

July 2023 Newsletter

Boring, but important:

On its 75th birthday, the NHS finds itself in an historic crisis. You will have noted the publication of NHS England's Long Term Workforce Plan last week, and with it an acknowledgment of the major shortfall of medical and nursing staff across England— but no recognition of a plan to retain its existing staff as an absolute priority.

An example, the plan needs qualified and experienced GPs (and appropriate space!) to train the next generation of 6,000 GP trainees a year, let alone increasing training within general practice from two to three years. Any credible plan now needs urgent measures to protect general practice and restore total practice income to reverse the loss of 2,000 FTE GPs since 2015.

One might imagine, with over 100,000 vacancies, the NHS would be working up a credible workforce recovery strategy – but instead, NHSE has awarded a 12-month contract worth £25million to the US data giant, 'Palantir' to transition its current NHS projects to the new Federated Data Platform, (FDP) for which a £480 million contract is expected to be awarded in the months ahead.

The award of the contract is likely to renew concerns about the transparency of the tender process for the FDP. Palantir has been widely viewed as having a potential advantage in bidding for the operating contract, due to its existing work during the pandemic helping the government manage Covid data at no cost. NHSE claims that the FDP procurement will be separate, but the BMA has said “GPs have long raised concerns about the appropriate use of patient data, and today's decision by the Government to give £25m to a huge US-based multinational company, to do further work on a large NHS patient data project, only exacerbates these concerns.”

Your LMC met yesterday and determined that all colleagues needed to be made aware of this sequence of events. Your representatives felt that trust, continuity and advocacy were the core distilled values of general practice. The crux of the doctor-patient relationship has to be trust. While GPs are supportive of safe and consensual uses of patient data – such as for direct care and legitimate research purposes – we want to see it done in a way that won't damage the confidence that patients have in the profession, and the care that they receive.

We need national urgent discussions to understand how they plan to use confidential patient data within this data platform and what role Palantir will play. The FDP will be the largest single point of access to patient data this country has ever seen. We don't know what purposes it will eventually serve; what it will eventually cost; who will have access; or how patient choice and consent will be honoured. The proposals are vast, with ambitions to sweep in hospital, GP, even social care records – making all patient data available to government planners and others.

The NHS needs more efficient use of patient data for the good of the NHS and of patients; there are inefficiencies in the system that urgently need fixing. But what of the concerns about the design of the contract? If the procurement process will be fair? Whether the system will work as designed? And whether Palantir, which has been historically better known the US for supporting CIA drone attacks, predictive policing and deportation raids, is a remotely appropriate partner for the NHS.

An FDP runs the risk of funding being diverted from other critical work already underway to help the NHS join up its patient data for good. For example, openSafely, a flagship national data platform for health research, was developed by Ben Goldacre and a team at Oxford for vital Covid research. It's completely open source, safe and costs a fraction of what Palantir does. Does pushing so much access and control to the centre make sense? For some issues – vaccination, workforce planning – perhaps, yes. But ultimately, most care is delivered and planned locally...

Once Palantir's in, it may be hard to get out. Other government agencies have struggled to move away from Palantir when they've tried. Having a single supplier to help you join up data *and* analyse risks could potentially create a dangerous private monopoly over vital NHS infrastructure. For Palantir's UK chief executive Alex Karp, that's the plan. "Most other companies are targeting small segments of the market. We see and intend to capture the whole." Their chief technology officer, Shyam Shankar, recently wrote: "The problem....is not the popular narrative that contractors make too much money. It is actually that they make too little money... Innovators will need outsized profits to motivate progress."

As Foxglove's Cori Crider has written, "Monopoly and profiteering may be good for Palantir's share price, but they sit uncomfortably with the ethos of a public health service." Yesterday, discussing this issue, your committee agreed.

People care deeply about how their health data is used, and the data controller for the British GP health record – the richest source of longitudinal health data in the world – is the GP contractor.

Patients come to us to share their worries, their fears, and their pain – and if patients don't trust that conversation to be private, they may not go at all. People want to feel safe to contribute their health data for the good of the NHS – but if the government runs short of patient trust, overhauls patient data systems without explaining what it wants to do, who will see the data, and what safeguards there are, people balk, and GPs will decline new data sharing agreements.

