

Dear Colleagues

Wessex LMCs News Update from the Team. . .

Wessex LMCs Intro...



*Dawn Chalcraft
Deputy Director of Primary Care
Wessex Local Medical Committees Ltd*

We are very aware that practices may well be concerned about the publication of the [GP Appointment Data](#) at practice level, that is, from 24th November 2022 onwards, to be made available to the public and hence the media.

Your LMC and the BMA are equally concerned about the fragility of this data and discussions are taking place about how this might be perceived. We believe the ICBs are preparing press releases. We are currently analysing the data for Wessex areas with a view to creating some positive messages.

A BMA press release published 24th November 2022 emphasises that the data makes alarming reading, in that although there are nearly 1900 fewer full time fully qualified GPs since September 2015, the number of face-to-face appointments is going up and many GPs are also continuing to offer remote consultations to make sure patients can still get the care they need, in a way that suits them. Month on month, GPs and their teams are doing all they can to safely spread the workload, with many offering appointments with other staff, like practice-based paramedics or nurses.

They go on to say “These figures, which show the highest level of GP appointments on record, demonstrate how busy practices are, especially on top of the dramatic increase in seasonal vaccination appointments – but there’s a limit to what general practice can safely deliver with such a depleted workforce.

There is variation between practices in the data released, with many factors giving rise to such, including local demographics and patient choice. The BMA say “None of these nuances are taken into account in today’s data and rather than this being a useful tool to aid patient choice, it is really no more than a way to ‘name and shame’ practices when the morale of dedicated staff is at rock bottom.

“Ultimately, such data should be used to support, not punish practices”

Read the [BMA press release](#) in full.

GPC England has met with NHS Digital to discuss their plans to publish GP appointments data (GPAD), at practice level on 24 November 2022, in the form of an annex to the current publication. NHS Digital also informed the BMA that this publication will be further updated for April 2023, integrating practice level data into the report, and a dashboard of appointment data at a practice level which will be available for Integrated Care Boards (ICBs) to access. They raised concerns about the accuracy of the data, and its potential use, and NHS

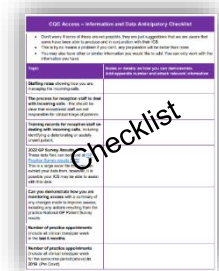
Digital agreed that further work is required.

Practices may wish to take a look in advance at the data for their practice, for awareness of what they may be asked about. This can be done via smartcard access – details can be found at [GP Appointments Data Dashboard - NHS Digital](#)

We would suggest that you may wish to have a statement prepared in advance in case you are challenged in any way on this issue.

Here are some pointers to consider including but not limited to: -

- Reflect on any positives in your [data](#) at a time when the NHS is facing unprecedented backlogs
- It might be useful to include any positive scores from the national [GP Survey 2022](#) for your practice.
- The data looks at numbers per 1000 patients, use the numbers that convey the positives and demonstrate the difficulties.
 - You might like to consider using the [checklist](#) we produced to gather practice access data information for CQC.
 - Total appointments
 - Face to face appointments
 - Appointments booked to GP
 - Registered patients (is your practice over the record high average of 9,596 patients registered per practice)
 - What is the number of patients vs responsible GPs in your practice – remember to equate this to FTE. (The BMA state the average number of patients each full-time equivalent GP is responsible for has now reached 2,248)
 - DNA appointments – this number can convey a strong message – please ask patients to let the practice know if they wish to cancel so the appointment can be used by someone else.
 - Appointments booked to GP
 - Appointments on the same day
 - Time to booked appointment – it needs to be understood that booking to appointment may well be over 2 weeks if a clinician has asked a patient specifically to come back in 4 weeks to review. The patient books that 4 week appointment in advance whilst at the surgery.
 - However, we understand that in some areas it is anticipated the average TBA (time to booked appointment) will be around 82% within 2 weeks.
 - We believe this is exceptional when considering how far wide of “targets” the rest of the NHS currently functioning at. Perhaps the headlines should read something like “General Practice flying in the face of NHS pressures by providing good access AND Covid vaccinations” – just an idea.
 - It is strongly recommended that the practice look at their “Time to Booked” appointment for awareness and also at your region average, celebrate with a positive message if you are equal to or above the average. You may like to check your [appointment categories](#).
- Point out that the data does not reflect the indirect workload –
 - You might wish to use the [iceberg graphic](#) to help demonstrate this – it can be found with other resources on our [webpage](#)
 - e.g., clinicians logging in from home in the evenings to catch up on workload,
 - indirect patient contact with repeat prescriptions,
 - referrals,



