

*Dear Colleagues*

## **Wessex LMCs News Update from the Team. . .**

### **Wessex LMCs Intro...**



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

Earlier this week, the results of the BMA ballot of junior doctors for industrial action were announced. Over 98% of respondents voted to strike and the turnout was over 77% (36218 voted to strike, with 716 against). A 72 hour walk out is due to take place from Wednesday 15<sup>th</sup> March.

A significant proportion of junior doctors are on a GP training scheme. Practices will be affected if they have doctors in training due to work on these dates, but also by the reduced workforce available in secondary care over the three days. The BMA intends to publish a guide for practices to the strikes shortly. We would encourage practices to consider the impact of the strike for them and how they will engage with doctors who are training at their practice.

We have seen other groups, such as nurses and teachers, take strike action this winter. Given the England General Practitioners Committee recently rejected the 23/24 contract offer from the Government it appears increasingly likely that General Practitioners will be balloted about some form of industrial or collective action over the coming few months. How would you respond to this individually? How would you as a practice team respond to the potential outcomes of this?

It is an emotive conversation and there are strong views for and against different forms of action from within General Practice. We would encourage you to be ready to discuss this within your practices and listen to each other's perspectives.

### **GP Contract Meeting with Minister O'Brien**

Further to [GPC England's rejection of the 2023/24 contract change proposals](#) at its meeting on 2 February, the BMA have met with Neil O'Brien MP, Parliamentary Under Secretary of State, to discuss the GP contract deadlock.

Mr O'Brien thanked the BMA for the constructive approach to contract discussions and commented on how hard GPs are working and sought to focus on unnecessary bureaucracy and what changes could be made to QOF (Quality and Outcomes Framework). The issue of unsustainable pressures practices are under was raised and the lack of investment, with the system working beyond capacity and the fact that every GP lost

results in, on average, over 2,200 patients needing to be distributed to other already overburdened GPs. It was stressed that stability is urgently needed for the next 12 months but the profession does not feel supported by Government at the present time, and that there is the perception that secondary care gets all the additional resource and focus and the huge negative impact this is having on GP practice workload.

Minister O'Brien confirmed that, within the forthcoming General Practice/Primary Care Recovery Plan, the primary secondary care interface is receiving particular attention, and acknowledged that there is more to do on GP appointments in terms of getting accurate data as the belief is GPs are actually doing more than national statistics currently show. Government/DHSC is also keen to tell a positive story regarding primary care. The Minister also reported willingness to change QOF, ARRS (additional roles reimbursement scheme), IIF (Investment and Impact Fund) where possible, bringing in changes faster and that DHSC welcomes ideas on this. The BMA also raised the issue of QOF and the impact of the end of year focus on unnecessary "box ticking" and stressed that less prescriptive quality improvement style approaches would be better, as this would ensure an improved experience for patients with GPs able to focus on the right aspects of their care.

It was also stressed that the current intended core practice contract funding uplift is insufficient to help cover the cost of practice expenses and we strongly urged the Government to identify additional financial support for 2023/24 to ensure practices are not forced to reduce their workforce and thus patient access, to cut costs or, even more worryingly, cease operating altogether.

If the Government and NHS England refuses to negotiate an improved offer, and a contract is imposed on practices, GPC would be forced to consider all options, including the potential for industrial or collective action.

We encourage practices to continue to review their working practices in reference to our [Safe working guidance](#) to prioritise care in order to manage the finite workforce and resources available.

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

## 2023/24 GP Contract Update Webinars

The BMA are organising five webinars to ensure that every GP has an opportunity to hear about this year's contract changes, ask questions, and share their feedback, at no cost. The GPCE officers will deliver the same presentation at each webinar, meaning that attendees need only attend the event most convenient to them.

These webinars will replace the roadshow events familiar to many from pre-pandemic times. The unusual lead up and consequent delay to this year's negotiations has rendered that approach impractical. It will also free up more time for in-person engagement with the officers regarding the future shape of the contract.

