



October 2023 Newsletter

Workload – it's everyone's problem

Your committee met yesterday, and among other business, discussed [newly published BMA workload and overtime guidance for salaried GPs](#), as well as the belated [DDR B 6% contractual uplift](#).

Many partners may be forgiven for feeling beleaguered by what could be portrayed as a 'double-whammy' with these issues. Practices have not yet received their uplifted October pay-run, and the payment in arrears from April 2023 will not be made until next month. Equally, a salaried GP has a contract provided by their practice, and if that practice's contract states that it will honour the DDRB recommendations, then that contract needs to be followed. If the contract is silent, then it would be wise for the practice to be transparent in passing on the uplift (when received) to its employed staff. How and when that is done will be determined by the practice.

6% onto the staff expenses element of the global sum was never going to be enough. And it was never going to be a guaranteed pay rise, always a contractual uplift. NHSE had initially budgeted c£150m, but GPC England managed to finally agree £233.14m, as the intention was that these funds invested into the global sum would be passed on as pay uplifts. If it transpires this does not occur, it will make it much harder for GPC England to secure substantive uplifts to the global sum in the next round of negotiations, so we would advocate honest and transparent conversations with employees.

For our practice nursing colleagues, GPC England met with the RCN last week and a joint statement is expected imminently which will explain the detail behind the calculations, why a "6% uplift" is more complicated than it first appears, and that GPC England and the RCN are wholly committed going forward to working closely together to ensure fully funded fairer terms for Practice Nurses as an integral part of the GP Practice Team.

Salaried GPs have contracts in which the hours they are expected to work and be paid are defined. The work they are expected to undertake should also be defined, in their job plan. If the work expected cannot reasonably be met within the hours afforded, the job plan needs amending. Salaried GPs forgo potential higher earnings of partnership for limited responsibilities which the boundaries of their contracts provide. If those boundaries are consistently being ignored, this does not make that Salaried GP any less "professional" to ask for those boundaries to be respected, and to start a conversation around this. It's all about the job plan! LMC members agreed that honest and effective communications between GPs as employers and employees around managing workload were preferable to potential relationship-breakdowns leading to sickness absence or vacancies.

The truth is that we have all been exploited by the NHS for a very long time. Years ago, going above and beyond was a professional expectation undertaken through choice and a vocation. Today it is a necessity, and invokes almost universal moral injury on those working in the NHS. Often in times of conflict, we turn on each other. The current GP contractual landscape with its many challenges, makes it easy to divide our profession. Your LMC Committee sees the BMA workload overtime guidance as a natural continuation of the [BMA's](#) and [Cambs LMC's](#) safe working guidance.

General practice is a team game, and partnership is the bedrock of the NHS. Like bedrock, it has been taken for granted. The edifices of the NHS are built upon its foundations, yet there are warning tremors of seismic activity we cannot ignore. General practice, with minimal resource and unfunded workload shift continues to deliver phenomenal value for money, high quality care, and great patient satisfaction. Equally, Salaried GPs prefer to work for a partnership than a corporate organisation or trust. We need to better understand and respect all team members. Let this guidance allow more sensible, pragmatic and balanced discussions, setting the economic value of the GP to drive up investment into the practice. With mutual understanding and shared values, we can have a sustainable partnership business model, and a vibrant and rewarding career for Salaried GPs and locums as part of the rich mix that best serves our community and our profession.

UPDATE ON NEGOTIATIONS RELATING TO DDRB RECOMMENDED 6% UPLIFT

In 2023/24, the Doctors' and Dentists' Pay Review Body (DDRB) recommended a 6% award to salaried GPs, which was subsequently [extended to all non-ARRS salaried general practice staff](#) by the Department of Health and Social Care in July.

This is separate to the Agenda for Change (AfC) 5% uplift, agreed with the government by the AfC unions earlier this year. In April 2023, a 2.1% uplift was included in the contract funding for 2023/24 to cover 'staffing expenses (not related to GP contractors)'. The DHSC and NHS England (NHSE) therefore applied another 3.9% uplift to the staffing expenses element of the GP contract to bring the total uplift for 2023/24 to 6%. NHSE has confirmed that this element of funding is calculated to contribute to both the costs of salary, and on-costs, such as Employers' National Insurance contributions, Employers' Superannuation payments – into their employees' pensions – and other staff benefits.

