

*Dear Colleagues*

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

## Wessex LMCs Intro...



*Dr Andy Purbrick  
Medical Director  
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In what appears to be the new norm, negotiations between NHSE and the BMA around the 2023/24 contract failed to result in any 'offer' that could be seen to meaningfully address GPC England's concerns regarding the workload and workforce crisis facing general practice.

As is customary at the end of a negotiation period, on Friday the BMA GPC Executive met with Steve Barclay, Secretary of State for Health and Social Care, and Neil O'Brien, Parliamentary Under Secretary of State (Minister for Primary Care and Public Health) to discuss the final contract offer on the table which the BMA made clear was not acceptable. The meeting concluded without any further offer.

Amongst other things, the BMA had been asking for an inflationary uplift to the core contract and enhanced services, pausing or withdrawing pay declaration requirements, and significant reduction of QOF and IIF targets.

We understand that NHSE contacted the BMA on Monday with their imposed contract and then published it.

This is their letter <https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2023-24/>

The contract serves to reaffirm this governments obsession with 'access' despite it being obvious to all that the main issue isn't access, it's capacity. In January 2023, 88 GPs left the NHS and there are 2078 fewer fully qualified GPs than in 2015. At the same time, each GP now has 2283 patients to care for, which is 18% more than in 2015. It is no wonder patients are finding it difficult get appointments. It is ironic then that the contract letter begins by highlighting the fact that ***'In January 2023 General Practice delivered 30m appointments, an increase of 11% on January 2020, a testament to the incredible work of GP teams.'***

The headline contract change that will likely cause most debate in the coming weeks is around access: ***To ensure consistency in the access that patients can expect, the GP contract will be updated to make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice.*** A welcome reduction in the number of IIF indicators will apparently release £246 million to PCNs to achieve this aim.

In 2023/24, all the QOF register indicators points will be awarded to practices, based on 2022/23 outturn once

finalised, releasing £97m of funding and reducing the number of indicators in QOF from 74 to 55 (a reduction of 25%). We await the further detailed guidance from NHSE on what this and other aspects of the contract changes will really mean for general practice. While QOF register income protection would appear to be positive it is not yet clear what this actually means.

The most disappointing outcome of this contract is the failure to offer anything other than the previously agreed 2.1% financial uplift to the core contract. This will result in significant financial pressure for many practices at a time when we are trying to support workforce salaries to reflect new national living wage rates, inflation, and cost of living increases.

There are some small wins in the new contract, such as the permanent removal of the four session cap for retainers, including Advanced Clinical Practitioner nurses in the additional roles reimbursement scheme and removal of the Vaccs and Imms repayment mechanism so removing the payment clawback for practice performance below 80% coverage across routine childhood imms.

I think it's fair to say that this contract offer will leave many of us wondering what the government really want in terms of General Practice services in a future NHS.

Our junior doctor colleagues are about to commence industrial action and we learnt on Monday that in a consultative ballot of NHS consultants in England 86% voted in favour of strike action.

There will be much discussion nationally and regionally in the coming weeks about we do as a profession in response to this contract imposition and the current crisis facing general practice. I would encourage you to have this discussion at a practice level too. It is important that the LMC hear your views so that we can represent you. I have no doubt that the BMA will also be seeking your opinion and appetite for meaningful action.

**Dr Richard van Mellaerts (Deputy Chair of the BMA GPC England) will be joining us for a webinar to discuss the 2023/24 contract changes on Thursday 30<sup>th</sup> March 15.00-16.00.**

**[Wessex LMCs: Event details: GP Contract 23/24 - webinar to unpick and discuss the changes.](#)**

**We hope you are able to take up this opportunity to look at the contract with us and bring with you any questions you may have.**

The BMA will also be delivering a series of contract update webinars in March to discuss the contract, their proposals for the next steps towards action, and to hear the views of the profession (details below).