We encourage as many BMA members to attend these events as possible, as we will use these as an opportunity to explain our next step options and hear member feedback. Further details and registration will be available via the [BMA's Events page](#) in due course, and we will include the registration links in the next bulletin/update. The planned dates and times are:

Tuesday 21st March 19.00-20.30  
Wednesday 22nd March 12.30-14.00  
Wednesday 29th March 19.00-20.30

Thursday 30th March 12.30-14.00  
Thursday 30th March 19.00-20.30

## Use of Gender Identity Development Service (GIDS) referral proforma; for children and young people's gender dysphoria services

**Correction:** Last week we published an article around the new GIDS service. Due to a miscommunication, we omitted the correct acknowledgement at the start of the article. We realise it was half term and some of you may have missed this advice. We are therefore re publishing with the correct referencing and a repeat of the comprehensive advice.

The following article is based on excellent work by Surrey and Sussex LMCs and BBO LMC. We at Wessex LMCs are grateful for their work and endorse this approach.

In July 2022 NHS England announced plans to move to a regional model of care for children and young people experiencing gender dysphoria and bringing the current provision at the Tavistock and Portman NHS Foundation Trust to a close. New services are due to be opening from Spring 2023 although no definite plans are yet available. This was foreshadowed by the interim report of the Cass Review, in February 2022.

As part of these arrangements NHS England has commissioned the Referral Management Service at NHS Arden and Greater East Midland to manage all referrals for Children and Young Peoples GIDS. Referrals can be made by GPs, or by other organisations, such as Paediatric Services, Social Care, and Children and Young Peoples Mental Health Services. Self-referral is not permissible.

The BMA affirms the rights of all transgender and non-binary individuals to access healthcare and live their lives with dignity, including having their identity respected. Doctors should work collaboratively with their trans and non-binary patients as they do with any patient: in a respectful, open and sensitive way, free from discrimination or bias.

GPs should understand gender incongruence and the issues involved to ensure quality care is provided. However, we also need to balance what can be expected of GPs and the expertise which should rightly remain with specialist services.

In common with other referral proforma, Wessex LMCs does not support the use of proforma as a prerequisite for the acceptance by a provider of any referral. Referral proformas can be useful where their use is optional, they are simple to complete and facilitated by auto self populating from the patient clinical record. The GIDS proforma is unusually long and complex and may take GPs or administrative colleagues a significant amount of time to complete. Most if not all the information can be obtained from accompanying specialist letters (which the LMC recommends are sent with the GIDS referral). Alternatively, a direct discussion could be arranged by administrative staff at the Referral Management Service with clinical staff at the accepting provider, who will clearly be aware of what they want to know in order to undertake an initial screening or management of the patient and their family, and can use a remote consultation to do so.

A number of other LMCs have raised concerns about the GIDS proforma. BBO LMCs (Berkshire, Buckingham and Oxfordshire) have suggested the following approach. If your practice receives a rejection email from the GIDS service due to non-use of, or missing information in a referral proforma, the LMC recommends you respond by:

- **Acknowledging receipt of the GIDS service letter dated xxx**
- **Note that it relates to your referral of [Patient Identifier] on xxx**
- **Note that as the GP you are being asked to complete a proforma before the referral is accepted**
- **State that your original referral letter / proforma contains all the necessary available clinical and other information needed to ensure a safe transfer of care and for the GIDS service to assess and manage the referral**
- **State that you will not complete the requested referral proforma as it is neither professionally or from a regulatory perspective a requirement to do so , or where you have chosen to use the proforma state that you have completed it to the best of your ability.**
- **Say that the GIDS service may contact the patient and/or their family, who are aware of the referral, to obtain any further information they believe is necessary to appropriately process and manage the referral (note: this refers to children and young patients: adult patients should not include a reference to contacting the patient's family)**
- **Note that whilst you as the patient's GP are happy to continue to deliver primary medical services to the patient, this does not imply:**
  - **A willingness to prescribe any medications under the direction of the GIDS medical team**
  - **A willingness to monitor or interpret any diagnostic investigations recommended by the GIDS clinical team**
- **Conclude by saying you have appropriately referred the patient who should be placed on the waiting list, and you cannot be responsible for any delays caused by the GIDS referral management service**

The LMC recommends you keep a copy of this letter: if the GIDS referral management service continue to refuse your referral without the completion of a proforma, please contact NHS England Specialised Commissioning team and the LMC.