The additional 3.9% of funding will be distributed via global sum, and a payment in arrears should be made in November 2023.

Global sum (payment per weighted patient)

2022/23 – £99.70

Original 2023/24 - £102.28

Uplifted 2023/24 - **£104.73**

Other uplifts

GPC England also requested that the Trainer's Grant, which did not form part of the DDRB recommendations this year, was uplifted by 6% – this has been agreed. A further GPCE request to uplift the SFE payment levels for sickness and parental leave, in line with trying to help address the gender pay gap, was not agreed.

In addition, DHSC and NHSE have applied an increase of 4.24% to the profit element of the dispensing fee scale. This funding is reflected in the October release. Read a summary of the changes [here](#).

Clarification on these arrangements

The uplift received is intended to be passed on to salaried GP staff. That is clear in BMAs detailed guidance to members. If a salaried GP has a clause in their contract honouring DDRB uplifts, then the practice needs to follow their own contract.

Salaried GPs should have a contract of employment reflecting the [BMA Model Contract](#), which should be used by GMS and (since 2015) PMS (primary medical services) contract holders. The BMA Model Contract specifies an annual salary uplift linked to annual DDRB awards and a date at which the uplift should be applied. If no such date is stated in the Salaried GP employee's contract, both committees believe the default uplift date should be 1 April.

If the BMA Model Contract has been amended by the practice and employee by mutual consent, for example, where different terms are stated, contractors should comply with the terms of the employment contract. If no uplifts are referenced within an employee's contract, then the employer has discretion, but we encourage practices to pass on the uplift they receive for the purpose it is intended. How and when they do that will be determined by the practice.

NHS England announced in their [Primary Care Bulletin of 5 October](#) that the payment in arrears would not be processed until the November payrun. The October payrun would be the uplifted amount for this month only.

ACCELERATED ACCESS TO RECORDS PROGRAMME

Following on from the [guidance that GPC England \(GPCE\) shared with practices](#) last Friday, GPCE is expecting to continue dialogue with NHS England in the coming week to ascertain how practices can be best supported in the lead up to the 31st October go-live date and beyond.

Practices are **strongly advised** to carry out a practice Data Protection Impact Assessment (DPIA) if they have not already done so, and may wish to use the [BMA's DPIA](#) as a template. This can be found [here](#) alongside a suite of resources (listed below) which practices can use in helping to prepare for prospective records access to their patients:

- [FAQs for AAtR programme implementation](#)
- [Data Protection Impact Assessment \(DPIA\)](#)
- [Template text message for practices](#)
- [Example webpage for practice website \(linked to from text message\)](#)
- [Sample Draft Email to ICB Primary Care IT Teams](#)
- [Application form for online access to the practice online services](#)

Continued over

ACCELERATED ACCESS TO RECORDS PROGRAMME - CONTINUED

GPCE remains committed to supporting practices as they navigate this programme and will refresh and cascade resources on a regular basis.

NB: The 'switch on' date is not a fixed point in time. Some practices have already 'switched on'.

