

Dear Colleagues

Wessex LMCs News Update from the Team. . .

Wessex LMCs Intro...



*Dr Laura Edwards
Joint CEO
Wessex Local Medical Committees Ltd*

Many of you will have seen or heard about Wes Streetings comments last week in the Times and then subsequently on other media. The headline of 'wanting to phase out the existing GP system' will have most of us feeling our blood pressure rise before we read any further. Interestingly his stance appears to have softened as the week has rolled on with the initial blanket statement being changed to more around seeking a conversation with the profession. Every party knows that General Practice is in difficulty. What they need is understanding of why.

Those of us who work in the profession know we want to meet patient needs, as much as they want them met, there simply aren't enough of us to meet those needs. We also don't have the estate in which to house our teams to meet Wes' vision of us working 'in modern practices alongside a range of other professionals' – if he would like to help us solve this then we welcome that support. Whichever party takes over governing the country they absolutely need to accept these truths before they turn to changing the structures of General Practice as a solution.

Nevertheless, we are mindful that the direction of travel for both parties appears to have some commonality. The direction everyone is pushing is that bigger is perceived to be better, both political parties seem to be looking for large scale providers, and there is a mood for a unified front door. The system is not working for patients is a message that is being repeated loudly, the second half of the equation is that the system is not working for NHS staff, with GPs included in that, either. This second bit appears to be understood by the public for secondary care but not necessarily realised for General Practice. It is something that is misunderstood at the peril of the political parties and the public.

[As I said recently on ITV Meridian](#), we need to stop blaming GPs for there not being enough of them. If the reasons for the current difficulties are misunderstood, and we see a continued exodus of GPs, then there is a danger there we will simply reach a point where there are no GPs. This is what has happened in France with 8 million residents now no longer having access to any family doctor service at all – so called 'medical deserts'. Private providers and hospital Trusts are touted as alternatives but in our experience they all return to the same issues – no matter who holds a contract they all need staff to provide the service. If there are no GPs, there can be no service to offer. We must retain GPs so patients have someone to care for them.

We hope that Wes Streeting does indeed live up to his word that this is a conversation with the profession –

there needs to be time spent understanding the amazing complexity but also amazing service that we currently have, to think how we proceed.

In the wise words of the American Journalist HL Mencken about quick fixes: **“Every complex problem has a solution which is simple, direct, plausible — and wrong.”** If Wes is willing to think radically, he has a responsibility to also make those radical thoughts informed – our patients’ lives are at stake.

[Share Dr Laura Edwards recent ITV Meridian Interview ‘why are patients struggling to see their GP?’ on your website or via social media](#)

Pressures in General Practice

General practices have never been so busy, with over [31 million appointments](#) carried out in November, fifteen percent more than in November 2019, and this with fewer and fewer GPs as shown in the November [GP workforce figures](#), with a fall of 77 full-time equivalent fully-qualified GPs in England between October and November, and 471 in the 12 months to November.

The Government has now overseen the loss of the equivalent of more than 1,900 full-time fully qualified GPs in England since 2015, and that almost a quarter of this loss happened in the last 12 months alone – the biggest annual fall in almost three-and-a-half years – speaks volumes to the intense pressures that practices and staff are under. With workload demands soaring, and financial stresses on practices bearing down, alongside the impact of punitive pension rules, many GPs are having to take the difficult decision to reduce their hours or leave altogether to protect their wellbeing.

Fewer GPs means patients are suffering. GPs and our colleagues in general practice are doing unsafe levels of consultations. We risk making mistakes if we try to work beyond our mental and physical capacity. We will burn out and harm our own health if we continue to work in this way.

To save ourselves and protect our patients we have to move to delivering safe working models. The BMA have produced [guidance to help practices](#), LMCs, and ICBs to develop models which deliver for patients and keep doctors safe.

The NHS in general is at breaking point, and this is putting untold pressure on general practices. We need investment in traditional general practice. This is what patients want. This is what GPs want.

The Health and Social Care Select Committee report into the Future of General Practice provides some hope as we move into a new year. The BMA moves towards the new year with more determination to get general practice the support it needs so that GPs and practices thrive and enable them to deliver the services which patients require.

Group A Streptococcus Infections – where are we now?

You may recall last month, Dr Andy Purbrick, Joint Chief Executive of Wessex LMCs, spoke with Dr Sanjay Patel, paediatric infectious diseases & immunology Consultant at Southampton Children’s Hospital about the [Diagnosis and Management of Group A Streptococcus Infections](#).

The pre-Christmas alert from UKSHA caused a huge amount of anxiety and activity within Primary Care. As we move into the New Year, general practice is continuing to feel the pressures of winter illness, in particular children presenting with upper respiratory infections.

Dr Sanjay Patel joins Dr Will Howard, Medical Director at Wessex LMCs to give us an update on the current situation with the Group A Strep outbreak. [Listen to the podcast here](#) and please do circulate to all your colleagues.

We also encourage you to continue to share the [Healthier Together website](#) as a reliable source of information for your patients.

We thank you for all the hard work you and your teams are doing.