## 2023/24 GP Contract BMA Update Webinars

Those wishing to attend one of the GP contract update webinars in March can now register via the [BMA website](#). The GPCE officers will deliver the same presentation at each webinar, meaning that attendees need only attend the event most convenient to them. The planned dates and times are below, and you can [register here](#)

Tuesday 21st March 19.00-20.30

Thursday 30th March 12.30-14.00

Wednesday 22nd March 12.30-14.00

Thursday 30th March 19.00-20.30

Wednesday 29th March 19.00-20.30

## Junior doctors' strike action - guidance for GP trainees and GP practices

[Junior doctors \(including GP trainees\)](#) will be taking industrial action from 13-16 March. With this in mind, the BMA have published comprehensive [guidance](#) for GP practices across England which you can read. The guidance covers everything from managing the impact of strike action on practice work to GP trainee rotas and information on how GP practices can support GP trainees financially. We'd encourage you to familiarise yourself with all guidance before the strike days.

Our understanding is that Junior doctors can choose to join this strike action even if they are not BMA members. However, they would then not be offered trade union support subsequent to this and therefore

anyone choosing to take this line of action should consider it carefully. We understand that trade union status is a protected characteristic and practices should exercise caution before considering asking Junior doctors if they are a trade union member.

98% of junior doctors voted in favour of strike action and more junior doctors voted than ever before. This gives a huge mandate and puts the government under intense pressure. This is a step in the right direction for full pay restoration not just for junior doctors, but the whole profession.

The LMC England Conference also passed a motion in November 2022, offering public support to all junior doctors, including GP trainees, in their pursuit for pay restoration to 2008 levels. This support was further demonstrated by GPC England, where a motion was passed with no votes against, offering support to all junior doctors, particularly GP trainees, in their pursuit for full pay restoration.

The BMA have also produced a poster you may want to display in your practice, a patient information leaflet, and an infographic that can be used on your website, which can be [ordered online](#). You can download further guidance for practices and LMCs, such as impact on GP trainees rotas, running of GP practices and how to support GP trainees during the strike on the [BMA website](#).



## Wessex LMCS in the Media: BBC Radio Solent Interviews

The pressure never stops....

On Tuesday 7th March, Joint CEO's Dr Laura Edwards, and Dr Andy Purbrick, spoke on BBC Radio Solent's Breakfast shows. Following a segment on the day in the life of a GP, featuring Dr Lisa Nayler from the Parkstone Tower Practice in Poole, Andy and Laura spoke on why the system is broken.



In this interview broadcast to the Hampshire and IOW region, Laura discusses why there aren't enough GPs to meet an increasing medically complex population. Take a listen via our podcast channel [here](#)



In this interview broadcast across the Dorset region, Andy explains why the workload crisis is not just a result of the pandemic. Take a listen via our podcast channel [here](#)

## GP Trainee Visas

The BMA have written to the immigration minister regarding their ongoing concerns over barriers facing GP trainees to staying and working in the UK on completing their training. The letter followed the Minister's commitment to ensuring officials in the Home Office are working with the DHSC and the BMA to consider umbrella sponsorship as a solution to the problem – something the BMA has repeatedly called for to help create a welcoming environment that ensures the UK attracts and retains talented doctors to help address the shrinking medical workforce in general practice.

Stressing the importance of measures being in place to facilitate smooth transition into full time employment ahead of the next cohort of GP trainees completing their training, the letter calls on the Minister to consider a six month grace period as a temporary measure whilst conversations on an umbrella route continue. A grace period would help alleviate some of the stress and anxiety felt by GP trainees coming to the end of their training by providing them with a six-month window to find a GP practice to employ them.

## Telephone Befriending Support from NHS Volunteer Responders Re-opens for Referrals

NHS Volunteer Responders has reopened requests for 'Check In and Chat' and 'Check In and Chat Plus' volunteers to help patients who feel isolated or lonely by providing regular friendly phone calls.

This follows insight from GP teams and social prescribers who said that many of their patients were still

isolating and weren't as socially connected as they had been before the pandemic. Many clinicians and health and care professionals were keen to begin referring patients to the service again with nearly four in five saying they were likely to use it and nearly nine in 10 saying it would meet current patient needs.