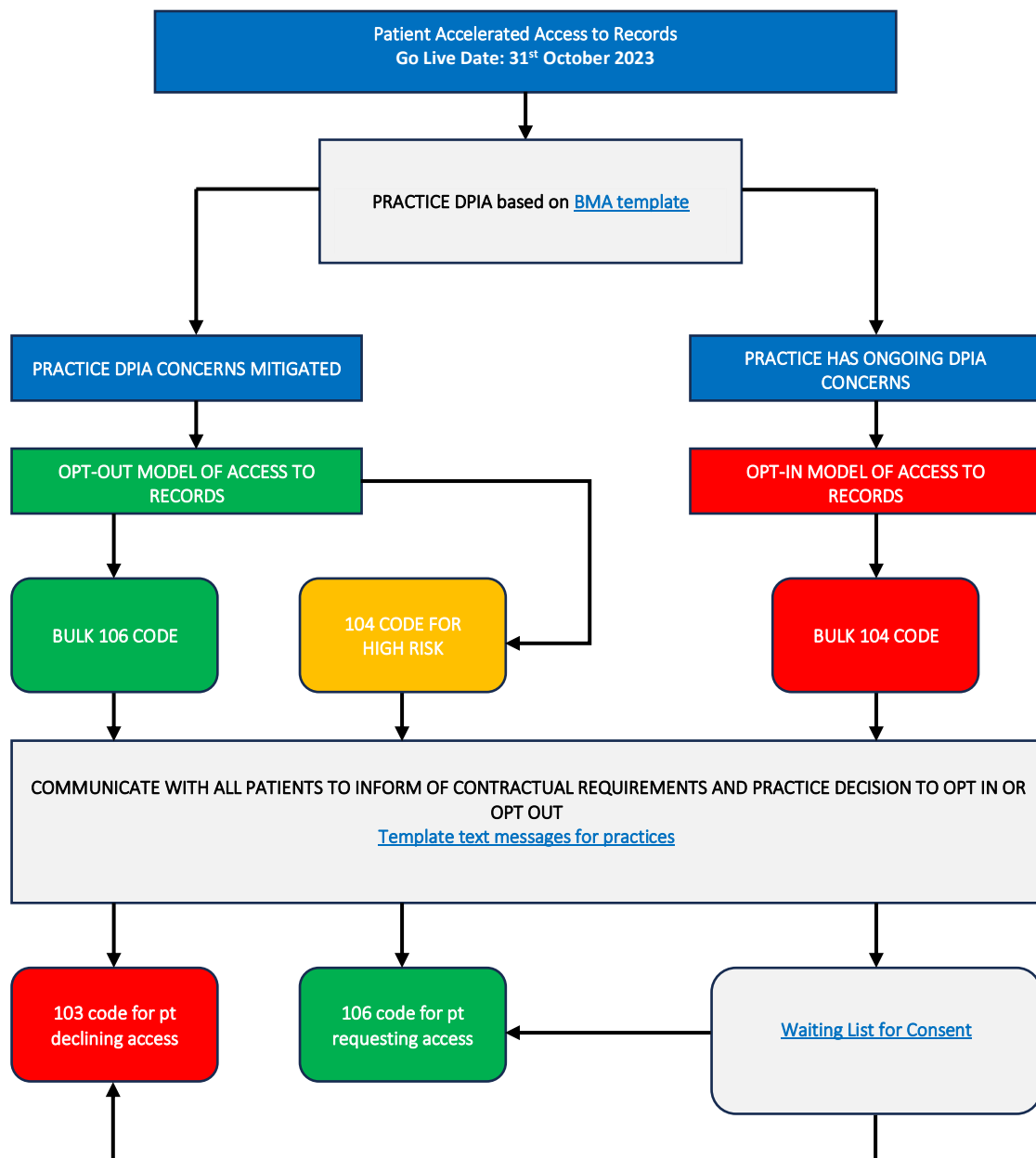
TPP SystemOne practices can do this manually at a time/date of their own choosing.

EMIS practices that need the booked assistance of EMIS to do it in one go, and EMIS have confirmed additional dates will be made available after 31 October. Nothing magic happens on 31 October unless it has been planned in advance to happen on that day.

The regulations will also require 0-15 year olds to have access, which is a technical impossibility for much of that age range. The NHS app can only be authenticated properly for those over 13, and the NHS login for those over 11. It is a manual process currently to give any access under this age and the LMC would advise use of the BMA's example consent toolkit.

This is a live evolving issue. Updated guidance was published on 11 October, read the full guidance [here](#).

Below is a flowchart that practices might find helpful:



LOCAL INVESTMENT INTO GENERAL PRACTICE

Practices will have received an update from the ICB on the 5 and 11 October setting out a range of additional investment streams, drawn from national, system and place programme funding, which practices have access to and will need to fulfil a range of actions for. Whilst the LMC welcomes this important additional income, your committee was concerned at the complexity of the asks, the timing of the funding becoming available, the headspace to develop the plans and the risk of uneven funding distribution.

We draw your attention to the System Development Funding Transformation Funding (SDF) and separate Transition Funding, both of which are linked to the implementation of the national recovering access to primary care plan and build on your PCN Capacity and Access plans.

