



CLEVELAND LMC

Cleveland Local Medical Committee

Cleveland LMC Bulletin Tuesday 5 December 2023

Have your say on the future of general practice

COMPLETE OUR SURVEY

Next year marks both the 20th anniversary of the introduction of the 2004 GMS contract, and the end of the current 2019-24 five-year investment framework. A general election is also likely at some point in the year, and potentially, a new government. With change comes opportunity, and a window to influence how we deliver patient care now and for the years ahead.

Manifestos from the main political parties, think tanks, charities, and other health bodies will seek to influence these changes. In advance of these, GPC England will publish its own vision outlining the future direction for general practice by those who know it best: GPs themselves.

This is where you come in. We want to give you a voice.

If you only respond to one [survey](#), make it this one.

We want to hear from all fully qualified GPs in England, ***whether you're a BMA member or not.***

Share it with all GPs: partners, salaried, retainer and locum GPs; those working in wider primary care roles, in trusts, urgent care, secure or out-of-hours settings, and GP Registrars at ST3 and above. (A separate survey for all GP Trainees ST1+ will be opened by the BMA in the new year – our survey is targeted at ST3+ to ensure that respondents have appropriate experience working within the practice setting to enable them to answer as many questions as possible.)

Participants do **not** need to be a member of the BMA to participate but we will need a GMC number so we can corroborate responses as coming from qualified GPs based in England.

All responses will be anonymised.

The survey will close on **Sunday 21 January 2024**. Please: [complete the survey](#) as soon as possible, to ensure our negotiating position is as strong as possible.

Share the Survey with ALL your GP colleagues now: <https://tinyurl.com/GPSurveyShare>

Preparation for any future ballot

We need our GP contract to feel safe to sustain services and deliver for our patients. We need our workload to feel safe to retain and recruit GPs and the wider practice workforce. We have been clear with DHSC and NHSE that 2024/25 must bring hope for the future of our profession. This is also the will of your nationally elected body: GPC England, who in April 2023 voted to prepare to ballot GPs on taking collective action if the Government does not “drastically improve the contract” in 2024/25 negotiations.

At the England Conference of LMCs last Friday, Conference voted to ballot the profession on the outcome of future negotiations. Tell your colleagues and partners to [join the BMA today.](#)

If you are a member, make sure the details we hold for you are up to date to ensure your vote counts. Update your member details on www.bma.org.uk/my-bma or [join us as a member](#) today.

Locum GPs reporting reduced opportunities

In my keynote speech to England LMC Conference last week, I drew attention to where funding is landing, and where investment is being focused. Taking ARRS as an example, the £1.4bn being invested could be spent on 14,000 GPs, increasing GP access to 28 million patients across the country – but it isn't. The number one aim of PCNs when they were introduced in 2019 was to make the general practice workload more sustainable for PCNs' constituent practices – but it doesn't. Our workload has not changed, and in many cases some ARRS roles dilute the capacity of the GPs we have left.

Almost every practice I speak to is experiencing a cashflow crisis. Our concern is that this represents the perfect storm leaving Locum GPs with reduced opportunities for work. Are you a GP Locum who is worried for their future? Tell us in our Survey today, and please share among your Locum networks to provide the BMA with evidence to take forward: <https://tinyurl.com/GPSurveyShare>

LMC England conference 2023 update and resolutions

Chaired by Avon LMC's Dr Shaba Nabi, your national representative conference of representatives of England LMCs met last week. The title "Green Lights, Not Red Lines" framed the debates and discussions of the 300+ LMC representatives present, with an additional day's Special Conference which went into greater detail around continuity of care, funding formulas, and the merits of 'dissecting' unplanned from planned care. Read the resolutions and election results [here](#).

eDec Submission deadline – Friday 1st December

The BMA (and many LMCs) have provided advice to practices in relation to completing both questions within the eDec that relate to the Pay Transparency Regulations, that is, Questions 2N and 2O. We do not believe completing question 2O should pose a significant difficulty for practices.

The BMA is reluctant to advise answering 'no' if a responder is unable to confirm compliance, as this appears to inappropriately combine two separate and distinct scenarios: one being a definite knowledge (that no self-declaration has been made) and the other being uncertainty about this information. The BMA might suggest that a commissioner should not ask a contractor whether they have complied with the self-declaration requirement on the grounds that someone else does not know whether they have or not.

We note NHSE advice, that if the eDEC response is 'no', a commissioner may wish to ask a contractor this question, but simply responding to say that partners have not self-declared cannot of itself be taken as an indication that they should have done so. We believe it is reasonable to suppose that more information would be needed for the commissioner to justify such an enquiry.

The eDec should be completed accurately to the best of the responder's belief. If, however they do not know because the information is unavailable to them, then question 2N cannot be answered accurately. In these circumstances the GPC recommends this question is N/A, and the practice is recommended to send the following email to ssd.nationalservicedesk@nhs.net

Dear Colleague

I am unable to complete Question 2N because I do not have the information available to be assured of the accuracy of my response.

[Practice Responder Name]

With best wishes

Oliver McGowan Mandatory Training on Learning Disability and Autism

The DHSC consultation into the implementation of the '[Oliver McGowan Mandatory Training](#)' has now closed and we are awaiting the recommendations. GPC England has responded, expressing a number of concerns regarding the impact this programme may have on General Practice.

In the interim you should note that there is a legal requirement within the Health and Social Care Act 2022 for GP practice staff to receive training in Autism and Learning Disability. However, whilst the title of the programme includes the word mandatory, *this does not mean that any single particular training programme is required*. It is for the time being, the DHSC and NHS England recommended programme, so should practices undertake this programme, CQC and ICB teams will accept this.