In 2021 more than a million people in a month opted out of sharing their health data because they didn't trust the government's last plans to pool their GP records. The history of the NHS is a graveyard of such schemes: we know this better than most - massive, expensive white elephants that all failed because the government didn't take the time to get the governance or consent processes right.

Your LMC representatives would like you to read this: <https://www.politico.eu/wp-content/uploads/2023/06/16/Foxglove-Palantir-report.pdf>

Please also consider sharing it within your PPGs, and within your peer group networks.

It is time for the government to learn from these mistakes. The same is true for online registrations, for prospective online access of records via the NHS app and so on. We can do better for our patients' data – if we take the time to design carefully, honouring patient choice, and thinking about what system will serve the NHS for the long-term. Anything less is likely to fail. Again.

**NEW RESOURCES AVAILABLE
FROM CAMBS LMC**

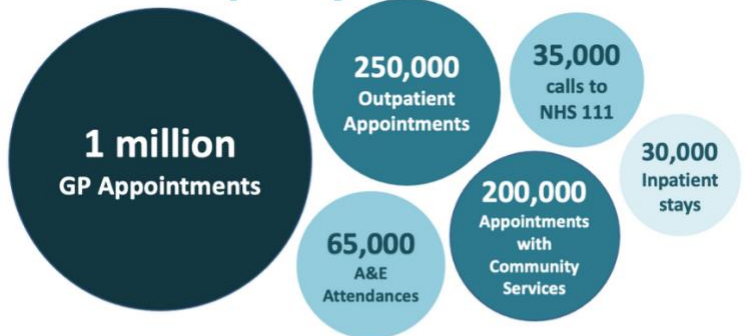


PATIENT WAITING AREA VISUALS

AROUND 500,000 APPOINTMENTS IN
CAMBRIDGESHIRE & PETERBOROUGH
ARE OFFERED IN GENERAL PRACTICE
EVERY MONTH

THAT'S **1** IN **2** OF THE
REGISTERED
POPULATION

Every day in the NHS



Why do receptionists ask such personal questions?



They are a vital part of the Practice

To ensure you are seen by the right person
at the right time.

All answers are kept confidential.



HAVE YOU GOT ENOUGH MEDICATION?

DON'T PUT OFF ORDERING YOUR REPEAT
PRESCRIPTIONS UNTIL THE LAST MINUTE

**CLICK HERE TO VIEW MORE
& DOWNLOAD NOW!**

www.cambslmc.org



PATIENT IDENTIFIABLE DATA

A polite reminder when sending in queries to the LMC office.

Please ensure to REDACT any patient identifiable data from attachments or emails when sending us example scenarios or requests for assistance.

PRIVATE REFERRALS

“Can a GP charge for providing a private referral to a consultant?”

The NHS/Private interface can feel confusing, and we would recommend that you are familiar with our full guidance document [here](#). The Regulations are clear in stating that GPs *cannot charge their registered patients* for the provision of care, under their NHS contract.

“the contractor must not, either itself or through any other person, demand or accept from any of its patients, a fee or other remuneration for its own benefit or for the benefit of another person in respect of the provision of any treatment - whether under the contract or otherwise; or a prescription or repeatable prescription for any drug, medicine or appliance”

This does **not** include where we are charging *third parties* for specific services that are chargeable (such as the DVLA for driving medicals or a Local Authority for taxi medicals). What it **does** mean, is that if you would be content to provide a referral to an NHS clinic, then you should equally provide a referral to a private clinic. In fact, the GMC’s Good Medical Practice guidance sees this as a professional issue, not just a contractual one:

“You must contribute to the safe transfer of patients between healthcare providers, and between health and social care providers.”

So what should we do, if a patient requests a private referral for something we would normally be happy to manage in-house?

If you would refuse an NHS referral for the indication, then a private referral should be declined too – lest it be perceived that private care is being treated more favourably, with your NHS time and resources being used to facilitate this. Doctors cannot be compelled to provide treatment they feel is not indicated for their patients, and the GMC states decisions around patient care should be made on the grounds of professional judgement – and to use available resources wisely.

Experience may teach us that patients can return with their private referrals, and request they be ‘transferred’ into NHS referrals. It is much harder to then argue that you would have not referred in the original instance, if your actions have suggested otherwise.