In addition, local schemes for Population Health Management to identify areas of high need within registered populations, and North and South Place initiatives for Proactive Personalised Care in relation to high intensity service users have also been circulated and require practice level planning and development.

We encourage you to look at the requirements of these funding streams alongside each other to:

- ◆ Identify common themes and avoid duplication
- ◆ Discuss with your PCN so that consistency in approach across practices, shared planning and combined impact can be achieved
- ◆ Identify where resources can be aligned across initiatives – this might relate to how you are able to wisely align additional capacity or how you are using existing shared roles
- ◆ Reach out for support from your LMC, your PCN or the ICB team to help get them completed and submitted.

These funding streams run for different periods of time and are non-recurrent, so while they have the potential to increase capacity in the short term or enable new processes or technology to be tested, they don't resolve longer term pressures and will need to be implemented with a view to how changes can be embedded without guaranteed ongoing funding.

Practice managers are reminded that the LMC supports monthly locality Practice Manager Forums. These are a great opportunity to share ideas and good practice when approaching responses to these types of investment schemes. Details of when your local group next meets can be obtained via office@cambslmc.org



Business Fundamentals For General Practice

Bespoke LMC Business Training Course for GPs

Are you a new GP partner or a GP interested in a pathway to partnership?

Business Fundamentals is a bespoke business programme covering the commercial, legal, HR, and financial aspects of running a General Practice.

Cambs LMC is delighted to offer another bespoke Business Fundamentals Training Course to local GPs who are **new to partnership in the past three years**, or to those who are on an **evidenced route to partnership**.

The course will be held over 4 full days - Tuesday 30 January, Tuesday 27 February, 21 March and 1 May covering a range of modules including Good Governance, Legal Obligations, Understanding Finance, HR & Employment Law, Premises & Estates and Personal Development & Leadership.

The Cambridgeshire and Peterborough Training Hub is providing subsidised places for Cambridgeshire & Peterborough constituent GPs, on a first come first serve basis.

To express your interest please email - office@cambslmc.org

£649 C&P Delegate Rate

£999 Standard Delegate Rate

CAMBS LMC LTD ANNUAL REPORT 2023

LMC UPDATE

We are delighted to share with you, our [Annual Report for 2023](#). Since our last annual report, the LMC has welcomed Dr James Booth as Medical Director who and Molly Collison as Administrator. The LMC remains highly visible to you with our newsletters, guidance, updates. March 2023 saw a another highly contested election for committee seats and the election of several new members. Your LMC is in a strong position offering excellent services to the local profession. With a fully engaged committee, a supportive board, and a full complement of staff, we remain committed to representing, supporting, and advising you to the best of our abilities.

ADHD MEDICATION - CRITICAL SHORTAGES

ATTENTION

We have been having discussions with the ICB and LPC this week about an imminent, critical shortage of a wide range of ADHD medications. This follows a [National Patient Safety Alert](#) that was released on 27/9/2023. We will see very significant shortages in methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets and a resumption of normal supply is not expected until between December 2023 and February 2024. The ICBs Medicine Supply Information page can be found [here](#).

You should be in receipt of the [local guidance document](#) which has been written in conjunction with local specialists to support local healthcare professionals and in particular states that no new patients will be initiated on these medications until the shortage is resolved.

We have expressed to our system partners that this is a medication shortage that will create a high level of anxiety; many of the affected patients will be children and adults of high vulnerability and a lack of their medication may have significant impacts on their ability to navigate everyday life. We have also stressed that whilst GPs prescribe these medications, we do so very much at the direction of specialist services and very seldom, if ever, would make dose adjustments or decisions around cessation. As such, we have emphasised that these decisions need to come from specialist teams. We have also asked for patient-facing communications for practices, and the ICB is picking this conversation up regionally/nationally given that this is a global problem.

We will of course be keeping a close eye on the situation at the LMC Office – please do inform us of any issues that you encounter so we can raise them on your behalf.

CAMBS & PETERBOROUGH ICB CLINICAL POLICIES

UPDATED POLICIES

The ICS has routinely reviewed some of its clinical policies, most of which have minor changes or amendments in line with national guidance or policies. You can access the policies on ICS [Clinical Policies web page](#).