It is unlikely, at least in the short term, that practices will find it easy to identify alternatives, especially for Tier 2 training, which needs to be delivered by specified trainers including one person with Learning Disability/Autism. If practices do undertake alternative Tier 1 training, it is recommended they ask the training provider for written assurances of the equivalency of their training programme to the [Tier 1 Oliver McGowan training](#) (which can be delivered remotely). CQC is waiting to receive clarification in relation to the accreditation of alternative training packages.

Tier 2 training currently involves a full day's face-to-face training: given the numbers of eligible participants, undertaking such training will cause a significant interruption in service capacity. Ideally Tier 2 training should be delivered over one day only, ***within six months of receiving Tier 1 training***. This creates a difficulty for practices as at present it is unlikely local dates have been set for Tier 2 training and this may not be realistic to do until the outcome of the Consultation is known.

GPC England recommends that the training should be coordinated by local ICB teams working with Training Hubs, once the outcome of the Consultation have been published. CQC's advice to practices about this type of training is available [here](#).

GP pressures and workforce data

Our BMA teams collate monthly appointment and the [latest workforce data](#) onto our website, this has been refreshed and republished today, and is a great resource for signposting PPGs, local press and MPs. October 2023's data shows that the NHS in England has 2,062 *fewer* fully qualified FTE GPs than we did in September 2015. The number of GP practices in England has also decreased by 119 over the past year – reflecting a continued trend of closures as well as mergers primarily due to a lack of workforce that coincides with a rise in patients.

As of October 2023, there was another record-high of almost 63 million patients registered with practices in England, with an average of 9,954 patients registered per practice. A single full-time GP is now responsible for an average of 2,300 patients – an increase of 362 more than September 2015.

Click [here](#) for more infographics and data on showing the pressures in General Practice.

We urge practices to continue to use our [safe working guidance](#) to limit contacts to 25 per day in order to prioritise safe patient care, within the present bounds of the GMS contract.

Shingles technical guidance

[NHSE has published updated technical guidance of the shingles vaccination programme](#). The guidance sets out information on eligible cohorts, clinical codes required to record shingles vaccination events and how payments will be supported via GPES, following the changes to the programme that came into effect from September this year.

MMR Catch-up campaign

[NHSE has now confirmed the vaccination 'catch-up campaign' for 2023/24](#). As with last year this will focus on MMR vaccinations and NHSE have set out a number of actions for practices to support the campaign. As per the SFE, practices will receive an item of service fee for every vaccination.

What can we learn from innovation in general practice

Despite current contractual, financial, and capacity constraints, GPs are innovating in different ways to deliver high-quality care and attract and retain staff. In [a collection of case-studies](#), we explore how eight GP providers in England are implementing innovative models, from improving access to a wider range of services for patients to effective chronic disease management. There is no one-size-fits-all solution, but we hope these examples will start a conversation about what is possible and begin to shape a vision for how to solve some of the barriers facing general practice. These models demonstrate that some solutions to the current crisis in general practice already exist but realising them on a larger scale will require far greater investment, contractual flexibility and political will.

GPs have told us that they want to see a model for general practice that allows for autonomy, prioritises continuity of care, encourages and supports innovation, provides variety in their work, retains close ties to the communities they serve, and is cost-effective. England needs a model for general practice that is inclusive and that reflects and supports the different ways modern GPs work as partners in practices and as salaried employees. Read more [here](#)

UHUK Awareness Campaign – Winter 2023-24

UHUK is a partnership of urgent and integrated healthcare social enterprise providers who cover 64% of the UK population. UHUK members provide a wide range of NHS services including but not limited to NHS 111, local clinical assessment hubs (CAS), virtual wards, palliative care, Primary Care In and Out of Hours (OOH), Urgent Treatment Centres (UTCs) and A&E triage and treatment. All UHUK member organisations follow social enterprise principles, meaning any surpluses are reinvested into local services or communities. Starting this month, UHUK is launching an awareness raising campaign to highlight how vital urgent and integrated care providers are to the NHS and the wider health and care system.

The campaign webpage, video and fact sheet can be found at: [[http://](http://www.uhuk.co.uk/campaign)]www.uhuk.co.uk/campaign and UHUK followed on [LinkedIn](#) or [X](#).

Wellbeing resources

We continue to encourage practices to focus on their own team's wellbeing and take time to reflect on what can be done to protect it (this will also meet the requirements of QOF [quality improvement project on staff wellbeing](#)). We have produced a [document](#) which includes some tools for improving workload and safe working. A range of wellbeing and support services are also available to doctors, from the BMA's [counselling and peer support services](#), [NHS practitioner health service](#), [Samaritans](#) and [Doctors in Distress](#). See also our [poster with 10 tips to help maintain and support wellbeing](#).

Survey on how to prevent and reduce violence towards NHS staff

The Social Partnership Forum and NHS Employers are conducting a survey to inform recommendations on how to prevent and reduce violence towards NHS staff. They are mapping

existing work, assessing its impact and identifying measures to reduce violence and aggression towards NHS staff. [Take the survey](#) (it takes ten minutes to complete and closes on 22 December).

Undergraduate GP Placement Survey

Medical Schools are currently struggling to identify adequate placement providers in general practice. University of Liverpool is running a [survey](#) which aims to identify the factors which affect a practice's decision to host undergraduate medical students. The data will be used by medical schools to identify drivers and barriers to medical student placements in general practice to tailor placement requirements appropriately and identify strategies to help practices overcome potential barriers.

If you are interested in participating, please read the [Participant Information](#) sheet and complete the online survey [here](#) (it is fully anonymous and should take no longer than 5 minutes to complete). Please contact Dr Kathryn J Harrison (docthark@liverpool.ac.uk) for any queries.