So in summary: you cannot charge a patient for a private referral letter that you would be willing to provide under the NHS, and it is wisest to decline a private referral for an indication you would not be willing to provide under the NHS.

BARIATRIC SURGERY GUIDANCE

The LMC frequently receives queries around referral processes for follow-up for bariatric surgery.

This type of surgery may include laparoscopic adjustable gastric banding, gastric bypass, sleeve gastrectomies and occasionally, duodenal switches. They can be accessed through the NHS via strict criteria for referral and ongoing engagement, which patients and their GPs may struggle to access. Consequently, they are often accessed privately in the local area, regionally, nationally and abroad. These patients will all potentially access NHS general practice services for their referral and/or follow up.

Our new full guidance document can be found [here](#).

MENTAL HEALTH ACT: SECTION 117

We have recently been liaising with CPFT over an imminent change to their follow-up policies. Section 117 of the MHA, governs the aftercare of patients who have been cared for under Section 3 of the Act. In effect this guarantees those patients a regular OPD review for life. Whilst this is very much necessary for many, some patients are still receiving regular appointments with the mental health team despite no need. They will either require vanishingly little input, or a high DNA rate. CPFT recognise that this is not the best use of their clinic time, especially in the context of the mental health waiting lists we see across the county. As such, we are pleased that they now plan to discharge some of these patients back into general practice, to free up capacity to see more complex patients.

CPFT will be writing to you about this. The LMC has been involved, and we’ve been assured that the patient selection will only include patients on no medication or whose medication has been unchanged for a significant period. There will also be a guaranteed fast-track referral process back into the team if the arrangement doesn’t work, the details of which will be communicated to practices. The discharges will be clearly identified as being in this cohort and that should also be clearly identified if their care needs reinstating.

Freeing up clinic space for acutely unwell/complex cases is just common sense; however we want to make sure it works as planned. Any issues please email Dr James Booth our Medical Director: james@cambslmc.org

COMING UP IN JULY 2023

**Thu 13 July
2023**



Addressing poor behaviours in
General Practice

**Wed 19 July
2023**



Business Governance -what does
a good practice look like?

**Wed 26 July
2023**



Guide to Local & National Performance
Processes (GMC/NHSE)

Coming soon, in September 2023:

Strengthening
Teamwork &
Supporting Teams
under stress



**Wed 13
September**

Legal Obligations
for Partnerships
in Practice



**Wed 20
September**

Understanding practice
accounts & funding
streams



**Thu 21
September**

Business Governance -
what does a good
practice look like?



**Wed 27
September**

CLICK HERE TO FIND OUT MORE & BOOK YOUR PLACE!

www.cambslmc.org

LOCALITY PRACTICE MANAGER MEETINGS

Our regular practice manager meetings have been running for six months now (usually for about an hour on MS Teams), and are gaining good momentum, opening up opportunities to network and share ideas across the patch. Here's a reminder if you'd like to hop-on the next call, or add them to your calendars:

East Cambs - held bi-monthly. Next meeting: 26 July

Hunts - held monthly. Next meeting: 1 August

Cambridge - held quarterly. Next meeting: 9 August

Peterborough - held bi-monthly. Next meeting: 23 August

If you haven't managed to join one yet, or want to find out more, we would be delighted to see you. 😊

There is no obligation to attend every single time or stay throughout the call if you're short of time. Feedback we have received from those who have attended recently has been really positive. Please email emma@cambslmc.org if you have any queries, comments, or suggestions.

NHSE RECRUITMENT SUPPORT & GUIDANCE

Practices and PCNs might find these resources helpful in support of recruitment and development:

- [Supervision guidance for primary care network multidisciplinary teams](#)
- [Additional roles: a quick reference summary](#)
- [Example induction checklist template for staff in general practice](#)

AMENDMENT TO ANNUAL FLU LETTER 2023/24

The government has confirmed an amendment to the [2023 to 2024 annual flu letter](#). It outlines the addition of secondary school children in Years 7, 8, 9, 10 and 11 to the programme. This includes those that are home-schooled and other children not in mainstream education. Providers should ensure they commence vaccinations as early as possible after the flu vaccine becomes available and complete by 15 December in line with the other school aged cohorts already announced.

