

Dear Colleagues

Wessex LMCs News Update from the Team. . .

Wessex LMCs Intro...



*Dr Edd Rendell
Medical Director
Wessex Local Medical Committees Ltd*

Do you feel you are providing a safe service to all patients that contact your practice?

How will you respond to your answer?

This week we have had increasing contact in the office from practices concerned at how much pressure they are experiencing. The media messaging about Group A Streptococcus has pushed on already stretched services. The majority of practices in Wessex now regularly complete [GPAS](#) and we have seen reporting of higher status levels and comments such as:

"We had 291 patient appts yesterday but actually had 791 incoming calls. Demand outweighing capacity"

and

"We have jumped to red from amber due to excessive demand. We have to protect our workforce. Speaking to over 60 patients in a morning session, is not safe"

It is puzzling that we have become so used to an HGV driver or Pilot stating they are unable to continue to function due to enforced safe working patterns, but there is only emerging acceptance of the concept that clinicians in the NHS should not work beyond reasonable limits.

The question of capping demand was also debated at England LMC conference a couple of weeks ago.

Several practices in our area have implemented some of the advice for [safe working in general practice](#) that the BMA has produced.

Examples include considering what a safe capacity is for clinicians and taking steps to implement this, moving to 15 minute appointments, list closures and withdrawing from non-profitable Locally Enhanced Services. None of these are easy options.

As an LMC we are not advocating that all practices should take all of these steps at this point. We do however want to recognise that a number of practices we represent are taking some of these steps and are sharing this

information to empower you to make your own decision about what is right for your practice.

Please consider these **Wessex LMCs suggested actions**

- Circulate the safe working in General Practice document to all you staff [safe working in general practice \(bma.org.uk\)](https://www.bma.org.uk/safe-working-in-general-practice)
- Discuss it amongst team members
- Put it on the agenda for your main Practice Meeting over the coming week or two and consider if you wish to take any of the actions suggested
- Discuss it amongst neighbouring practices / PCNs
- If you are not implementing the suggestions now, what action will you take in the future if things deteriorate and how will you know when to do this?
- Make sure your practice submits a GPAS return every week so that we can described the pressures in General Practice to our Integrated Care Systems

We have engaged with the BMA to explain that some of the safe working in General Practice recommendations can be difficult to implement in a system where it feels like GP is the only service that has unlimited access.

We all agree that we must to something to make the workplace safe and sustainable.

Our contract states that we must meet the 'reasonable needs' of our patients. This is a very open-ended statement. We also have a responsibility to our staff, patients, and ourselves to work safely within our competence as per GMC guidance.

It's for each practice to decide what is a reasonable number of appointments to safely offer, at which point all but the most urgent cases may have to be asked to wait for an appointment if they are able to (just like they do in secondary care) or be directed to seek advice or support from another service such as 111, NHS website, Wessex Healthier Together website, local pharmacy, MIU or A&E where appropriate. We would have to inform patients that we are effectively on an emergency footing because of unprecedented demand. There will always be those truly urgent cases that need seeing as an extra. The difficulty is that it puts additional pressure on our reception staff to police the access.

It may be that at times of high demand we have to sacrifice routine appointments to meet on the day demand. The risk with this is that our contract will penalise us if we don't meet QOF targets etc. This is one of the reasons why we are pushing for target-based contracting to be excluded or dramatically and pragmatically reduced in any new contract. We are also asking the ICBs to urgently look at protecting QOF and LES income this year to allow us to focus on the current unprecedented urgent demand.

If you are required to adopt an emergency footing, we would suggest you inform the ICB and your patient participation group.

We can assure you that we are having discussions nationally and locally with commissioners on how we can better manage demand and implement safe working but currently there isn't a simple one size fits all solution.

I recently listened to the audiobook of a fantastic and challenging book called "The Choice", by Edith Eger. She collaborated with the psychiatrist Viktor Frankl who is quoted below.

"Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and freedom"

What will your response be?

[NHS Practitioner Health](#)
[Communicating with your patients](#)



Dr Richard Van Mellaerts, London based GP and British Medical Association Deputy Chair of the GP Committee (England) speaks to Dr Edd Rendell, Medical Director of Wessex LMCs about the BMA guidance on Safe Working in General Practice.

They discuss why a practice might implement some of the suggestions within this document and practical advice on how this could be achieved.

Listen to the podcast [here](#)

An update for GPs and their teams on the diagnosis and management of Group A Streptococcus Infections.

If you are feeling uncertain about who we should be treating and at what threshold or confused about the myriad of information that has been put out around this then listen to this calm, sensible, pragmatic podcast. It will be the best use of 15 minutes of your time today.

