



Suffolk LMC

Serving General Practice in Suffolk

NEWSLETTER

June 2021

LMC Website Address <http://www.suffolklmc.co.uk/>.

Newsletters <http://www.suffolklmc.co.uk/newsletters>

Please pass on this newsletter to all GPs in your practice **including any regular locums/sessional GPs**. Please email christinewatts@suffolklmc.co.uk to add names to our distribution list.

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UNSUSTAINABLE. UNSAFE. UNFAIR. UNPRECEDENTED.

Across Suffolk/NE Essex ICS, GPs and practices are under unprecedented pressure:

Key Facts – March 2021

Total Number of appointments: 532,189 (equivalent to 54% of ICS population)

Patients seen on the same day: 246K

Patients seen within one day: 49K

Patients seen between 2 – 7 days: 130K

Patients seen between 8 – 28 days: 97K

Patients seen more than 28 days: 10K



Information, Guidance and News

LATEST COVID GUIDANCE <http://www.suffolklmc.co.uk/coronaviruscovid19updatesandresources>

Key Matters reviewed by the Committee this month

GDPR

Spirometry

Premises - Primary Care Data Gathering

Medical Examiner

Covid

PMS Review

GP access

CCG Liaison

ESNEFT Liaison meeting

West Suffolk Hospital liaison meeting

SNE APC – shared care agreement consultation

PH commissioned services

Upcoming Events

6th July 2021 7.30pm: Webinar (Chase de Vere) on 'NHS Pension Taxation and the McCloud Judgement'. [Register Here](#)

14th July 2021 10am: Workshop on Handling Complaints (Complaints Lead, NHSEI)

GP appointment data (England)

The GP appointment data for April in England was published last week, with revised data that now includes COVID vaccinations delivered via general practices. The figures for April 2021 (23.8 million) are very similar to those in April 2019 (23.85 million), but with an additional 7.5 million appointments for COVID-19 vaccinations.

There were also more appointments being seen within the same or next day (13.1m vs 11.8m), and within a week (18.2m vs 16.2m), compared to April 2019 as well despite the additional workload from the COVID vaccination programme.

This highlights the immense pressures that GPs and their teams continue to operate under, as they battle to provide care to their communities alongside the ever-increasing workload generated by the pandemic and associated backlog of patients needing care.



It is testament to general practice that in April, the majority of appointments were done the same day as booking. The number of consultations taking place after a two-to-seven day wait is going up, which is a sign that practices are responding appropriately to the needs of their patients who want to wait for a specific timed appointment, often face-to-face. However, it could also be an indicator that practices are struggling to meet same day requests illustrating the serious toll that increased patient demand is having on surgeries across the country, and how much harder it is for GPs to give patients the timely care they need.

Workload crisis – GPC statement

Those who work in general practice are only too well aware the profession is in crisis. While GPC will continue to campaign at a national level for the resources and workforce levels which primary care needs not only to flourish but simply to survive, it is now abundantly clear that we cannot wait for others to resolve this.

However, GPs as independent practitioners are innovators and have the ability to manage their practice in the way they think best meets the needs of their patients, as has been demonstrated during the COVID-19 pandemic, and through the delivery of the largest vaccine programme in the history of our nation's healthcare, that when GPs are [trusted to lead](#) they can do incredible things.

Simply put, the response from GPs and their teams to COVID-19 is compelling evidence of what can be done when practices are afforded the trust, autonomy, flexibility and freedom to act as the leaders of the profession in their local communities, acting in the best interests of their patients.

To help GPs to push back against the unmanageable and inappropriate workload demands GPC England previously published the [Workload control guidance](#). The information in this guide will arm practice managers and GP partners with a range of practical tools to help reduce practice workload. The benefits of implementing this strategy include helping to define what unacceptable and dangerous workload looks like, improved GP morale and wellbeing, locality working with CCGs and practices providing support, and integrated primary care systems giving general practice a stronger voice.

