



Suffolk LMC

Serving General Practice in Suffolk

NEWSLETTER

July/August 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 - June 2021

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

Patients seen on the same day: 235K

Patients seen within one day: 40K

Patients seen between 2 – 7 days: 100K

Patients seen between 8 – 28 days: 97K

Patients seen more than 28 days: 13K

Upcoming Events

NHS Pensions

Following the recent webinar on the NHS Pension Taxation & The McCloud Judgement the LMC has organized together with the Suffolk GP Federation a follow up event to look specifically at 'Getting to grips with Scheme Pays'. The webinar will take place on 11th October 2021 at 7.30 pm – information on sign up will be sent out to constituents nearer the time.

'The 'scheme pays' system has grown in prominence since the tapered annual pension allowance was introduced. Over 30 minutes, specialist advisers Chase de Vere Medical will explain how scheme pays works for doctors facing an annual allowance tax charge – from working out your tax charge and determining whether scheme pays is best for you, to how to make your scheme pays application, the key steps and timings. Plus, you will have a chance to put your questions to the experts.'

Information, Guidance and News

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

Key Matters reviewed by the Committee this month

PMS Development Framework
EoE Gender Identity Service
SNEE ICS Transition
Integrated PAD Foot pathway
Population Health/IG
Denosumab
Non-contractual work
CCG Liaison
ESNEFT Liaison
WSH Liaison
SNEE APC update
Spirometry
Extra contractual work – MGUS/PSA/Echos
Inappropriate follow ups

GP appointment data demonstrates workload pressure

The latest [GP appointment data for June](#) has been released. The data shows a 3.5m increase in the number of appointments provided during June this year compared to June 2019 (26.7m compared



to 23.2m), with an additional 4m COVID vaccination appointments delivered on top of that. Taken together the total number of appointments during June was approximately 31.1m.

These figures continue to demonstrate the immense pressures that GPs and practice teams are under with the ever-increasing workload generated by the pandemic and NHS backlog. GPC will be highlighting to the new incoming NHSE/I chief executive (Amanda Pritchard) the critical need to alleviate the severe pressure GPs and their teams are under.

Patient survey results

The annual [GP patient survey](#) results were published this month. With 83% of patients rating their overall experience of general practice as good (an increase on the previous year) this is testament to just how hard GPs and their teams have worked to provide care to their patients and communities. To see an increase in overall patient satisfaction despite the challenging year the entire NHS has faced is incredibly positive. These results also clearly show how out of touch with the real views of patients NHSEI is following its damaging and demoralising letter earlier this year.

Supporting general practice campaign

In the coming weeks, the BMA will be sending to practices materials and tools to help explain to their patients the pressures general practice is facing.

DDRP Uplift

The BMA is hugely disappointed by the [Government's announced 3% pay uplift for doctors](#). For salaried GPs, a 3% uplift is more than the 1% the Government recommended at the beginning of the year and is the highest uplift they have received in many years. However, 3% does not compensate for the years of pay erosion experienced by all doctors. Moreover, the government has said that practices in England will not be given additional funding on top of the 2.1% for staff already allocated for this year which means GP partners could be faced with deciding between service cuts or being able to pay the full amount to salaried GPs. It is therefore not acceptable and disingenuous to speak of an uplift while refusing to provide the necessary funding. BMA has made its grave concerns known directly to the Secretary of State for Health and Social Care.

See [blog](#) with the Sessional GPs committee chair Ben Molyneux about what this means for GPs.

It is also worth noting the announcement that GP trainer grants will increase from £8,584 to £8,842 and GP appraiser fees will increase from £543 to £559. These will be backdated to 1 April 2021.

East of England Gender Identity Clinic

The LMC is concerned that new arrangements for Gender Dysphoria, whilst improving waiting times, have not been commissioned effectively. In particular there remain significant concerns about the inability of this service to prescribe medication of any kind and that the linked shared care agreement is not based on an explicit consent model (or indeed any ability to decline this specialist work). Full details may be found in our open letter [here](#) to the service & response [here](#).



In light of this practices may find it helpful to use the prescribing pushback form [here](#) . Please do contact us if you need assistance in this area.

GP payments and pensions system update

Following a second month of use, there is continuing concern about the unacceptably high levels of issues being raised about the new online portal. GPC liaises with PCSE several times a week but progress is frustratingly slow. The survey for GPs in England to provide their experiences of the new system will remain open until 13 August. If you haven't already, we would urge you to [fill out the survey](#) so that there is further evidence of the full extent of the issues and PCSE can be held to account. Note that this survey is not a forum for individual issues – [please raise these with PCSE directly](#).

The LMC encourages practices to continue get in touch with us about any issues with the system so that we can escalate on your behalf.

Annual flu vaccination letter

The [annual national flu immunisation programme 2021 to 2022 letter](#) has now been published. This year, the eligible cohort from the start of the programme includes those aged 50 and over and the letter states that, as trials are still ongoing to ascertain whether co-administration of COVID-19 and influenza vaccines will be permissible, practices should continue planning for influenza vaccination as usual, with further advice to be issued should co-administration with COVID-19 vaccination be recommended.