Dr Andy Purbrick, Joint Chief Executive of Wessex LMCs & a Dorset GP, discusses with Dr Sanjay Patel, paediatric infectious diseases & immunology consultant at Southampton Childrens' Hospital: [Diagnosis and Management of Group A Streptococcus Infections](#)

You may wish to think about using all your channels to feed reliable information to your patients. This could include altering your phone message, Facebook page or texting out to include resource to your patients. As an LMC we will be working with all the ICBs around supportive messaging for both you, your patients and the public as we know this is vital for you, as our members.

Thank you for the amazing work that you and your teams are doing.

Useful links:

[Home : Healthier Together \(what0-18.nhs.uk\)](#)

[Strep A and scarlet fever :: Healthier Together \(what0-18.nhs.uk\)](#)

[Download the Healthier Together app :: Healthier Together \(what0-18.nhs.uk\)](#)



GPC England Officer Team Update

GPC England are pleased to announce that Clare Bannon has been elected as GPCE deputy chair covering the maternity leave of Farah Jameel. She has been a GP partner in Barnsley since 2010, she is the current chair of the Association of South Yorkshire LMCs (local medical committees) and has been the medical secretary of Barnsley LMC for four years.

In response, she said: 'I do not underestimate the challenge ahead; general practice is at breaking point, with intense pressure on GPs across the country to meet the ever-growing demands of the job. I will join the rest of the officer team in rebuilding general practice to ensure we meet the needs of our patients and protect the wellbeing of GPs and their teams.' Read more about [GPC England](#)

Accelerated Citizen Access to GP Records – Mass Rollout Halted

As highlighted last week, the mass rollout that would have turned on prospective access to the medical record from 30 November is not now occurring.

GPC England has been in ongoing dialogue with NHSE (NHS England), the DHSC (Department of Health and Social Care) and others about the GP access to records programme and the planned rollout schedule.

The BMA has committed to working with NHSE, system suppliers and others to review the current approach to accelerating access and to see if they can jointly find an alternative path to improve the uptake of access in a

way that allays the concerns of practices while ensuring practices remain in control of the process. The protections within the current contract need to be recognised to ensure you can provide essential services. General practice will be informed ahead of any system changes being implemented.

GP Appointment and Workforce Data

The latest [GP appointment](#) and [workforce data](#) for England was published last week. The data makes for alarming reading. There are nearly 1,900 fewer full time fully qualified GPs since September 2015, yet the number of face-to-face appointments is going up and show the highest level of GP appointments on record. This demonstrates how busy practices are, but there's a limit to what general practice can safely deliver with such a depleted workforce.

We need the Government to find solutions to address the staffing crisis, and to make general practice a safe place to work so that doctors can continue to deliver the care our patients need and deserve. For the first time, the [appointment data](#) also includes data at practice level. The BMA have already expressed concerns over the data being published this way. There are bound to be many differences in the way practices operate and how staff provide care for their local communities - none of these nuances have been taken into account. Rather than this being a useful tool to aid patient choice, it is naming and shaming practices when the morale of dedicated staff is at rock bottom. Ultimately, such data should be used to support, not punish practices.

Read the full statement by Kieran Sharrock, GPCE Deputy Chair, [here](#)

Read more about the pressures in general practice [here](#)

Autumn Statement 2022

The BMA has created a [briefing analysing](#) the impact of the Government's autumn fiscal statement on doctors. The statement details the UK government's plans for tax and public spending over the next five years. The main things that will impact doctors are:

- Commitment to publish a workforce plan in 2023, including independently verified forecasts for the number of doctors and other health professionals over the next 15 years - which the BMA has been campaigning for.
- GP contractors and other employers will face higher costs due to increasing staff costs (frozen employer NICs thresholds and higher minimum wages) and other costs such as energy bills.
- The Department of Health and NHSE were promised a small amount of additional money for day-to-day spending, but resources will still be extremely tight.
- Changes to personal tax policy will reduce the take home pay of all workers, including doctors.
- Overall, the cost-of-living crisis and dire economic picture will increase poverty and impact health, increasing pressure on the health system.

GP Trainee Visas

The BMA continues to call for a permanent solution to barriers to staying and working in the UK currently faced by trainee GPs as they approach completion of their training. In October 2022, we wrote to Home Secretary Suella Braverman, to urge her to act and work with colleagues in the Department of Health and Social Care to deliver a permanent solution.

Conservative MP Matt Warman led a [Westminster Hall Debate](#) on international doctors' visas on 2 November, during which he called on the Home Office and Department of Health to work together on a lasting solution to the issue in the best interests of the NHS workforce and patient care. Ahead of the debate, GPC England Deputy Chair Kieran Sharrock and members of the Public Affairs team briefed Mr Warman, and he drew on the work of the BMA on a number of occasions. During the debate, Immigration Minister Robert Jenrick gave the clearest indication yet that the Government was willing to look at umbrella sponsorship as a potential solution.