Junior Doctor's Ballot in England for Strike Action

Last week, the junior doctors' ballot in England for strike action opened. The BMA's Junior Doctor Committee (JDC) has confirmed that following a successful ballot, the first form of strike action will be a full walkout of junior doctors for 72 hours. JDC have been brought to this point by the year-on-year pay erosion that has left our junior doctor members with a real term pay cut of 26.1% since 2008/2009.

As the co-chairs of JDC set out in a blog published recently, this strategy builds on the lessons learnt from 2016 when junior doctors last took industrial action. Then, full walkout maximised participation in the strike by junior doctors and had greatest impact on the government.

GPC England is unequivocal in its support of all their GP trainees in this dispute, for full pay restoration to protect our profession and the services patients rely on. This support was [demonstrated](#) by English GP representatives at the recent LMC England conference. You can find out more information about the ballot at <https://www.bma.org.uk/juniorspay>.

Guidance for GP trainees has been added to the [junior doctors' guide to strike action](#).

If a GP trainee wishes to picket, legally, it must be picket at or near their place of work. They are not able to picket at a place that is not considered their place of work. However, a GP trainee is not barred from taking part in a protest that takes place near to a hospital or other NHS building. If they are not part of a picket line, they are fine to join any organised protest.

The BMA are in the process of preparing more GP specific advice for trainees and practices which we will share in due course.

Accelerated Access to GP-held Patient Records Guidance - NHS England Return

We're aware that NHS England have been providing ICBs with data around those practices who have applied the SNOMED Code "Enhanced review indicated before granting access to own health record" (the "104 code") to 50% or more of their patient population.

NHS England are stipulating that practices who are choosing to limit patient access in this way must complete an online form by the 1st of each month:

Practices need to submit a plan to describe how they will communicate and offer full record access to those patients where the '1364731000000104' code has been applied, in order to meet their contractual obligation, and when this will be achieved. For more information on how to apply and resolve bulk applying Enhanced Review codes see Enhanced Review (SNOMED CT) codes page on the Implementation Team FutureNHS Collaboration Platform (login/registration required).

Whilst **offering and promoting** full prospective record access to patients is a contractual obligation (see highlighted text below), we do not believe that completing the online form on a monthly basis can be mandated.

Practices may wish to refer to the BMA's [letter](#) of 25th October which set out the following guidance with regard to the option to apply batch exemption coding:

A delay at practice level would allow practices to undertake the necessary preparation and training to facilitate a safe implementation of the programme with practices able to work through the GP readiness checklist at a pace that fits with business continuity whilst maintaining delivery of essential services. It is for practices to decide the best course of action for themselves and their patients, being ever mindful of their responsibilities as Data Controllers .

It remains a contractual requirement to offer and promote online access, and this offer will continue, with access being granted on request subject to practices being confident there will be no adverse impact on their provision of essential services

GP Registrations – ensuring correct details are recorded

GP teams are encouraged to check new patient demographic details have been recorded correctly when registering with a GP practice. Inaccurate details may result in duplicate records and additional NHS numbers being allocated to individual patients. In addition, the process to amend duplicate or incorrect records can result in delayed access to treatment.

This is particularly important for newly registered babies who may require newborn bloodspot screening. The laboratories will not accept the newborn bloodspot screening sample without all the correct demographic details, including the correct NHS number.

Practices are reminded to please take extra care to double check the spelling of names, the date of birth and addresses of new patients.

Health Education England Contract

We have been approached by a number of practices and HEE regarding a new HEE contract – we escalated this to the BMA as of concern and directed HEE to engage with the BMA and negotiate a fit for purpose contract. We have now had a communication from the BMA regarding the Health Education England (HEE) Contract. They have confirmed that the aim was to formalise the payment mechanism for practices to be paid for training and supervision.

There is now a recognition that the contract is not specific enough for General Practices.

The BMA and HEE will work together to develop a more suitable contract for General Practice.

Digital and Transformational Lead ARRS Role

The Digital and Transformation Lead role [was introduced as a reimbursable role via the ARRS in October 2022](#). The key objective of the role is to support PCNs and their practices to deliver ongoing improvement to services utilising data to improve quality, efficiency, to support population health management, workforce or estate planning.

[New guidance on this role, alongside an example Job Description and an FAQ section](#) have now been published on FutureNHS (log in required) in order to support PCNs in implementing this role.

Extension of Free Covid PPE

On 10 January, the government announced its decision to extend the central, free provision of Covid PPE to the health and care sector, by up to one year to March 2024 or until stocks are depleted (whichever is sooner). The scheme will provide protection for frontline staff against Covid as part of the government's Living with Covid strategy. DHSC will publish details about stock-out dates by PPE category by April 2023.

[Further information about the extension and the scheme can be found on the DHSC website](#)

Role of General Practice teams in supporting patient access to COVID-19 treatments

To help GP teams and reception staff deal with queries from patients on treatments for COVID-19, NHS England has produced [a fact sheet which explains the pathway](#).

This is being shared to help GP practice staff assess and refer patients for antivirals correctly and includes a fact sheet for reception staff to ensure that potentially eligible patients receive an urgent triage call or review with the practice clinical team and, where appropriate, a referral to a COVID-19 Medicine Delivery Unit.