This [guide](#) will help you to agree quantitative limits to individual safe practice for GPs. Appropriate limits on workload will depend on the unique circumstances of each practice and the preferences of each individual GP, as well as the complexity of care being provided. There will also be variation in the amount of spinoff work depending on the complexity of the case mix and also the contractual status of the doctor.

Spirometry

NHS England have suggested that spirometry services should be restored. [This guidance document](#) comprises information from the Association for Respiratory Technology and Physiology (ARTP) and the Primary Care Respiratory Society (PCRS). It was developed from a task and finish group established by NHS England's Clinical Policy.



GPC guidance for [spirometry in general practice](#) remains unchanged and believes this is an important diagnostic and monitoring tool that should be properly commissioned with sufficient capacity made available for practices to be able to access this for their patients. NHS commissioners in many areas are failing to make this service fully available and must do more to support accurate diagnosis of both asthma and COPD. There is no contractual obligation for practices to do this themselves, and with the current infection protection and control restrictions still in place it is not practical for most practices to set aside treatment rooms to be able to complete this.

Delay in roll-out of patient data sharing programme (GDPR)

Following extensive lobbying by the BMA and RCGP, Government announced a delay to the rollout of GDPR, with full rollout now expected on 1 September rather than 1 July.

BMA is now engaged in discussions with NHS Digital and other stakeholders to ensure no additional burden is placed on GPs to facilitate the implementation of this programme and will keep us informed on all next steps that practices will need to take as we approach this deadline. In the interim, you may wish to consider as a practice whether to proactively contact patients to inform them of what is changing. Read the BMA full statement about the announcement to delay [here](#)

If patients register a Type 1 Opt-out, practices must process this in a timely fashion. Codes for opt-out can be found [here](#) and are copied below for ease

Opt-out - Dissent code

9Nu0 (82724100000103 |Dissent from secondary use of general practitioner patient identifiable data (finding)|)

Opt-in - Dissent withdrawal code

9Nu1 (82726100000102 |Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding)|)

Further information, including a transparency notice, is available [here](#)

Extending the medical examiner into primary care

The National Medical Examiner (NME) and other parties this month published a [letter](#) announcing the extension of the medical examiner (ME) scrutiny to non-acute settings. The new ME system is likely to be enabled through primary legislation (the Coroners and Justice Act 2009) and is due to be implemented across England and Wales through statutory instrument.

Due to the multinational aspect of the roll-out, the BMA's Professional Fees Committee (PFC), which retains negotiations in all four nations, have been involved in the discussions on how to best implement the new arrangements with the aim of minimising both the financial and operational impacts upon GPs and their practices. There have been two small trials of the ME system in primary care in Gloucestershire but the results are not yet published.



The letter presents a significant shift in the pace of implementation in primary care. The BMA is looking to analyse any secondary legislation which may underpin the new ME system. PFC has contacted the National Medical Examiner to clarify the plans and exact legal status of his letter.

The PFC will keep members updated on this developing issue.

New PCSE pay and pension system update

There is increasing national concern about the volume of issues being raised about the new online portal for pay and pensions. The issues are wide-ranging and involve both historical and current data. Some of this data is incorrect, some missing and still more just being unclear to users. It is affecting GPs' pension data in many instances - locum and solo performers being particularly affected, and there have also been early issues with some payment runs to practices. PCSE assures that all of this is being addressed urgently but more evidence is needed that this is happening.

GPC along with the Institute of General Practice Management, have [written to the Chief Commercial Officer of NHS England](#) to raise concerns and demand urgent action to ensure that GPs and practices are able to use the system as intended.

GP engagement with the new system remains low according to the data and GPs are urged to log in and check their records as a priority and to [inform PCSE](#) of any errors. It is also suggested users make use of [PCSE's guidance materials](#). We understand that a significant number of calls and emails to PCSE are being answered with information from the guidance.