- clinical audits,
 - LTC reviews,
 - queries and tasks from colleagues in the community and secondary care,
 - sensitivity checking records for SARS/redactions
 - and the list goes on...
- Does your practice have any unfulfilled vacancies
 - have you had problems recruiting
 - are your GPs working over and above [BMA](#) recommended safe working limits already.
 - Detail any good news or positive that the practice can highlight
 - For context, the practice might like to keep and have available if needed, the following update last week from the BMA on workforce

“Of course, one of the issues surrounding access, is workforce. Since the Government first pledged to grow the GP workforce, practices been decimated by workforce shortages, with GPs and their patients suffering the consequences. The latest [workforce figures for England](#) show that we have lost the equivalent of more than 1,800 full-time, fully qualified GPs since 2015. This long-term trend of decrease in GPs coincides with a rocketing demand with each practice having on average 2,131 more patients than in 2015.

In September 2022, there was a record-high of nearly 62 million patients registered with practices in England, with a record high average of 9,596 patients registered per practice. As a result, the average number of patients each full-time equivalent GP is responsible for has now reached 2,248. This is an increase of 310 or 16% since 2015, demonstrating the mounting workload in general practice. Read more about the pressures in general practice [here](#)

The BMA say that ultimately, GPs and patients deserve more than broken promises. Instead of pulling the wool over our eyes, the Government should be open that it is failing in its manifesto pledge and talk to GPs about the solutions – to do nothing threatens to make this situation far, far worse”

Read the full [BMA statement on workforce targets](#)

GP Workforce Shortages

There have been [reports](#) that the Prime Minister has omitted the Government's manifesto pledge to increase the number of GPs in England by 6,000 by 2024 from the Health Secretary's to-do list. If this is the case, the Health Secretary has been dispensed of the ultimate humiliation of admitting that the Government has failed in its manifesto commitment and should have the good grace to openly admit this.

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Read the full [BMA statement on workforce targets](#)

Read the guidance on [Safe working in general practice](#) which is designed to enable practices to make decisions as to how to prioritise care, and deprioritise certain aspects of their day to day activity, within the confines of the GMS contract.

Appointment Data at Practice Level

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New Standard GMS, PMS and APMS Contracts Published

The BMA have published [new standard General Medical Services \(GMS\), Personal Medical Services \(PMS\) and Alternative Provider Medical Services \(APMS\) contracts, along with their contract variation notices](#). The documentation reflects the introduction of ICBs and incorporates changes made to the contract Regulations and Directions in July 2022 and October 2022. Commissioners are required to send these updates to GP practices to formally notify them of changes to their contracts.

GMS & PMS Requirement to Pass on DDRB Recommended Uplifts

Practices with a GMS contract, or with a post-2015 PMS contract, have a [contractual requirement](#) to “only offer employment to a general medical practitioner on terms which are no less favourable than those contained in the document entitled ‘Model terms and conditions of service for a salaried general practitioner employed by a GMS practice’ published by the British Medical Association “.

The [Model Terms](#) states under clause 6 “Your salary will be increased by annual increments on [incremental date] each year and in accordance with the Government’s decision on the pay of general practitioners following the recommendation of the Doctors’ and Dentists’ Review Body”

Practices who have salaried GP employed under the terms of the model contract should offer the DDRB recommended 4.5% pay uplift as a minimum.