NEW IT SYSTEM FOR SMEAR SAMPLES - CERVICAL SCREENING MANAGEMENT SYSTEM (CSMS)

NHS England is stepping up preparations for switchover to the new NHS Cervical Screening Management System (CSMS) towards the end of 2023.

With the new system, accuracy and security of patient information will be improved, making sure every person eligible for a screening appointment continues to be invited on time and followed up if required.

The new CSMS will be much easier to navigate, freeing up more time for frontline staff. Access to the new CSMS will be via Smart Card and users have been contacted previously to ensure they have these and will need to arrange to have additional access rights added.

In the next month or so NHSE will be in contact with all sample takers/GP practices to inform them of these changes and actions that are required. The [CSMS website](#) (New NHS Cervical Screening Management System - NHS Digital) has been updated, and further updates will progress over time – this is your heads up.

SHINGLES VACCINATION PROGRAMME: CHANGES FROM SEPTEMBER 2023 LETTER

The [Shingrix bipartite letter](#) for England has now been published. The updated Green Book [chapter 28a](#) and the healthcare practitioner information and guidance to support the Shingrix programme including e-learning and a training slide set will be available on the Shingles vaccination [guidance](#) for healthcare practitioners webpage will be live shortly.

Updated patient information materials will be available on the Shingles vaccination programme [webpage](#) by the end of the week and to order from the Health Publications [website](#) shortly. The updated Shingrix® PGD template will be available from the [PGD collection](#) later in July.

What are your housing needs?

We want to ensure that health and care staff in Cambridgeshire & Peterborough have access to the housing they need to work in our area, both now and in the future. Please share your insights to help us plan for the future.

Complete the Staff Housing Needs Survey by visiting bit.ly/staffhousingneeds or scanning this QR code:



The survey closes on
Friday 21 July 2023.



ARM (ANNUAL REPRESENTATIVE MEETING) UPDATE

The BMA's ARM in Liverpool this week has brought meaningful discussion, debate and strong representation on behalf of the medical profession. The GPC shared its report with the ARM, outlining its work to support and lobby on behalf of GPs this year: Read the report [here](#).

A [motion was passed](#) recognising the stress created by the current Government policy and calls on the BMA to support members who refuse to declare their income also passed comfortably. Read all the motions passed [here](#).

NHS WORKFORCE LONG TERM PLAN

NHSE has published the [NHS Workforce long term plan](#), which models workforce demand and supply over a 15-year period and the resulting shortfall, showing that without immediate action the NHS will face a workforce gap of more than 260,000–360,000 staff by 2036/37. It sets out three priority areas: train, retain, and reform - aiming to grow the workforce whilst increasing retention of existing staff, and changes to medical education and training that aim to diversify routes into the NHS.

Some of the key ambitions include doubling the number of medical school training places to 15,000 by 2031/32, increasing the number of GP training places by 50% to 6,000 by 2031/32, increasing training and supervision capacity in primary care so GPs in training can spend the full three years of their training in primary care settings. The government will invest more than £2.4 billion to fund the 27% expansion in training places by 2028/29.

The BMA is compiling a briefing for members which will be included in the next LMC Update.

RE-BALLOT FOR JUNIOR DOCTOR STRIKE ACTION & IMPORTANT INFORMATION RE ELIGIBILITY TO VOTE

The [re-ballot for junior doctors \(including GP trainees\)](#) is open. Please encourage your GP trainee colleagues to vote YES and post their ballot back as soon as possible, and no later than **26 August 2023**.

It is important to note that [if you will no longer be a junior doctor / GP trainee on 31 August 2023](#), you will need to contact the BMA by calling 0300 123 1233 or emailing doctorspay@bma.org.uk and opt-out from receiving a ballot. This includes *if you are due to obtain your CCT (certificate of completion of training)* or you are on maternity leave for the whole mandate period from 31 August 2023 to 29 February 2024. However, if you are a junior doctor for one day of the mandate period, you are eligible to vote. Please inform all GP trainees within your practices - they can update their membership details [here](#).

