

June 2023 Newsletter

18 MONTHS TO SAVE GENERAL PRACTICE

A general election must take place before 31st January 2025, so it will probably happen at some point in 2024. Therefore, we have 18 months to get a vision of general practice into the heads of all our politicians, and onto manifesto pledges. We won't predict the victors – much can change between now and then. But should Labour find itself in government, its vision for health is to “build an NHS fit for the future.”

To make it happen, they have this idea that no one has ever thought of before – brace yourselves – shifting NHS care out of hospitals into the community. We know! Genius!

For GPs and those of us running practice teams, Starmer's emphasis on the business model for GPs – to “make sure salaried GPs serve all communities” – is a distraction they simply cannot afford. We spoke to their Health team and were reassured, that “Sir Keir was merely flying a kite.”

Well then, Sir Keir needs to take care with kite-flying in the middle of a thunderstorm. Wes Streeting's approach at the King's Fund a few weeks earlier, showed much greater promise and understanding – with support for the independent contractor model.

It is our view, that the country cannot afford to lose the independent contractor/partnership model. There are quick wins to guarantee it not only survives, but thrives: a government could allow limited liability; look into shared employee ownership options; bring back Red Book ringfenced funding for staff; channel investments back through GMS – and the workforce will follow.

The main source of benefit however, will be for patients. Politicians of every colour need to hear “What about continuity of care?” everywhere they go. A party that commits to “Bringing back your family doctor” through continuity of care, and offering face to face consultations with a doctor the patient knows – tell us that won't win an election. It certainly won't lose one.

What will play better with the public and voters? This, or generic ‘primary care’, with online consultations triaged remotely and allocations to advanced practitioners for episodic care, potentially at overspill hubs. Acute and chronic division, an NHS 111 single point of access phone line that will allocate appointments where doctor and patient do not know (or trust?) each other: fractured continuity and missed cues. The current government's obsession is with access – but anyone with half a brain recognises that the real issue is capacity. We want quality not quantity. Continuity brings health and also joy back into the consultation.

The elephant in the room is money and Keir Starmer dodged questions about how Labour would fund their plans. Buying out the entirety of England's GP premises and estate would run to billions. (Would Treasury permit it?) And such a fundamental shift in model would instantly lose the hidden work. The thousands of silent tasks undertaken in the ‘Pyjama’ session with all that unseen work of ploughing through results, letters, administration that take place on the sofa of an evening, or on a laptop in bed for many partners in practice.

We've had a decade of austerity, and then the pandemic. We know health spending is set to increase by 0.1% a year in real terms between now and the general election – well below the decade before the pandemic (2%), the long term average in England (3.4%), and the spending growth under Blair and Brown in the 2000s (6.7%). We're told on the one hand we can't afford it, but on the other that we spend 20% less than comparable Western European nations, and our life expectancy is dropping...

The next few months are critical to make this unarguable case for the future of general practice. This is why we will be producing materials to help you drop these nuggets into consultations and invite you to correspond with your MPs and those who will be standing against them with our template letters for you to personalise and email.

They'll want to hear solutions. We have solutions. They'll have been briefed a different story. Let's set the record straight.

The clock is ticking...

SERIOUS DATA LEAK – LANTUM/NETWORK LOCUM

Leaks of data in the tech world seem to happen on a pretty much daily basis nowadays, but rarely are they so incredibly disclosive as this one. **We are asking for your help in drawing this breach to the attention of all sessional and locum GPs Please share this with anyone you feel should be aware and spread the message.**

Lantum Health (formerly known as Network Locum) have accidentally disclosed 98,000 files pertaining to doctors registered with their business, in an unencrypted form on a cloud computing platform called Amazon Web Services Storage (S3). The files have now been removed from public view, but it is as yet unclear how long they were public for, and whether any 'bad actors' could have downloaded copies. See the news stories from Healthnews.com [here](#) and Pulsetoday.co.uk [here](#).