LMC BUYING GROUP SUPPORT FOR PCNS AND FEDERATIONS

RESOURCE

The Buying Group have developed an initiative for GP practices working together so they can help each other save money on their purchasing.

They provide a bespoke service by loaning out their procurement consultant, who has over 35 years procurement' experience and 15 years specific to healthcare. They will work with your group e.g. Primary Care Network (PCN) or GP Federation to help identify savings that can be made with Buying Group suppliers. Click [here](#) to find out more.

NATIONAL UPDATES FROM BMA

NEW BMA GUIDANCE FOR SESSIONAL GPs

As referred to on the front page, the BMA's Sessional GPs Committee have produced [new guidance and support for managing the workload and overtime for salaried GPs](#). GPs and practices across the country are working hard, to support the delivery of more than a million appointments every day. This toolkit builds on the [BMA's existing Safer Working Guidance](#) which was published last year.

It is essential that we seek to retain the GPs that we have in our practice teams, and to give all GPs, irrespective of their contractual status, access to advice and support they need. We hope this guidance may encourage more open conversations where needed, around sustainable workload and demand management. However, let us be clear: the real solution here lies with the Government, in making sure that general practice has the resources required to safely and effectively meet patient demand in the first place. Read more [here](#)

DWP FIT NOTE GUIDANCE

The Department of Work and Pensions (DWP) has published new guidance for GPs and other healthcare professionals using fit notes (statements of fitness for work) and GPCE was involved in its development. [Fit note - GOV.UK \(www.gov.uk\)](#)

Performance and appraisal in General Practice



18 October
2023

Focusing on competency, capability and appraisal, our Business bitesize webinar will take you through essential advice and tools to improve performance management within your practice teams. Join us on 18 October to find out more.

[CLICK THE LINK TO BOOK
VIA EVENTBRITE!](#)

Coming up next:



Thursday 9 November
Employment law HR essentials for
Practices and PCNs



Wednesday 24 January
Legal Obligations for
Partnerships in General Practice



GP & ACP EDUCATION

Sleep Medicine & Insomnia for GPs, Tue 17 October (19:00-20:30) with Dr Clare Bolton, Neurology consultant at the Respiratory Support and Sleep Service at the Royal Papworth Hospital. [Click here](#) to book.

Visit our [web page here](#) for details/dates for future events in the programme.

OPPORTUNITY TO WORK WITH C&P TRAINING HUB - QUALITY & EDUCATOR EXPANSION LEAD

We are looking for an enthusiastic, experienced educator to lead our Quality and educator support programme. You will build on our recent training expansion success, enthuse educators of the future, help them through their training, and support and mentor new educators. If you have experience as a GP trainer, TPD or in another senior educator role and are interested in leading a team responsible for quality assurance, support and development of our GP and multi-professional educator workforce, we would love to hear from you. [Click here for more information](#) and how to apply. (Closing date: 9am, Monday 30 October).

PROTECTED LEARNING TIME

C&P Training Hub are providing focused learning opportunities for practices and PCNs during Protected Learning Time sessions. Each session consists of a live virtual session hosted by a subject specialist, a Facilitation/Discussion guide and a Resources list to signpost to further learning or tools.

| | | | |
|---|--|----------------------------|------------------------------------|
| Wed 22 November 14:30-15:30 | Making Safeguarding Personable yet Practicable: Harnessing the strength of the Primary Care MDT | Dr Liz Woodroffe | Click here to book |
| Tue 23 January 2024 14:30-15:30 | Cardiovascular Disease & Diabetes: How can we best support our patients to live healthier longer lives? | Dr Jessica Randall-Carrick | Click here to book |

These sessions are designed to be accessed live and will also be available for a short period afterwards to support practices and PCNs who may already have plans for the scheduled live dates. Find more information and other upcoming PLT opportunities [here](#).

GP LEADERSHIP GRANTS

We have a small number of grants available to support new and current leaders to update and develop their leadership skills and continue to make General Practice a great place to work! For more information and to express interest please [click here](#).