NATIONAL UPDATE FROM THE BMA

Call to action for general practice

The BMA's GP Committee for England (GPCE) recently published its [Call to action \(CTA\) for general practice](#) - our strategy for what we need to provide high-quality care for our patients and which explains what we want to see in the next round of contract negotiations. Read our blog series delving into the key areas that make up GPCE's vision for general practice, the [Call to action](#). In the first blog in the series, Dr Richard van Mellaerts outlines why removing bureaucracy and box-ticking is a priority demand for the BMA [Let GPs do their job](#). Tell us what you think about our [Call to action](#) by emailing info.gpc@bma.org.uk

Parliamentary activity

GPCE met with Deputy Leader of the Liberal Democrats and Spokesperson for Health and Social Care, Daisy Cooper MP. During the meeting we discussed our concerns for recruitment and retention of GPs, alongside patient safety. Daisy Cooper offered assurances the Liberal Democrats did not intend to reform the primary care model, and agreed to continue to talk to the BMA, as they develop their manifesto ahead of the upcoming election.

Safe working and preparing for balloting on industrial action

As the current working conditions are not safe for patients or GPs, 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. We need to come together to save general practice, defend our profession, and make general practice safe for patients. In April, GPC England voted to prepare to ballot GPs on industrial action if the Government does not agree to improve the contract drastically in forthcoming negotiations. 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.

COMING SOON!**PROTECTED LEARNING TIME**

C&P Training Hub recognise that some focused learning opportunities could be helpful for practices and PCNs during Protected Learning Time sessions. We will therefore be providing a minimum of four interactive learning sessions to support the whole multi-disciplinary team, each consisting of:

- A live virtual session hosted by subject specialists
- Peer learning discussion guides
- Resources list to signpost to further learning or tools

These sessions, starting in September, 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. Look out for more information in our August newsletter including first topics and dates.

HALF DAY MANDATORY TRAINING – MON 09 OCTOBER (morning)

A half day aimed at sessional GPs who want to experience mandatory training in a different way to e-learning. We will be running an infection control session followed by a safeguarding discussion to support mandatory training requirements. Please save the date in your diaries and keep an eye on your inbox for more details and how to book.

SHAPES IN PRACTICE – starts Thu 28 September

A programme of 3 x 2hr workshops for mid and late career GPs, focussing on how to deal with the challenging and stressful situations encountered daily. From the creators of the Shapes Toolkit, these workshops are designed to provide the tools to help you find individual, practical solutions whilst working as part of a team in general practice. Click [here](#) for more information and to express interest.

GP & ACP EDUCATION PROGRAMME Functional Illness - Thu 17 August, 7-8.30pm

Join us for a 90-minute zoom talk and Q&A on understanding functional symptoms and illness with Dr Will Bostock. Book your place [here](#). Visit our [web page](#) for dates/details of other upcoming events in the programme.

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! Please click [here](#) for more information and to express interest.

DO YOU HAVE A PASSION TO DEVELOP AND LEAD EDUCATION WITHIN YOUR PCN

The Training Hub have commissioned a bespoke 4-part educational leadership development programme delivered by Clare Morris and Tim Swanwick. They will work with you to dig deep into educational theory, helping to articulate the challenges you face and lean on the literature and others' expertise to help with finding solutions. Our second session is on re-thinking placements and supervision, and we encourage applications from the multi-disciplinary team within a PCN. To express interest in joining the Education Development pilot as a programme or as individual sessions, visit our [web page](#).

SUPPORTING FUTURE EDUCATORS – COHORT 3

Are you interested in becoming a first time Tier 3 Educator but need help to steer you through the journey? Click [here](#) to book a place on our Supporting Future Educators Programme. Our first cohort 3 session took place in May but don't worry, there is time to catch up ahead of our second and third evening sessions and the 2-day face to face workshop in November.

CAREER BREAK SUPPORT PROGRAMME

Taking a break in career can be a challenge no matter your role, balancing the motivation for the break in your working life with the drive to continue working in some capacity in the future. No matter the reason for your career break, Training Hub's new Career Break Support programme can provide opportunities to access advice, support and training to help you before, during and after your absence from work. Find out more [here](#).

ARE YOU MAKING THE MOST OF YOUR LMC BUYING GROUP MEMBERSHIP?

When was the last time you reviewed how much your practice is spending on the products and services you regularly buy?

The cost-of-living crisis is really starting to bite and even GP practices will be looking for ways to reduce running costs.

This is where your free membership to the LMC Buying Group can really come in handy as it offers practices access to discounts on a wide range of products and services. Click [here](#) to find out more.

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

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