Full details on how GP teams can help support access to COVID-19 antivirals can be found in the [letter issued to GPs in May 2022](#).

Annual Health Checks (AHCs) - a reminder

As we start 2023, it is timely to remember the benefits of continuing to provide AHCs for people with a learning disability, particularly at this time of year. This opportunity enables those most vulnerable in our communities to be supported with reasonable adjustments and be seen by primary care teams, to have their blood pressure and basic checks done, to review medicines and to talk about the things that may be worrying them.

AHCs also offer an opportunity to highlight the importance of having flu and COVID vaccinations, and to have a conversation about what patients may want and need if they become ill. [This short film](#) demonstrates why it is important for people with a learning disability to have an AHC and to follow a health action plan.

Read further guidance on the Wessex LMCs website: [Learning Disabilities: The Annual Health Check](#)

FutureNHS - Collaboration Workspaces

NHS England Primary Care has dedicated workspaces that people working in primary care can join to access all the latest resources, information, and conversations with your peers. The [PCNs and Practices Support Hub](#) includes the most up to date national information, guidance, support and resources that PCNs and Practices need to deliver care for their patients.

Please also check out the new [Managing in Primary Care hub](#), designed to help primary care employers, managers and leaders shape, develop and support their teams.

Thank you for your donation to the Cameron Fund

[The Cameron Fund](#) is the medical profession's only charity providing help and support solely to General Practitioners and their dependent family, who find themselves living in financial hardship or distress.

Several years ago, Wessex LMCs set up a voluntary [Cameron Fund Charity Levy](#) to help those Practices that wished to do so to support the Cameron Fund with an annual donation. This was supported by about 1,000 GPs in Wessex, and the funds generated by the levy have made a very substantial contribution to the work of the Fund in helping GP colleagues and their dependents who have fallen on hard times. The Trustees are very grateful for your help.

Wessex LMCs received the following thanks for our recent donation:

"On behalf of the Cameron Fund's Chair and Council of Management, thank you very much to Wessex LMC for the donation of £41,913.33 received in December"

"This incredibly generous donation from your charity levy will help us to support GPs and their families in financial hardship and is much appreciated"

[In our latest podcast](#), Dr Will Howard, Medical Director at Wessex LMCS, talks with Vernon Needham, trustee of the Cameron Fund. Vernon explains everything you need to know about the Cameron Fund including:

- Who the charity can benefit and examples of how
- How the charity is funded
- The application process
- Timescales for the application process
- [10 Top Tips for Financial Wellbeing](#)



Mental Health & Wellbeing

As we continue to face overwhelming pressures in general practice, we encourage practices to focus on their own team's wellbeing.

A range of wellbeing and support services are available to doctors, from the BMAs [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](#)

The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions.

Issues with Event & DBS payments via FourteenFish

It has been brought to our attention that some website users are experiencing issues when submitting card payments online for event bookings or DBS applications.

A number of banks are increasing their fraud security checks. If you are experiencing issues with card payments, please contact your bank and ask them to authorise payments made to FourteenFish. FourteenFish process payment on behalf of Wessex LMCs via the Wessex LMCs website.

Wessex Education & Events

CALM Course for GPs – Surf Stress and enjoy the ride! (Face to Face)

Thursday 2nd March 2023 09:30 – 13:00

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

Wessex LMC Members £115pp

Book Online: <https://www.wessexlmcs.com/events/14281>

We have all faced huge challenges in general practice 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.

The CALM Course is a new and effective way of learning how to surf stress and enjoy the ride!

98%
of attendees would recommend



Click the image to find out more in this short video

Contraception Update for GPs & Allied Health Professionals

Wednesday 29th March 2023 09:30 – 10:30

Wessex LMC Members £30pp

Book Online: <https://www.wessexlmcs.com/events/14397>

Dr Alison Vaughan will equip GPs and allied health professionals with skills to navigate the complexities of contraception presentations. She will use cases relevant to everyday practice to demonstrate contraceptive conundrums covering a wide range of different issues, encourage discussion and to help cement learning.

Areas covered include:

- Contraception in the over 40's
- Contraception with HRT
- When to stop contraception
- Tailored use of CHC (unlicensed)
- New developments/guidance
- Different contraceptive options & Delaying menses



We are recording this session and it will be available to purchase afterwards [here](#)

HR Bite Size: Safer Recruitment

Tuesday 21st February 2023 12:00 – 13:30

Wessex LMC Members £15pp

Book Online: <https://www.wessexlmcs.com/events/14710>

Fiona Smith from Kraft HR Consulting Ltd will lead this HR Bite Size for Practice Management on Safer Recruitment. Fiona will be joined by Jane Dawes, one of our PM Supporters who will assist the session by making it practical and relevant to life on the ground in a GP Surgery.

During this session we will be looking at:

- What is safer recruitment?
- Underpinning employment law
- Key safeguarding elements of the practice recruitment and selection policy statement
- Risk assessment of convictions
- Conviction in employment



We are recording this session and it will be available to purchase afterwards [here](#)

Regards

The LMC Team

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