## NHS Cervical Screening Programme – coverage data for improving uptake

GP practice teams can review their [quarterly cervical screening coverage figures](#) to identify and address the size of their cohort that have not had a test, but remain eligible. This resource enables practices to identify and address the size of their cohort that have not had a test but remain eligible. Helping practices to meet coverage standards and reduce the incidence and mortality from cervical cancer.

Two further interactive dashboards provide coverage data at CCG and local authority area levels enabling ICBs and Cancer Alliances to prioritise uptake improvement initiatives.

## Version 2 Referral Template for the NHS Digital Weight Management Programme

Version 1 of the Digital Weight Management Programme e-referral template will expire on 31 March 2023. Following this date, GP practices must submit e-RS referrals to the new service name: "NHS Digital Weight Management Programme, NHS England Version 2", using the postcode ST4 4LX.

GP practices must use the [Version 2 referral template](#) and remove the version 1 referral form from their systems. The new form has already been distributed to local data quality and IT support teams, Ardens Healthcare, Primary Care IT, DXS and PRISM. Please contact [england.wmp-prevention@nhs.net](mailto:england.wmp-prevention@nhs.net) if you have any queries.

## Healthy Living for People with Type 2 diabetes: direct GP practice and self-referral routes now available

People living with type 2 diabetes and their carers can now self-refer [via the Healthy Living NHS website](#). GP practices can continue to refer patients via a referral form, which is available on Ardens systems under diabetes templates, other GP systems may need to upload it manually.

Healthy Living is a web-based structured education programme that provides self-management information to people living with type 2 diabetes and supports improved health and wellbeing. The programme is QISMET accredited, eligible for QOF points, and has randomised controlled trial evidence for improving HbA1c. [More information is available within this letter to GP practices](#).

Please contact [england.digitaldiabetes@nhs.net](mailto:england.digitaldiabetes@nhs.net) to request a referral form.

## Reclassification of Co-beneldopa products, including Madopar as 'special containers'

From 1 February 2023, all Co-beneldopa products, including Madopar, across all strengths, now have 'special containers' status and will be provided in original manufacturer pack sizes of 100. GPs may be approached by people with Parkinson's or carers to discuss their prescription for Co-beneldopa and Madopar. Please ensure any changes are made to their records, so they get the amount they need. GPs are encouraged to review the records of their patients with Parkinson's who are on Co-careldopa or Madopar and either:

- make a change to the quantity they're prescribed, so they have enough medication each month; or,
- speak to their patient to ensure they know about the issue and explore their preference for their medication.

For more info please see the [PSNC note](#) or the [Parkinson's UK story](#).

## Transfers of Care Review

The Professional Record Standards Body (PRSB) would like colleagues working in general practice to [complete this short survey](#) by 14th March and [register for a focus group](#) on 15th March to share your views as they review the adoption and implementation of Transfer of Care discharge messages from secondary care to GP practices for NHS England.

## Online access to GP records: resources to help safeguard and inform patients

Resources are available for GP teams to help safeguard and inform patients with online access to health information. This includes [updated guidance on using enhanced review and online access to SNOMED CT codes](#), including the various scenarios and outcomes. [A patient video](#) has also been produced to help practices communicate the changes to give people access to their online GP health records. Please use these to help inform patients about the changes.

## Dorset's ground-breaking Population Health Management project featured in Financial Times

A ground-breaking population health management (PHM) project in Dorset that aims to deliver better outcomes for local people, in a fairer, more cost-effective and productive way by working out where the most pressing need for care is, has been [featured in the Financial Times](#).

Dr Simone Yule, Clinical Director at the Blackmore Vale Partnership and PHM national Clinical Advisor for NHS England, said: “*We reached out to patients that we otherwise just would not have known were in need of help.*”

## Sharing Key Patient Messages

During these challenging times, Wessex LMCs have produced some [key messages](#) for you to share with your patients. The messages outlined below will help enable General Practice to devote its resource to deliver safe and effective patient care.

- General Practice is open and working harder than ever.
- Please be patient and kind to General Practice staff.
- Your GP surgery needs your support, so it can be there to support you.

You can find a range of downloadable visual resources to help avoid unnecessary patient contact [here](#).