The exposed files, dating from 2014 – 2016, include sensitive information about healthcare professionals, including full names, dates of birth, current and past employers, home addresses, phone numbers, email addresses, passport information, medical documents, certifications, criminal record, invoices/Payroll. As you can see this data goes far beyond the usual email address and password type disclosure and contains information which could easily be used to convincingly steal someone's identity, harass them, or even blackmail them. As yet there is no way for any *individual* GP to know whether they are in the breach. **Any GP who has ever registered with Network Locum or Lantum should assume they are affected.**

It is not clear at this stage what action, if any, can be taken to mitigate the risk of identity theft or other deleterious effects, now that the data is potentially out there. It is possible that the affected individuals could have recourse to legal remediation. We will update as more is known.

SHARED CARE AGREEMENTS WITH PRIVATE PROVIDERS

We've received lots of queries recently, relating to shared care agreements with Private Providers.

Private consultants may ask GPs to enter into shared care arrangements for the prescription of certain drugs. Our advice on these can be found below. As with any shared care agreement, a GP prescriber has no contractual obligation to accept an arrangement that they feel uncomfortable with. Shared care, as the term suggests, requires ongoing input from a specialist when needed and this may well not be guaranteed when a patient has seen a consultant privately. We would advise discussion of this with patients, if you are aware that they are seeking a private opinion that might involve such a request as an outcome.

See our NHS/Private Interface Guidance for more: <https://cambslmc.org/nhs-private-interface/>

Other interface guidance that you might find helpful, such as Primary/Secondary Care Interface can also be found here: <https://cambslmc.org/primary-secondary-care-interface/>

LMC UK CONFERENCE 2023

The [2023 UK LMC Conference](#) took place 18-19 May, chaired by Cambs LMC's own Katie Bramall-Stainer and opened by the writer, producer, and BAFTA award winning satirist, Chris Morris (*The Day Today*, *Brass Eye*, *Four Lions*, *The IT Crowd*). Cambs LMC's Dr Ben Curtis (Fenland) opened the Conference with a motion calling for a series of FOI requests to determine the number of practices which have been dispersed; merged; novated; or reprocured via APMS across the UK; determine the total cost of NHS-funded management consultancies across the UK since the contracts were devolved to single nations; extrapolate how many patients are now 'without' a GP assuming recommended ratio of 1 whole-time equivalence to registered list size and to then publicise the real crisis around a depletion of patient choice, and fractured continuity of care by the destruction of general practice.

Other landmark votes included throwing out proposals for 'primary care doctors'; that GP surgeries should at their discretion be allowed to offer their NHS patients paid-for services; and calling for a similar approach to the Juniors to be taken by GPs for full pay restoration; and consideration of industrial action as a means to securing this. The [resolutions and election results](#) have now been published, and a [recorded webcast of the event](#).

SESSIONAL GP WEEK 2023

To support and celebrate your valued sessional GP colleagues, the BMA has created '[Sessional GP Week](#)' taking place on the [12-16 June](#). This will be a week-long celebration highlighting the value of sessional GPs and promoting sessional GP as a positive, diverse and enriching career choice. The focus for the week is 'respect, reward, retain'. Resources will be shared throughout the week, and a different theme each day, so please encourage your colleagues to get involved.

You will also find out more about what the sessional GP committee is doing and how they are supporting you. Read more on the [sessional GPs Committee page](#). Show your support for your colleagues on [Twitter @BMA GP using the #SessionalGPWeek2023](#)



Introducing Cambs LMC Business Bitesize

Cambs LMC represents, supports, and advises local GPs and their practice teams. We are now also able to offer our guidance to those looking to refresh or upskill essential knowledge to ensure their businesses are better placed to tackle the challenges of general practice today.

If you're a GP interested in leadership skills, better understanding of and being equipped to run a practice, or an existing practice manager or partner looking for a refresher on the fundamentals of essential business know-how, brushing up on the latest HR or legal requirements – this is for you.

We offer subject-matter experts with current working in-depth knowledge of general practice business. Each session will be delivered online, live, with the opportunity to raise questions and contribute to the interactive session.

Our module menu includes:

Team Matters:

- Guide to local and national performance processes (GMC/NHSE referrals) Wed 26 July

Good Governance:

- Addressing poor behaviours in the team Thurs 13 July
- Business Governance – What does a good practice look like? Wed 19 July
- Strengthening teamwork and supporting teams under stress Wed 13 Sept

Regulations & Finance:

- Legal Obligations for Partnerships & Contractors in Practice Weds 20 Sept
- Understanding practice accounts and finance streams Thurs 21 Sept

Coming soon:

- CQC Guidance for New Partners and Managers
- Managing short term staff absence
- Managing long term staff absence
- Supporting workplace wellbeing
- Performance and appraisal in general practice teams
- Employment Law essentials for Practices & PCNs

Cambridgeshire and Peterborough GPs and Practice team members receive a 20% discount, please email bitesize@cambslmc.org for discounts.