Face Covering Claims

GPC have had a number of practices and LMCs contact them regarding patients issuing legal notices to practices claiming £9k compensation for “hurt feelings” in situations where the practice has refused entry to the premises to patients who refuse to wear a face covering. These occurrences were brought to attention as some practices have approached NHSR to ask for support under CNSGP. NHSR has declined to do this as it is likely all of the actions are being brought under the 2009 Equalities Act. The claims appear to stem from the idea that each claimant is being discriminated against on the grounds of their alleged medical condition that means they cannot wear a mask. As it is not a claim for medical negligence it is out of scope of CNSGP.

One MDO has also indicated that it views this as outside of their coverage, and public liability insurers are similarly resistant.

GPC has been suggested that the three MDOs liaise with a view to considering an “industry standard” response to the law firms driving these claims along with referral of all firms doing this to the Law Society. These actions have the appearance of using the Equalities Act for a purpose for which it was clearly not intended and appears to be with the aim of bullying practices into breaking public health measures. It therefore could be seen to bring the law into disrepute. GPC are awaiting their deliberations.



NHS staff and self-isolation

Practices will be aware of the new arrangements for self-isolation of practice staff – see letter published recently on the new arrangements [Coronavirus » Letter on staff isolation approach following updated government guidance \(england.nhs.uk\)](#). The LMC is currently in dialogue with Lisa Nobes, Director of Nursing for Suffolk and NE Essex CCG, to agree an ICS wide approach for member organisations needing to undertake risk assessments for staff receiving an alert to self isolate. LMC has requested some modifications to the suggested process for practices and is awaiting feedback.

Vaccines and undocumented migrants – safe surgeries toolkit

There have been some reports of undocumented migrants not being registered by GP practices, despite the requirement on GP surgeries [to register all patients](#) (if open to new patients).

We would therefore like to encourage practices to use the Safe Surgeries [toolkit](#) developed by Doctors of the World (DOTW), which is an accessible presentation of existing DHSC guidance and supports clinical and non-clinical NHS staff to promote inclusive care through GP registration. Notably, it aims to address specific barriers to primary care faced by vulnerable, un/under-documented migrants by ensuring that GP practices are aware of all relevant guidance and rules. This includes, for example, that patients should not be turned away if they lack a proof of ID, address, or immigration status.

DOTW also offer FREE [training](#) to clinical and non-clinical NHS staff that aims to improve awareness of migrant entitlements to NHS care and enables staff to better advocate for their patients.

Health & Care Bill

Earlier this month the Government published its [Health and Care Bill](#) which, if enacted, will see dramatic changes for the NHS in England, including establishing Integrated Care Systems in statute, abolishing CCGs, and conferring significant new powers to the Health Secretary.

The BMA have published [a member briefing](#) providing a summary of those changes, the BMA's initial analysis of them, and an outline of how the association is working to influence the legislation on behalf of members.

Delegation of NHS England commissioning functions to integrated care systems from April 2022

NHSE/I has [written](#) to ICS (integrated care system) leads and CCGs to outline their plans to delegate some of NHSE/I's direct commissioning functions to integrated care boards within each ICS as soon as operationally feasible from April 2022. The letter outlines that subject to the will of Parliament relating to the Health and Care Bill, NHSE/I's expectation is that from April 2022 ICBs will assume delegated responsibility for primary medical services currently delegated to all CCGs (and continuing to exclude Section 7A Public Health functions).

After review by the secretary of state the SNEE ICS footprint remains unchanged with Professor Will Pope appointed as ICS Chair. [Link](#) It is expected that ICS will subsume CCG functions within 12



months and that both Suffolk Alliances will play an increasingly prominent role. It is imperative (but not mandated) that primary care has a clear voice in this new architecture.

Improving the NWRS (National Workforce Reporting Service) (England)

NHS Digital has [improved the way they collect primary care workforce data](#) and replaced the former NWRS tool, which was decommissioned on 1 July. The new NWRS is meant to be easier to use and has been designed with direct feedback from users. The aim is to make the task as simple and efficient as possible to help minimise the burden placed upon practices and PCNs.

From July, users should access the new NWRS via the [Strategic Data Collection Service](#) (SDCS) - using the same login you use to complete other data collections, such as the General Practice Annual Electronic Self-Declaration, also known as eDEC. Please visit the [SDCS Data Submission site](#) to check that you have access to the new system. If you have never used SDCS, [you will need to register for an account](#). This process only takes a couple of minutes.

Understanding staff capacity in the health service is more important than ever before. It is this information that helps shape GPC's negotiating strategy and how investment, training and resource is directed across the primary care workforce. Provision of workforce data is also a contractual requirement for practices and PCNs.

Practice and PCN Managers can [join one of NHS Digital's webinars](#) which are running twice weekly.

GDPR delay – joint statement and letter to GPs

The Parliamentary Under Secretary of State for Health, Jo Churchill, has [written](#) to all GPs in England, setting out plans for the next steps for the [GDPR](#) (GP Data for Planning and Research) programme and extending the timeframe indefinitely beyond 1st September.

The BMA and RCGP have been closely involved in discussions over the steps that are necessary before any data collection can commence under GDPR, and welcome the commitments made in these latest plans.

It has always been recognised that GP data plays a crucial role in research and planning which can improve public health but it is clear that it is important for patients and the public that this data is only made available for appropriate purposes, and in a secure and trusted manner and with minimal administrative burden on the profession.

Practice Vacancies

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