To share Wessex LMCs patient messages across your social media channels and website, take a look at the short video guides [here](#)

## Outstanding DBS Applications

We are currently undertaking a cleanse of our DBS database for any outstanding DBS applications. Consequently, over the next month you will be receiving 2 emails:

- the first stating that you currently have DBS applications outstanding that need to be actioned as soon as possible,
- the second email will be a polite reminder and notification that any DBS applications that have still not been actioned by **27<sup>th</sup> March 2023** will automatically be deleted from the system.

We thank you in advance for your co-operation in this matter.

[The DBS Team](#)



## Mental Health & Wellbeing

The RCGP Mental Health Toolkit may be used by any primary care professional or general practice in the UK. It is designed to collate resources which inform and support delivery of high quality mental health care in the primary care setting. It is arranged by clinical topic, and there are also sections collating important national and international guidelines and key documents for those involved in service design and commissioning. Patients, carers, and GPs concerned about their own mental health, may also find the toolkit useful.

Find the Toolkit here: <https://elearning.rcgp.org.uk/mod/book/view.php?id=13115&chapterid=616>

## 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

### How To... unpick what it means to be an NHSPS practice

Tuesday 25<sup>th</sup> April 2023 10:00 - 11:30

FULLY FUNDED for GPs, Senior Leaders and Partners in General Practice working in the Wessex area.

Book Online: <https://www.wessexlmcs.com/events/14867>

Following on from the '[How to...premises](#)' webinar on 01 February 2023, we hope that this webinar, devoted to practices who are in NHSPS premises, will help you.

- Is NHSPS your landlord? If YES – this webinar is for you.
- Do you have a Heads of Term/Lease? If NO – this webinar is for you.
- Do you have backdated service charges? If YES – this webinar is for you.
- Do you want to learn how to negotiate to resolve the outstanding service charges? If YES – this webinar is for you.



So please join Adam Thompson from Primary Care Surveyors & Wessex LMCs Director of Primary Care, Michelle Lombardi, and bring along any NHSPS queries you have.

*This webinar will be recorded and will be available afterwards [here](#)*

### How To... Improve and Develop your Premises

Tuesday 20<sup>th</sup> June 2023 10:00 - 12:00

FULLY FUNDED for GPs, Senior Leaders and Partners in General Practice working in the Wessex area.

Book Online: <https://www.wessexlmcs.com/events/14868>

Following on from the '[How to...premises](#)' webinar on 01 February 2023, we hope that this webinar, devoted to practices who are hoping to develop, extend or build new premises, will help you.

Join Adam Thompson & Michelle Lombardi who will help you:

- Understand Notional/Reimbursed Rent
- Understand Improvement Grants
- Understand how to start the process to extend your surgery
- Understand where to start if you want to relocate to new premises

*This webinar will be recorded and will be available afterwards [here](#)*

## NHS Property Services - Settlement Considerations Podcast



At the end of 2022, it came to light NHS Property Services were sending settlement letters to practices again. In this podcast recorded in November 2022, Adam Thompson from Primary Care Surveyors joined us to talk through the areas that need to be considered when looking to agree a settlement.

[NHS Property Services Website](#)

## Maximise PCSE Drugs Income for Personally Administered Items

Tuesday 28<sup>th</sup> March 2023 12:00 - 14:00

Wessex LMC Members £130pp

Book Online: [www.wessexlmcs.com/events/14530](http://www.wessexlmcs.com/events/14530)

This practical session is aimed at Practice Managers, Business Managers and Managing Partners, and will explain and demystify the claims process. Drugs Income is the money received for the Personally Administered Items purchased by the practice. It is claimed via the monthly FP34 claim and paid by PCSE. Most practices under-claim due to the inherent complexity of the process and Drug Payments.

During this 2 hour interactive session we will cover:

- What are 'Personally Administered Items'
- How to identify the PA Items the practice purchases
- An improved process for managing PAIs
- How to complete the PPA/FP34 claim
- Understanding PCSE Drugs Statements

*Please note this session will not be recorded.*

Regards

*The LMC Team*

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