To find out more & book onto any of our Bitesize sessions, [click here](#)

To follow Business Bitesize for updates on future sessions, [click here](#)

REMINDER: Data Security & Protection Toolkit (DSPT) – submission due 30 June 2023

Reminder that the toolkit submission for 2022-2023 is due on **30th June 2023**.

<https://www.cpics.org.uk/download.cfm?ver=5803> and <https://www.dsptoolkit.nhs.uk/OrganisationSearch>.

It is a requirement of the GP practice contract to ensure practices undertake this self-assessment process. Please ensure you review documentation such as Patient forms and literature including your privacy notices to ensure they are in date as part of the submission process. Your submission may be audited by the ICO should an incident occur.

It is very important your practice can be found on the Information Commissioners Register of Fee Payers by the public. Please check you can be found, and your registration is up to date, by visiting the [ICO public register page](#)

If you have any IG/DP queries, please forward these to cpicb.dataprotectionofficer@nhs.net.

For any IT queries, please contact cpicb.primarycareit@nhs.net



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.

cpics.org.uk



CAMBRIDGE SUSTAINABLE TRANSPORT ZONE CONSULTATION

On 26 May, the consultation summary was published into the proposed transport changes in Cambridge. One of the key features of these proposed changes is the creation of a Sustainable Transport Zone covering the city centre, driving into which will incur a charge. This obviously has very significant implications for practices within and bordering the area. Your LMC met with some of the Council last December to outline practices' concerns on your behalf.

Frustratingly, this very lengthy document <https://www.greatercambridge.org.uk/mc-22> has very little mention of the specific concerns and needs of general practice we raised within it. We wrote again to the Council expressing our disappointment and we have a further meeting scheduled.

We suspect a volume of correspondence will increase the effectiveness of our representations, so a template letter has been prepared for affected GPs, practices, and practice staff to use and adapt here: <https://cambslmc.org/wp-content/uploads/2023/06/STZ-template-letter-for-General-Practice.docx>

MRI REQUESTS FROM CHILD & ADOLESCENT MENTAL HEALTH SERVICES

We've become aware at the LMC Office that CAMHS clinicians are asking GPs to refer children and young people for brain MRI scans as apparently their own service is unable to facilitate this.

We've challenged this on your behalf. Not only should investigations be ordered by the clinician who identifies the need, we've also observed that the indications for which such a scan should be ordered will undoubtedly be those that need specialist care – and so if there is an issue with scan requests, these patients will need a paediatrics referral in any case.

Whilst CPFT investigate their pathways, we'd advise that any requests made to GPs from CAMHS for MRI ordering are responded to, using our template pushback letter(s), and office@cambslmc.org copied in.

A reminder of the pushback letter templates on our website for your use, can be found here: <https://cambslmc.org/template-resources-for-managing-inappropriate-workload/>

See also, the recently published Academy of Royal Medical Colleges 'General practice and secondary care - Working better together' document: <https://www.aomrc.org.uk/reports-guidance/general-practice-and-secondary-care-working-better-together/>

NORTH CAMBS AND PETERBOROUGH CARE PARTNERSHIP ELECTIONS 2023

Cambs LMC was the returning officer in the North Cambridgeshire & Peterborough Care Partnership Elections, which concluded in May. The following GPs have been elected into the following seats for the inaugural term:

- GP Co-Chair – Dr Neil Modha
- Locality Lead – Huntingdonshire – Dr Duncan Blake
- Locality Lead – Fenland – Dr Wendy Harrison
- *Locality Lead – Peterborough – Vacant*

Nominations for the Peterborough locality seat re-opened on Monday 5th June 2023 and will be accepted from any GP working within BMC Paston, Bretton Park and Hampton, Central Thistle Moor & Thorpe, Peterborough East, Peterborough Partnership, & South Peterborough PCNs. The [link to nominate is here](#) and will close at 5:00pm on Thursday 15 June 2023.