GPCE has lobbied for global sum to be uplifted to accommodate this increase for salaried GPs and other practice staff and will continue to do so. Read the [BMA’s statement about the DDRB](#)

Enhancing GP Direct Access to Testing

NHSE are working to make direct access to tests more widely and consistently available to general practice, in support of key NHS Long Term Plan ambitions on early cancer diagnosis. This is possible because of the additional diagnostic capacity provided by Community Diagnostic Centres (CDCs).

Patients who display concerning symptoms but who do not reach the clinical threshold for an urgent cancer referral should be considered for direct referral for tests. These include chest, abdomen, pelvis CT, brain MRI and abdomen and pelvis CT. NHSE have asked systems to ensure that general practice can directly refer patients where this is not already possible. Patients who display concerning symptoms, but who do not reach the threshold for an urgent cancer referral, should be considered for these tests. NHSE are also rolling out iRefer, a clinical decision support tool which can be integrated into digital order comms systems, to support GPs in selecting the most appropriate test for these patients.

This expansion, part of a phased roll-out, will give GPs, and other primary care clinicians who fulfil the criteria

to refer, access to faster tests which can rule out or confirm a diagnosis of cancer. [Read the draft guidance, and links to webinars and other support.](#)

Accelerated Access to the GP held Patient Record

Please see the attached link to a letter from Dr David Wrigley, Deputy Chair of the GPC:
https://docs.google.com/document/d/1rQ7jKx6sGlotggO-o9oudknnTXK4z_ncp0FgXvlyloo/edit?usp=sharing

CQRS Local can Process GP Payment Claims for Minor Surgery DES

[Calculating Quality Reporting Service \(CQRS\) Local can be used by practices to process GP payment claims for](#) Minor Surgery Directed Enhanced Services (DES). CQRS Local will drive efficiencies and save a lot of admin time for both commissioners and practice managers. Of the practices that are using the system for minor surgery claims, they are finding that 'it's quite straightforward to use' and 'very simple, and easy to upload' Speak to your local commissioner about using CQRS Local.

Updated BMA Guidance on Travel with Medications

Following recent correspondence with airlines regarding their requests for medical information to be provided by GPs, the BMA have updated their guidance [here](#)

Proposed Dispensing Feescales for GMS Contractors, England and Wales - 2021, October release

NHS Digital has published new dispensing feescales for General Medical Service (GMS) contractors in England and Wales from 1 October 2021. They are available [here](#)

General Practice Team Materials

NHSE recently published new digital and print materials for general practice teams to share information about the different professionals working in their practice and explain how they enable patients to receive the most appropriate care as quickly as possible.

NHSE is encouraging practice teams to [download the materials and accompanying toolkit](#) and consider how they can best use them to inform patients about the various roles working within general practice. For those practices already using the assets, share your [thoughts and feedback about the effectiveness of the materials using this short survey](#).

CQC Clinical Searches - New Survey

The CQC developed a suite of clinical searches, initially in response to the pandemic, which are now routinely used when carrying out inspections of GP practices. They were designed to focus on areas of clinical importance. The majority of the searches focus on safe prescribing, monitoring of higher risk drugs, management of long-term conditions and identification of potential missed diagnoses. CQC is undertaking a survey to identify how useful / easy to use these searches have been. Practices are encouraged to complete the anonymous survey [here](#).

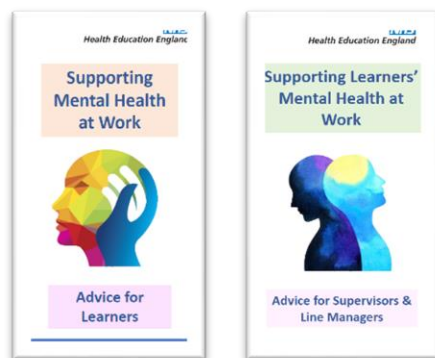
Support in challenging times - share your views

The BMA is working on an enhanced offering for GP practices to better support them during such challenging times. To ensure the new proposition will meet their needs, the Insight team is conducting interviews with GP partners and practice managers to get their feedback on the new proposition and see whether we could provide anything else to help them in their daily work.

