and how to apply it.
Tue 17th January 22	How To... Legal considerations to running a Partnership, Partnership agreements, preventing disputes & the role of interpersonal mediation
Wed 1st February 23	Wessex LMCs: Event details: How To... Premises – how to unpick the detail
Tue 7th March 23	How To... PCNs - Everything you need to know

These webinars will be recorded and available to watch back free of charge [here](#).

Regards

The LMC Team

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