EAST OF ENGLAND NEW CERVICAL SCREENING SUPPORT SESSION

East of England NHS England Screening is launching a New Cervical Screening Support Session for all those involved in delivering cervical screening in primary care in the East of England. Sessions will be quarterly with each session focusing on a specific part of the screening programme, such as changes to the programme, system updates, issues and education/training. **The first session will be during Cervical Screening Awareness Week (19-24 June 2023)**

The sessions will also provide an opportunity for shared learning across the region and will cover changes to the programme, ie: incident management, cervical screening campaigns, education/training, Open Exeter, ICE – NI and Cervical Sample Taker Database.

Click [here to book](#) on the first session, 22nd June 2023, 13:00pm-14:00pm.

TRAVEL VACCINATIONS

A reminder that the following vaccinations must be given as part of NHS provision and **no fee can be charged to a registered patient**: Cholera, Hepatitis A, Poliomyelitis, Typhoid

Vaccinations that are not free of charge on the NHS and can therefore be declined or signposted elsewhere are: Hepatitis B, Meningitis vaccines, Rabies, Tuberculosis (TB), Japanese encephalitis and tick-borne encephalitis, Yellow fever ([only available in designated centres](#))

BMA Guidance can be found [here](#), in addition to our guidance page on our website which includes suggested wording for practices struggling with capacity: <https://cambslmc.org/travel-vaccinations/>

RCGP VETERAN FRIENDLY GP PRACTICES

Armed Forces Week is on the 24th June www.armedforcesday.org.uk, and an increasing number of GP practices are now accredited as Veteran Friendly (VF) across our region. This programme enables practices to deliver the best possible care and treatment for patients who have served in the armed forces. Nearly 1,000 GP practices in England are already accredited through this programme which supports practices to identify and code their veterans, and to appoint a clinical lead who undertakes training and other activities related to veteran healthcare.

Accreditation is voluntary and currently open to GP practices in England. For more information, telephone Stephen Heard (the regional lead East of England) of the RCGP Veteran Friendly Accreditation Project (contact: 01493 717257) and he would be delighted to extol the virtues and benefits of becoming a Veteran Friendly practice. Alternatively, please email veterans@rcgp.org.uk

2023-2024 FLU VACCINATION PROGRAMME

Please follow [this link](#) to see the guidance for the 2023/24 flu vaccine programme published today. This letter sets out the eligible cohorts and next steps for regions and providers to take. The cohorts remain similar to last year.

They do not include those aged 50-64 that are not in an at-risk group. Further information on the secondary school cohort (Years 7,8, 9, 10 and 11) will be issued in due course as well as further guidance on how the flu programme should be aligned to any autumn COVID-19 vaccination programme.

PCSE ESCALATION PROCESS – REMINDER

There are a number of different ways you can contact PCSE but the online form *should* ensure the quickest possible response time to your requests, with less chance of them getting lost by being logged electronically and case reference numbers being assigned for good audit trail purposes.



Online contact form:

www.pcse.england.nhs.uk/contact-us/



Call PCSE on:

0333 014 2884



Visit PCSE's website:

<https://pcse.england.nhs.uk/>

RAISE: A reminder that the [PCSE online form](#) should be used to initiate any queries in the first instance.

CHASE: if after 28 days, your query remains unresolved, the [PCSE online form](#) should be used again to chase, quoting the case reference number.

ESCALATE: The ICB can escalate unresolved queries as long as they have been initiated and chased online, allowing at least 28 days for PCSE to resolve. If after 28 days after any subsequent chases, please email cpicb.primarycare@nhs.net to inform them of your unresolved issue and to request onward escalation.

SESSIONAL
GP WEEK

12-16 JUNE 2023



Sessional GP Conference – save the date

Friday 22 September 2023 from 10am-5pm



Keynote speaker:

Dr Rachel Morris, Host of the *'You Are Not A Frog'* podcast (www.youarenotafrog.co.uk)

Other sessions include:

- Knowing your contract
- Pensions
- Negotiation skills
- Portfolio working
- Navigating professional regulation and complaints
- Future landscape for sessional GPs: respect, reward and retain sessional GPs
- Q&A to the BMA sessional GP leadership team.