GENERAL PRACTICE FELLOWSHIP

The General Practice Fellowship scheme is designed to provide newly qualified GPs (and Nurses) with a 2-year programme of support and education when taking up a substantive role in a Cambridgeshire & Peterborough practice. Fellows benefit from a combination of protected CPD time, early career learning, mentorship, peer support and coaching, to help develop clinical and leadership skills and to facilitate development within practice and across the wider Primary Care Network. Practices receive a financial grant to help support each fellow to engage with the programme. [Click here](#) for more information.

CAREER BREAK SUPPORT

Taking a break in your career can be challenging. Whatever the reason for your break, our new GP Career Break programme provides opportunities to access advice, support and training to help you before, during and after your absence from work. [Find out more here](#).

PCSE GUIDANCE FOR PRACTICES

<https://pcse.england.nhs.uk/organisations/gp-practices/>
<https://pcse.england.nhs.uk/organisations/gps/>

BMA GUIDANCE

Practical guidance for GP practices can be found [here](#)

Read the safe working in General Practice pages [here](#)

All the latest GP Bulletin (England) can be found [here](#)

Read the latest Sessional GPs update [here](#)

Latest updates on Twitter: [@BMA_GP](#) and [@TheBMA](#)

Read about BMA in the media [here](#)

BMA wellbeing support services page [here](#)

WELLBEING

Practices are encouraged to continue to focus on their own teams' wellbeing and take time to meet & reflect on their wellbeing and what they can do to protect it. This will meet the requirements of the QOF targets in the GP contract to do your [quality improvement project on staff wellbeing](#).

A range of wellbeing and support services are available to doctors, from our 24/7 confidential [counselling and peer support services](#), [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#).

[Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support.

See their [poster with 10 tips to help maintain and support the wellbeing](#) of you and your colleagues.

CAMBS LMC IS ALWAYS HERE FOR YOU

SUPPORT AND SIGNPOSTING

A reminder that Cambs LMC is *always* here for any GP in need, and we actively encourage you to reach out to us. Our job is to look after you – we are a safe, confidential space if you are struggling or are in distress. Visit <https://cambslmc.org/whatwedo/-support> for more information or snap the QR code.



CAMBRIDGESHIRE & PETERBOROUGH GP & PRACTICE JOBS

We advertise GP roles on the jobs section of our website <http://www.cambslmc.org/jobs>. This remains a free service for local practices to advertise their GP vacancies. To advertise a vacancy, please email us the details, including the closing date and any supporting documents in pdf to jobs@cambslmc.org.

LOCUM NEWS & LOCUM ROLES – JOIN THE CAMBS LMC LOCUM LIST

We can also advertise GP Locum roles via our LOCUMNEWS mailing list. Please email us the details and we will forward it via that mailing list.

PRACTICES SEEKING LOCUMS

We continue to forward any GP Locum availability you might have to our locum mailing list. When sending requests to office@cambslmc.org to forward to locums, please remember to include a short synopsis of your practice in your locum requests i.e. where you are, what clinical system you use and relevant contact information.

REMOTE LOCUM SESSIONS

If you have roles which could be undertaken remotely – why not advertise these too? Attract GPs from across the country, and rather than working for other companies, they could work for you, *and* get NHS pension contributions *and* instant messaging with senior GPs to support.

GPAS: GENERAL PRACTICE ALERT STATE

Please remember to audit your activity and feedback your alert state before close of play on Thursday each week.

<https://cambslmc.org/gpas/>

LMC UPDATES: YOU SAID, WE LISTENED!

Look out for our local updates that we send on LMC news to try to keep our monthly newsletters shorter!

<https://cambslmc.org/news/>

LMC Office Staff:

Dr Katie Bramall-Stainer – Chief Executive
Alice Benton – Executive Director
Dr James Booth – Medical Director
Emma Drew – Executive Officer
Suzy Stoodley – Executive Officer
Molly Collison - Administrator

Find us:

The Officers' Mess Business Centre
Royston Road, Duxford,
Cambridge,
CB22 4QH

LMC Committee Officers:

Dr Diana Hunter – Chair
Dr James Howard – Vice-Chair
Dr Jo Scrivens – Treasurer

Contact us:

office@cambslmc.org
<http://www.cambslmc.org>
01223 919845
X/Twitter: @CambsLMC