The BMA have since [written](#) to the Minister directly on the issue and have made clear the BMA's willingness to be included in conversations with the Home Office on this.

Pooled Code Practices warned to check for Significant Reimbursement Shortfalls

Practices in England and Wales with a pooled list are being advised to check for significant shortfalls in reimbursement since the transition from Open Exeter to PCSE. An explanatory letter is available to download [here](#)

New Directly Bookable Appointment Guidance to Support General Practice

NHSE have published [new guidance for practices on requirements for online appointment booking](#) following changes to the General Medical Services (GMS) in October 2022.

Previous contractual requirement stated that “all practices will ensure at least 25% of appointments are available for online booking”. This requirement - that applied to the entirety of the practice’s appointments - has been replaced by a requirement that practices instead make all their “directly bookable” appointments available online, as well as by phone or in-person.

The new guidance explains to GP practices what kinds of appointments could be included for online appointment booking and what methods can be used to categorise them. For any questions, please contact england.digitalfirstprimarycare@nhs.net.

New First Contact Practitioner Resources

First Contact Practitioners (FCPs) are a vital part of the wider primary care multi-disciplinary team. A [new toolkit brings together the essential resources to support the development and integration of FCP roles](#) into the wider system. It provides quick links to relevant sources that cover all aspects of FCP roles from planning and implementing, through to demonstrating effectiveness and impact.

Mental Health & Wellbeing

The [Practitioner Health Mental Wellbeing App is now available to any member of the primary care team](#). You can register for the app using the access code PC2022 and you will then be sent joining details. The app is a personalised mental wellbeing tool, creating a wellbeing plan based on individual scores and customised content based on your identified needs and directing you to tools, resources and routes to support.

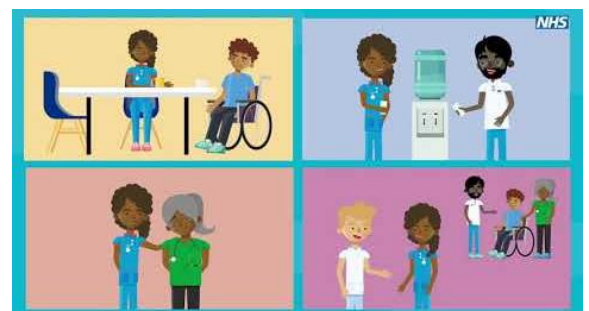
Three in five people have said their menopause symptoms have a negative impact on them at work and nearly one in three said they had been unable to go into work because of their symptoms. With over 75% of the NHS workforce being women, creating a supportive working environment so that our colleagues can thrive through the menopause is so important. In response, NHS England has launched [national guidance for line managers and colleagues experiencing menopause](#) that includes practical tips and advice. It can be used alongside existing guidance and policies

Support for line managers and those holding wellbeing conversations

The [NHS People Plan](#) sets out the ambition that every member of the NHS should have a health and wellbeing conversation with their line manager or a peer, and that as part of this conversation, line managers will be expected to discuss an individual’s health and wellbeing, and any flexible working requirements, as well as equality, diversity and inclusion.

NHS England launched a national training programme designed to support NHS colleagues in having safe and effective wellbeing conversations. **88.9% of delegates who completed the post course survey reporting that they felt confident or very confident** to initiate a wellbeing conversation after attending the training.

If you are interested in attending, please see [available dates](#)



What is a wellbeing conversation?