Please register your interest by emailing
confunit@bma.org.uk

RESPECT, REWARD, RETAIN

[#SessionalGPWeek23](https://twitter.com/SessionalGPWeek23)

NATIONAL UPDATE FROM THE BMA

BMA secures significant reduction in NHSPS service charge claims for practices

The BMA has successfully assisted 5 GP practices in significantly reducing years of unsubstantiated service charge claims demanded by NHS Property Services (NHSPS) – with one practice seeing NHSPS' claim against them reduced by more than £400,000, a reduction of more than 80%. The landmark cases, brought in 2020, were started after practices began to struggle to afford soaring service charges set by NHSPS, despite there being no prior agreement or explanation for the price hike.

BMA lawyers challenged NHSPS on two issues: the legal basis on which the charges were being imposed, and the magnitude of the fees. During the first phase of the case, the BMA and the practices sought a legal declaration that NHSPS could not rely on its Consolidated Charging Policy as a basis for issuing the new charges, and that the imposition of the higher charges was therefore, unlawful. Despite the outbreak of the Covid-19 pandemic and the extraordinary pressure this placed GPs under, NHSPS launched a countersuit against each of the practices demanding recovery of the historical service charges, transforming the dispute into a major commercial lawsuit.

In June 2020, NHSPS admitted that its charging policy had not been incorporated into or retrospectively varied the practices' legal terms of occupation and existing service charge obligations. The BMA then assisted the five practices in settling with NHSPS the fees and service charges sums outside of court, for the period between 2013/14 and 2019/20, securing reductions on the amounts claimed by NHSPS for the five practices ranging from £25,000 to more than £400,000, a total reduction of more than £750,000.

The BMA has created [guidance](#) for practices in a similar position, to help advise them on what to do if they are also facing disproportionate service charges. Read the full statement and comment by Gaurav Gupta, GPC premises lead at the BMA, [here](#)

Junior doctors' and GP trainees strike action

The [BMA has announced](#) further industrial action to be undertaken by [junior doctors \(including GP Trainees\)](#) in England, after Government failed to make credible pay offer. A 72-hour walkout will take place between 0700 on Wednesday 14 June and 0700 on Saturday 17 June.

GPC England supports all junior doctors, including GP trainees, in their pursuit for pay restoration to 2008 levels, and we would urge practices in standing with GP trainees in their fight for fair pay. Show your support for the future of healthcare in England. We have published [comprehensive guidance for GP practices](#), trainers and LMCs which covers everything from managing the impact of strike action on practice work to GP trainee rotas and information on [how GP practices can support GP trainees financially](#).

We have produced a poster which we encourage you to display in your practice, a patient information leaflet, and an infographic that can be used on your website - [order here](#). The BMA has also published [guidance on strike action for GP trainees](#). See more on the strike action on [GP trainees twitter](#).

BMA member briefing on the GP delivery plan

In the last update, we shared our [member briefing](#) on the NHS England and DHSC [Delivery plan for recovering access to primary care](#). ICBs are responsible for ensuring that providers are fulfilling the requirements in the plan and to monitor and report to NHSE the progress being made. We have now published [template letters](#) to support practices and LMCs to engage with their local Integrated Care Boards (ICBs) regarding the implementation of the primary secondary care interface elements of the plan. Please feel free to adapt to local needs.

NHS.net email for locums

We have had confirmation that the licences for Microsoft Apps for Enterprise for those in the locum container of NHSmail will continue to be provisioned for the next financial year following work by NHS England. These licences are required to use desktop versions of Office 365 (e.g. Microsoft Word) which can link into clinical systems for the creation of referral forms. The Sessional GPs Committee repeatedly raised the necessity of such access when issues first came to light in January 2021 after parts of the country moved to Office 365 and continues to make the case for ongoing access on your behalf. For more tips on the use of the locum container, see the blog by Mark Coley, GPC England IT lead, [here](#)

Parliamentary activity

We have written to the Primary Care Minister, Neil O'Brien to highlight the motions passed at [LMC UK conference](#) regarding increased costs of running practices, and pay restoration for practice funding, and the Minister has agreed to meet to discuss these issues. We have also written, with the chair of Northern Ireland GPC, to the Chancellor, Jeremy Hunt, asking for him to work with DHSC to deliver a package of support to meet increased practice costs, particularly those linked to inflation.