Colleagues should also note the LMC does not support the inclusion of referral proforma as a prerequisite for any referral process; this represents a workload burden upon practices and diverts General Practice clinical and administrative time from more appropriate priorities. It is also not required as part of either a GP's professional or regulatory responsibility, although it is important that sufficient information is included in any referral letter to ensure a safe transfer of care. Recipient providers can contact the patient (or in the case of children and young people, with consent their parent(s)/carer(s)) to obtain any further information they feel is necessary to appropriately assess, prioritise and manage referrals.

The LMC recommends only auto self-populating templates are requested from General Practice, and referrals should not be rejected if these are incomplete.

## Sessional GPs: Superannuation Type 2 Certificate Submission

If you are a sessional GP and yet to submit your type 2 form, the BMA have [guidance](#) that will help you complete the process easily, including a recorded webinar.

For NHS Pensions to ensure you have paid the correct pension contribution tier across all your pensionable roles, the yearly type 2 form submission is necessary and the responsibility of the individual GP. The deadline to submit your type 2 form is 28 February.

The guidance covers:

- what pension tier to use
- the forms you need
- annualisation
- submitting forms and money
- your total rewards statement, and more.

## Mental Health & Wellbeing



### Our Frontline: Support for Healthcare Workers

Right now, healthcare workers are facing extremely challenging times. Taking care of your mental health and wellbeing might be taking a back seat. Talk with a trained volunteer in confidence.

For free, confidential, emotional support:

- Call 0300 303 4434 from 8am to 8pm, 7 days a week, for trauma and bereavement support from Just B
- Text FRONTLINE to 85258
- Or call 0800 069 6222 from 7am to 11pm if you're in England, or 116 123 any time or if you're elsewhere in the UK, to talk to Samaritans.

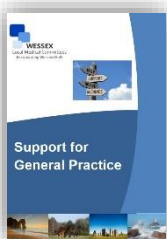
## Wessex Support Hubs for Practice Staff

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 Support Hubs for Practice Staff



At the LMC we are often contacted by general practice staff who are in need of help, but very few are aware of the range of support that is available or how to access it.

Our booklet [Support for General Practice](#) aims to provide this.

### Which approach to type 2 diabetes – NICE guidelines or ambition for remission?

Wednesday 24th May 2023 12:30 – 14:00

Wessex LMC Members £30pp

Book Online: [www.wessexlmcs.com/events/14419](http://www.wessexlmcs.com/events/14419)

Hosted by Dr Camilla Janssen, with guest speaker David Cavan, Consultant Endocrinologist, at Poole Diabetes Centre.

Practical advice for the jobbing GP, AHP, ANP & Paramedic, this interactive session invites you to bring your diabetes questions and queries.

This online learning will look at:

- Which approach to type 2 diabetes – NICE guidelines or ambition for remission?
  - Review of the new draft type 2 Diabetes NICE guideline
  - Remission and prevention of Type 2 diabetes
  - Reflection of how these offer two distinct paradigms
- HbA1C targets & SGLT2 inhibitors.
- Sick day rules
- Steroids
- Driving and monitoring
- Dietary and lifestyle advice and much more.



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

### HR Bite-Size - Managing the Probation Period

Thursday 18 May 2023 14:00 – 15:00

Wessex LMC Members £15pp

Book Online: [www.wessexlmcs.com/events/14715](http://www.wessexlmcs.com/events/14715)

Fiona Smith from Kraft HR Consulting Ltd will lead this session. 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:

- The importance of the employment contract.
- The law on short service dismissals.
- Probation periods for internal transfers and promotions.

Participation in this event will help you to be more confident about these areas of HR in Primary Care



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

### Innovations Conference - A new look for our PM Conference

We are trying a new look for our PM Conference this year - and running a conference based on Innovations. We do hope that Practice & Business Managers will bring along their deputies as well as GPs and any other members of their team who are keen and open to be inspired by new ideas and ways of working.

We hope to offer you ideas, some of which will be hi-tech and some without any technology at all!



[Much more info to come here!](#)

Do **save the date of Thursday 6<sup>th</sup> July** and block out your diary until we open the bookings.

Regards

*The LMC Team*

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