PCSE currently do not have contact details for approximately 6,000 GPs. PCSE advise that they are working on solutions for this but would advise any GP who hasn't received an email from PCSE since 30 May giving access to the system, to contact pcse.user-registration@nhs.net.

Pension guidance for retired doctors - reminder

From 25 March 2020, the [UK government's emergency legislation](#) temporarily suspended some of the regulations governing the administration of NHS pensions, allowing doctors who have recently retired from the NHS to return to work, and for retired doctors who had already returned to work, to increase their commitments without affecting their pension benefits. These measures include the temporary suspension of the 16-hour rule when members of the NHS Pension Scheme take retirement.

Following the end of the COVID-19 outbreak, a six-month notice period will be given to staff and employers at the end of which the suspended regulations will take effect again. Staff and employers will therefore have six months' notice to readjust their working patterns, where necessary.

Read more in the [NHSBSA guidance on the rules currently on hold](#)



Enhanced shared parental leave system for salaried GPs (UK)

The new [enhanced shared parental leave](#) system for salaried GPs has been launched across the UK and will allow for up to 50 weeks of the 52 weeks maternity leave to be shared between the parents. Eligible parents are also able to share up to 37 weeks of statutory shared parental pay (equivalent of statutory maternity pay). The ESPL system will be offered by employers at GMS and PMS practices. Employees may request for this new form of leave to be included in their contracts, in line with provisions for junior doctors and agenda for change staff. This change to a more flexible form of leave supports the BMA's commitment to address the gender pay gap. [Find out more about enhanced shared parental leave entitlements](#) and read the updated [Salaried GPs handbook](#)

Time to end NHSE/I directive letters

In the recent GPC [letter to the Secretary of State for Health and Social Care](#) in England and follow up meeting with him, GPC requested to see an end to directive letters from NHSE/I, and instead allow practices and other GP services to provide patient care in the most appropriate manner, meeting the reasonable needs of their patients and based on their knowledge of their local communities.

It is therefore positive to see affirmation that GPC are starting to be heard. A reply has been received from the SoS in which he 'thanked all general practice staff for the incredible work they have been doing since the start of the pandemic to deliver essential care and support to all patients', acknowledging the pressures the profession is facing and confirming the intention to 'move away' from the use of SOPs when there is further transition out of the pandemic. This was further reiterated by NHSE/I in their [bulletin issued on 15.6.21](#) which says their current approach is a temporary one not a permanent fixture and that when the government is finally able to move to Step 4 of its easing of lockdown plan, now potentially in July, the need for SOPs could end. They were also clear that SOPs are only guidance, not contractual documents.

Meetings with Health Minister, Jo Churchill (England)

GPC met with health minister, Jo Churchill, last week to follow up the points raised in the previous meeting with the SoS. The minister was called upon to bring an end to SOPs, and the NHSE/I approach to overly prescriptive management of general practice. GPC also asked for improved direct messaging to patients and pushed for the PCN service specifications planned for October to be delayed until April 2022 at the earliest to reduce additional workload burden for practices during the autumn and winter when there is likely to be a rise in respiratory illness, the need to focus on flu/COVID-19 vaccinations and support patients impacted by the on-going NHS care backlog.

GPC raised the need to maximise ARRS recruitment this year, to maintain the options for flexible working and also the issue of the need for more place in practice premises, not least for PCN recruited staff to work from. Discussion also took place on the need for the government to do more to inform the public about the pressures the whole NHS was under and for them to encourage people not to take out their frustration on frontline staff, particularly by abusing reception staff.



Following a joint GPC England/DDA (Dispensing Doctors Association) letter to Jo Churchill MP about a range of dispensing issues, there was a joint meeting with Dr Richard West, the chair of the DDA, with the health minister to discuss how these issues could be addressed. The need was highlighted to enable dispensing practices to use the electronic prescribing system, to address the issues relating to rurality that adversely impact many dispensing practices and called for improvements to the arrangements for drug reimbursement.