In addition, GPCE and the sessional GPs committee have written to Sir Keir Starmer to outline our key concerns and priorities for the future of general practice following their recent [NHS plan](#), and offered a roundtable with him and his team to discuss Labour party policy in this area. We have also met with a special advisor to the Shadow Health secretary to discuss the future of general practice.

Following our meeting we were encouraged to see Labour MP Karin Smyth, [raise our concerns](#) regarding spiralling costs to practices during health questions in the House of Commons.

Oliver McGowan Mandatory Training on Learning Disability and Autism. All GP practices in England must ensure their staff receive training in learning disability and autism, including how to interact appropriately with people with a learning disability and autistic people. This requirement was introduced by the Health and Care Act 2022 in July last year. The government's preferred training programme is the [Oliver McGowan Mandatory Training on Learning Disability and Autism](#). However, the Act **does not** specify a training package or course for staff. The CQC [cannot tell practices](#) specifically how to meet their legal requirements in relation to training, and while NHS England and ICBs may share the government's training programme preference and encourage uptake, it is ultimately for practices to determine how their staff are trained to meet their legal requirements. Further information is available [here](#).

Accelerated Access to Records

Following the imposition of the GP contract, practices will be expected to provide automatic prospective record access to all patients from 31st October 2023. While GPC England remains committed to finding a way forward whilst acknowledging the reality on the ground for GPs, we have prepared [guidance](#) outlining steps practices should take ahead of the planned switch on. If you have any questions not addressed in the guidance, please get in touch with info.gpc@bma.org.uk

EMIS reverses panic button decision. BMA lobbying has helped GP practices to retain the EMIS panic button, which is used in emergency situations, as EMIS has decided that the EMIS panic button will continue to be available for practices who wish to keep it. The number one priority for any doctor is ensuring patient safety, which is why changes to the EMIS system have an impact. We have a duty of care to voice our concerns when there is a risk and are pleased to see they have been taken seriously. Although we know that some practices face technical challenges with the system so do not use it, this is a sign that the NHS IT infrastructure is seriously inadequate. We need to see actual investment in practices to not only help them stay open but ensure that they are as safe a space as possible.

OpenSAFELY. In recent months GPCE's Digital Transformation Policy Group, along with the Joint GP IT Committee, have been providing scrutiny to the forthcoming Data Provision Notice (to be sent under the COVID-19 Directions from the Secretary of State for Health and Social Care) that will allow [OpenSAFELY](#) to continue to operate as a Trusted Research Environment (TRE) once its [COPI permission expires on 1 July 2023](#). It has been a complex process with regard to information governance. The proposal speech to Motion 12 at the conference of England LMC representatives last November referenced the OpenSAFELY TRE as one that has the support of the profession. This remains the case. Practices will not need to do anything and formal communication from NHS England explaining the evolving legal basis for operation will be coming soon.

CAMBRIDGESHIRE & PETERBOROUGH TRAINING HUB



GP LEADERSHIP GRANTS

We are delighted to share that 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.

GP & ACP EDUCATION PROGRAMME

Dermatology – Thu 15 June, 7-8.30pm. Join us at the Delta (Marriott) Hotel in Huntingdon for a 90-minute talk and Q&A on Dermatology with Dr Miguel Arbide. [Book your place here](#)

Pain Management - Thu 6 July, 7-8.30pm. A virtual 90-minute talk and Q&A (via zoom) on Pain Management with Dr Andreas Erdmann. [Book your place here](#). Visit our [web page](#) for dates/details of other upcoming events in the programme.

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 in July and September 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](#).

GP FELLOWSHIP

Are you about to CCT or have you qualified in the last 12 months? The General Practice Fellowship is a 2-year scheme to support new or recently qualified GPs (and Nurses) and the practices employing them. The programme offers protected CPD time (with backfill funding to practices), together with early career learning, mentorship, peer support and coaching. [Click here](#) to find out more.

‘OUR ICS THRIVES ON DISAGREEMENT’, by Julian Patterson

As we approach the first anniversary of the birth of the ICS, let's look back at GP and HSJ Columnist Julian Patterson's hilarious pastiche from one year ago, and see if much has changed...