Wessex Support Hubs for Practice Staff

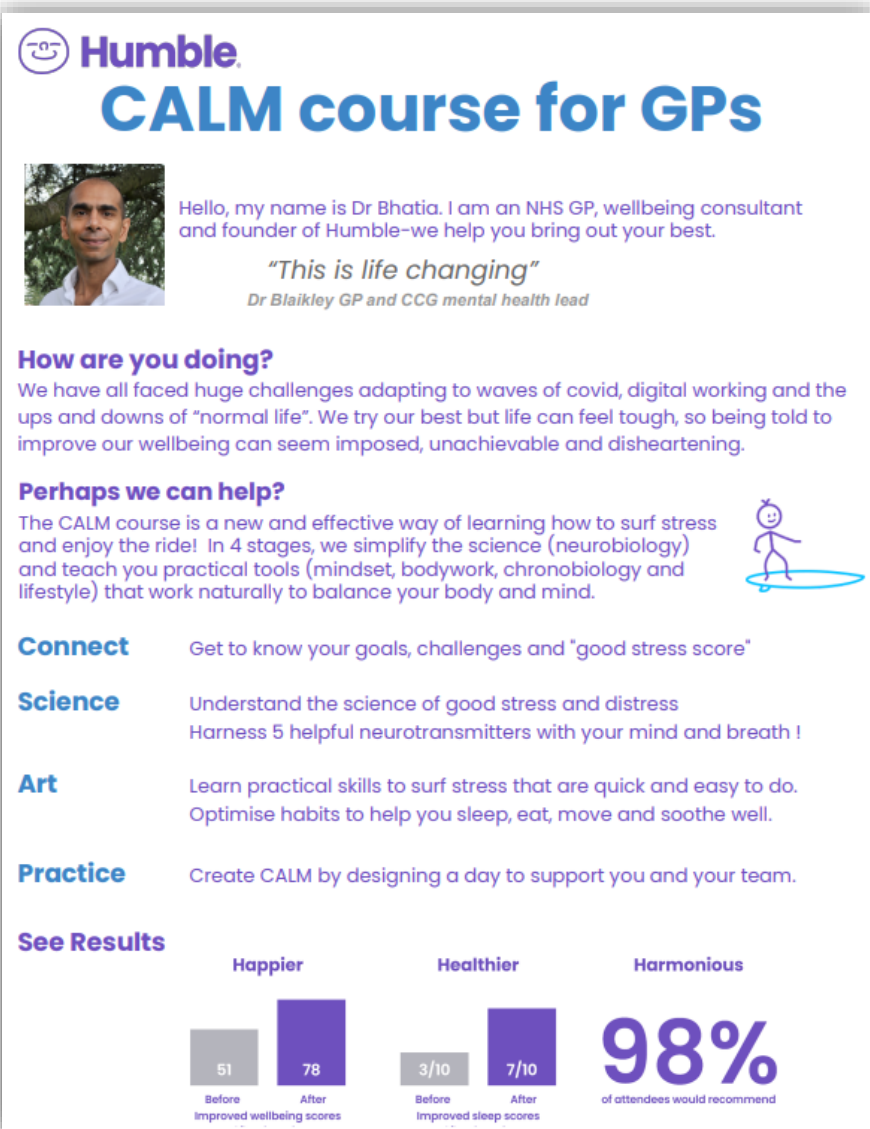
Banes, Swindon & Wiltshire: [BSW Wellbeing Matters service](#)

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


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

Wessex Education & Events

CALM Course for GPs – Surf Stress and enjoy the ride at this FACE-TO-FACE session



Humble.
CALM course for GPs




Hello, my name is Dr Bhatia. I am an NHS GP, wellbeing consultant and founder of Humble—we help you bring out your best.

"This is life changing"
Dr Blaikley GP and CCG mental health lead

How are you doing?
We have all faced huge challenges adapting to waves of covid, digital working and the ups and downs of "normal life". We try our best but life can feel tough, so being told to improve our wellbeing can seem imposed, unachievable and disheartening.

Perhaps we can help?
The CALM course is a new and effective way of learning how to surf stress and enjoy the ride! In 4 stages, we simplify the science (neurobiology) and teach you practical tools (mindset, bodywork, chronobiology and lifestyle) that work naturally to balance your body and mind.



Connect Get to know your goals, challenges and "good stress score"

Science Understand the science of good stress and distress
Harness 5 helpful neurotransmitters with your mind and breath!

Art Learn practical skills to surf stress that are quick and easy to do.
Optimise habits to help you sleep, eat, move and soothe well.

Practice Create CALM by designing a day to support you and your team.

See Results

Happier		Healthier		98% of attendees would recommend
Before	After	Before	After	
51	78	3/10	7/10	
Improved wellbeing scores				
Improved sleep scores				

Following the success of Dr Ashish Bhatia's session at this year's practice manager conference, we are pleased to welcome him back to deliver this course especially for GPs.

Date: Thursday 2nd March 2023

Coffee & Registration 09:00am

Session Runs: 09:30am - 13:00pm

Venue: Salisbury & South Wilts Golf Club, Netherhampton Road, Netherhampton, Salisbury, SP2 8PR

Wessex LMC Members £115pp

Book Online:

www.wessexlmcs.com/events/14281

Data Breaches in General Practice

Thursday 23rd February 2023 10:00 – 11:00

Wessex LMC Members £20pp

Book Online: <https://www.wessexlmcs.com/events/14447>

This webinar is suitable for anyone who already has a basic understanding of the concepts behind information governance in General Practice. It will also be suitable for all senior members of staff who want a greater understanding of this area. Topics covered include:

- What are data breaches
- What processes are needed



- How to report a data breach
- Scenarios to discuss
- Broader data breaches i.e. Not just patients but also those relating to staff/GPs and sharing of PID with external agencies, and when it should be anonymised

Please note this session is not being recorded

Regards
The LMC Team

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