Exemptions for care workers

Following a public consultation, it was recently announced by the Government that, from October, [people working in care homes will need to be fully vaccinated against COVID-19](#). This will impact those who visit care homes, including GPs and community teams. The government has said that a small number of people would be exempt and whilst they have indicated that individuals may be directed to their GP to provide evidence for their exemption, but GPC have advised this should be the approach. GPC believes a better approach would be for local authorities to receive support in commissioning a dedicated service to assess exemption requests that does not require GP involvement, as is the case in many areas for disabled parking badge and that the Government should support local authorities with this. This would lead to a consistent approach as well as reducing a further workload burden for practices. Should the government continue to suggest GP practices should do this, GPC believe this will require practices to refer to a secondary care service to do the necessary assessment as many of these patients will be receiving specialist care.

The government also plans to launch a further public consultation on whether or not to extend this to include all those employed in health and care settings. Read the [BMA's response](#) to the announcement on a consultation on mandatory COVID-19 vaccinations for healthcare workers.

Long-covid and weight management enhanced services (England)

NHSEI have published two new [enhanced services](#), relating to long-Covid and weight management. In addition, and following lobbying, they have also confirmed a further welcome extension to pay the full sessional payment to PCN clinical directors.

Whilst the additional support for practices to help care for patients with long-Covid has some merit, it does not recognise the need for support for those in the general practice workforce who need access to occupational health services, or practices that need financial support to enable them to better help colleagues on prolonged sick leave. This must still be addressed to reduce the loss of much needed members of the workforce.

The weight management enhanced service will present practices with additional work at a time when practices are already stretched to the limit. There are concerns that the service specification is overly bureaucratic, further micromanages clinical consultations, is clinically flawed and demonstrates a lack of trust in GPs and their teams to do what is best for patients. Furthermore, it is not clear that local weight management services have the necessary capacity to respond to increased referrals. This could have been an opportunity for NHSE/I to demonstrate their



commitment to be less directive and for government to take much more meaningful steps to address the underlying factors that lead to obesity, but they have failed to do that.

PCN handbook (England)

The new PCN handbook for 2021/22 has now been published and is available on the [BMA website](#). The handbook has been updated to include the changes agreed as part of the [2021/22 GP contract](#), including additional ARRS workforce and new PCN service specifications, as well as other operational aspects. The full service specification setting out the requirements of the PCN DES for 2021/22, as well as further guidance, is also available from [NHS England](#).

Proposed changes to annual complaints collection (K041b form)

NHS Digital has published their [response to their consultation on the proposed changes to the annual complaints collection \(K041b\)](#) and the plan for its reintroduction. These changes were initiated by the GP bureaucracy review NHS Digital paused the collection of the 2019/20 KO14B form, from general and dental practices, but have now confirmed that collections will resume from the **9 August** to capture complaints recorded in **2020/21**. The NHSD response sets out:

- A range of simplifying changes that will be introduced - some will commence at the next collection whilst others will commence at future collections.
- There will be an extended 12-week collection window for the next collection
- Improvements to the portal to address specific technical issues that previously occurred, which should make the experience of uploading the return easier.

Cameron Fund – Financial Tips

One of the objects of the Cameron Fund is the prevention of hardship and you may be interested in the new initiative to target newly qualified GPs. Being aware of the financial pitfalls that can cause so much worry and stress to those who ask the Fund for help, they have produced: ["10 Top Tips for Financial Wellbeing"](#).

It is hoped that this will get picked up as a useful tool by GP training programmes but may be of interest to those already working.

<https://www.cameronfund.org.uk/media/1305/10-top-tips-for-financial-wellbeing-apr21.pdf>

Unacceptable Behaviour – Guidance on warning letters and other written communications

Practices may find this guidance useful. In situations where you need to write a warning letter to a patient there is a useful template on page 32

[unacceptable-behaviour-applying-nhs-administrative-sanctions-final_locked.pdf](#)



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Practice Vacancies

Can be found on the LMC Website <http://www.suffolklmc.co.uk/jobs>