NHS Blithering Chief Executive Joy Hunter publishes an inspiring monthly blog for staff and patients as part of the ICS's 'commitment to communicate', writes Julian Patterson

April – Getting down to business

“Hello, my name is Joy and I’m collaboratively “in charge” of the NHS Blithering Integrated Care System, formerly known as the Blithering Health and Care Partnership, All of Us in Blithering, Blithering Together and We Are Blithering.

I am delighted to be able to share news and key thoughts with you at this exciting time for the ICS. Communicating is at the heart of our shared commitment to valuing values. It is one of our 6Cs, along with compassion, collaboration, (in)clusion, culture, and changefulness. I’m proud to be part of a team that lives these values every day in everything we do. Many things have inspired me this month, particularly the story of Pastor John, a recovering drug user and management consultant who now helps others to come to terms with substance abuse, GANTT charts and challenging cost improvement programmes.

I was also privileged to listen to Dawn Starling, a holistic psychologist who works with individuals affected by the justice system. Ms Starling explained her fascinating theory of reverse mentoring, by which service users take the lead in training their rehabilitation partners (formerly “prison officers” or “screws”).

Ms Starling argues that no one chooses to “offend” or to commit a “crime”. These may simply be consequences of deprivation or extreme forms of protest. She gives the example of Kevin, jailed for “holding up” a post office. “Kevin thinks of himself as a social activist protesting against unequal distribution of wealth. To call him an armed robber is demeaning and unhelpful,” Ms Starling says.

Thanks to Ms Starling’s work on buddying schemes and trust-building exercises, members of New Horizons House (the new name for HMP Blithering) can earn freedoms such as unsupervised visits and “unlock days”. Ms Starling is also working tirelessly to change attitudes to rehabilitation. As she says, “Instead of calling people ex-offenders, think of them as community returners.”

Maintaining access to primary care is one of our top priorities, so I’m delighted to announce that David Rummage has agreed to head up our local GP recruitment and retention programme. As the ICS, our job is not just about managing the health system but co-ordinating the multifactorial influences on the lives and wellbeing of everyone in our communities from housing and social care to safe spaces for pets and climate action. I’d love to hear your thoughts on topics covered in my blog. I’m excited and humbled to work with you to break down the barriers to the change agenda going forward.”

May – Going on a journey together

“Hello, my name is still Joy, and I’m delighted to be your guide as we continue our journey to better.

Many of the structures of the new system are still evolving, but that hasn’t prevented the vital business of collaboration getting underway. We are proactively working with local authority partners on a draft framework for seating arrangements for meetings. We are also constructively disagreeing in some areas such as funding, leadership and governance. For instance, we had a lively debate with the highways department about whether filling in potholes met the definition of “levelling up”.

We don’t see disagreement as “failure” but as a pre-condition for success. Only by learning to live with ambiguity and exploring the spaces between agreement and dissent can we reach consensus going forward. As part of our commitment to transparency we will regularly hold board meetings in public. Our inaugural meeting last month at the Martin Luther King Community Centre was a huge success. A special thank you to the literally dozens of people with lived experience of YouTube who joined us online. It’s a privilege to be guests in your browser.

On a personal note, it was sad to hear that Pastor John has been caught trying to sell consultancy services and crack cocaine to his clients. We wish him well as he continues his recovery at New Horizons House. Talking of which, I was sorry to learn of a mass breakout of community returners, resulting in reinstatement of former containment arrangements. Funding for Ms Starling’s innovative programme will be frozen while we conduct a review, but I’m confident we will have it up and running again soon.

Finally, I’d like to hear from any GPs who wish to get involved with our recruitment and retention programme as the current lead, Dr Rummage, has announced his decision to step down due to workload pressure.

*There will of course be further challenges on the road to integration, but we reached a major milestone this month with the publication of our strategic organisation chart. This provides a high-level view of how the integrated care board, provider collaboratives, places, sub-places, primary care networks and neighbourhoods will progress the 47 priorities of the Blithering Transformation Plan in the coming months and years. In my next blog, I’ll be asking: **How do we go further and faster at scale?**”*

This humorous pastiche was originally published in May 2022 in the HSJ by Dr Julian Patterson (with permission)

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](#)

WELLBEING

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

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

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

Please visit the BMA's dedicated [wellbeing support services page](#) for further information.

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? You could attract GPs from across the country, and rather than working for Livi, Babylon, Push Doctor or 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

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Dr James Howard – Vice-Chair
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