If you are a GP partner and are happy to share your views or put the BMA in contact with other members or practice managers, please email Ashlyn Manikandan (AManikandan@bma.org.uk). The interviews will last

about one hour, and as a token of appreciation, participants will be entered a prize draw.

Mental Health & Wellbeing



Supporting your Mental Health at Work; NHS Learners' guide to accessing support for mental health at work, to download a helpful leaflet click [here](#).

Supervisors' Guide to Supporting Learners' Mental Health; For NHS staff, supervisors and line managers, to download a helpful leaflet click [here](#).

Wessex Support Hubs for Practice Staff

Banes, Swindon & Wiltshire: [BSW Wellbeing Matters service](#)

Dorset: [The ICS staff wellbeing service – Here For Each Other \(joinourdorset.nhs.uk\)](#)

Hants & IOW: [HIOW Staff Support Hub](#)

The Oliver McGowan Mandatory Training on Learning Disability and Autism

In July the Health and Care Act 2022 introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. The e-learning linked to this is now available here [The Oliver McGowan Mandatory Training on Learning Disability and Autism - e-learning for healthcare \(e-lfh.org.uk\)](#)

As promised in last week's newsletter, we have spoken to the BMA and CQC regarding this training. The BMA's response is this

"The practices are not required to choose this (The Oliver McGowan Mandatory Training) as their method of training. Also, the CQC is unable to enforce or require practices to adhere to the specific content of this particular training.

The Health and Care Act 2022 introduced, via an amendment to The Health and Social Care Act 2008, a legal requirement that service providers registered by CQC '*ensure that each person working for the purpose of the regulated activities carried on by them receives training on learning disability and autism which is appropriate to the person's role*'.

The Oliver McGowan Mandatory Training package is the government's preferred training for health and social care staff; however, it is not compulsory for practice staff to undertake this specific training. Practices are responsible for ensuring their staff are appropriately trained to meet the requirements of the regulations.

CQC has published a [mythbuster](#) that covers '*Care of people with a learning disability in GP practices*' – it states: '*We do not tell you specifically how to meet your legal requirements in relation to training. You are responsible for ensuring your staff are appropriately trained to meet the requirements of the regulations.*'

We have asked that this Mythbuster is further amended to make the requirements of practices, and its view on The Oliver McGowan Mandatory Training package, even clearer and CQC's general guidance to all healthcare providers is available [here](#), which helpfully confirms what is in the GP Mythbuster – that '*The new legal requirement does not specify a training package or course for staff*'.

We know that CQC are already asking practices what sort of Learning Disability & Autism training they are ensuring their staff are completing, but as you can see from the above, the practices can decide themselves where they access the training from. The ICBs are currently working on what they need to provide in addition to the [e-learning](#) that is recommended for all staff.

Fundamentals of Child Safeguarding – Build your CPD hours

Tuesday 7th February 2023, 09:30 - 12:30

Wessex LMC Members £45pp

Book Online: <https://www.wessexlmcs.com/events/14407>

This training has been accredited at Level 3 and will be appropriate to anyone in the Practice who requires this level of Safeguarding Children Training. For more information about how to build your safeguarding hours please [click here](#)



Safeguarding is a key part of training requirements for medical professionals and associated staff. These sessions will help you keep up to date and maintain your sense of 'professional curiosity' about all your patients. We will update you on policy changes that affect this area of your practice.

Please note this session will not be recorded

Fire Warden Training

Wednesday 8th February 2023 09:30 – 11:30

Wessex LMC Members £45pp

Book Online: <https://www.wessexlmcs.com/events/14353>

This interactive and comprehensive virtual course has been designed to assist practices in meeting their legal obligations under the Regulatory Reform (Fire Safety) Order 2005. The course provides the necessary knowledge to enable those personnel who successfully complete it to carry out the duties of a Fire Warden in a professional and competent manner.



The course is suitable for Practice Managers, Supervisors, Fire Wardens requiring initial or refresher training, or any member of staff who has a specific responsibility towards fire safety.

Please note this session is not being recorded

Regards
The LMC Team

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