


Cambs LMC Update: 12 January 2024

Top stories this week:

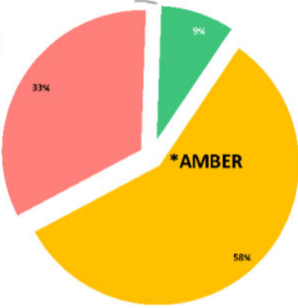
1. Cambs LMC GPAS weekly report – 12 January 2024

GPAS



Overall Alert State for General Practice
Cambridgeshire & Peterborough

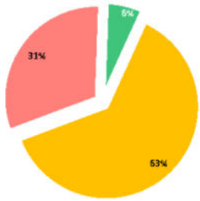
Week ending: Friday 12 January 2024

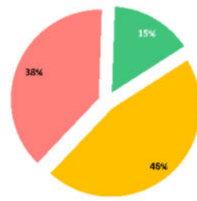


Total no. of respondent Practices this week **45** **52%**

*The overall alert state is calculated by applying a weighting formula to the individual alert states

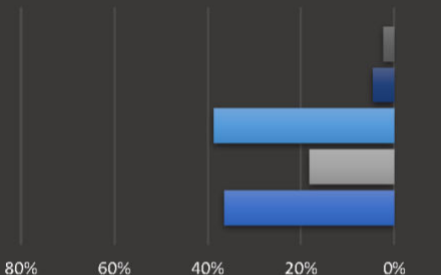
North Place Alert State		South Place Alert State	
32	71%	13	29%



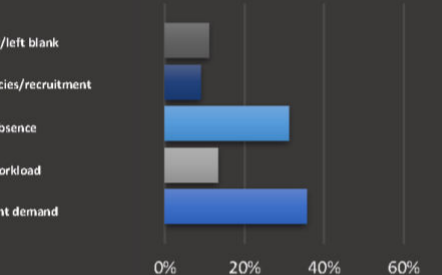


Single biggest contributor to pressures

W/e 22.12.2023



This week



Themes from respondent practices this week:

"Managing wider pressures affecting individual practices, coupled with usual patient demand expected at this time of year whilst operating at reduced capacity due to significantly high levels of absence, owing to sickness and annual leave".

National BMA updates:

Have your say now on the future of general practice - [COMPLETE OUR SURVEY](#)

We know how busy you all are - but we need your help, and we need to hear your voice. 2024 marks both the 20th anniversary of the introduction of the 2004 GMS contract, and the end of the current 2019-24 five-year investment framework. A general election is also likely later this year, and potentially, a new Government.

With change comes opportunity, and a window to influence how we deliver patient care now, and for the years ahead.

As your representatives, we are keen to feed your views into our strategy to help influence the future direction of General Practice. We will be articulating our vision outlining the direction we need to see for our patients, profession and practices determined by those who know it best: GPs themselves.

This is where you come in. We want to give you a voice.

The next 6-12 months are key, and we need to make the most of this window of opportunity to influence, shape and inform the future.

If you only respond to one [survey](#), make it this one.

We want to hear from all fully qualified GPs and ST3/4 GP Registrars in England, **including non-BMA members**.

The survey will close on **Sunday 21 January 2024** but please complete it as soon as you're able. Share the survey via WhatsApp with all your GP colleagues [now](#)

Preparation for any future ballot

We need our GP contract to feel safe to sustain services and deliver for our patients. We need our workload to feel safe to retain and recruit GPs and the wider practice workforce. We have been clear with DHSC and NHSE that 2024/25 must bring hope for the future of our profession. This is also the will of GPC England, who in April 2023 voted to prepare to ballot GPs on taking collective action if the Government does not “drastically improve the contract” in 2024/25 negotiations.

At the England Conference of LMCs 2023, Conference also voted to take the outcome of future contract negotiations to the profession. Tell your colleagues and partners to [join the BMA today](#).

Death certification reforms

The government has confirmed that the [death certification reforms will be enacted from April 2024](#), including the role of the [medical examiner \(ME\)](#) becoming statutory. Once the new death certification process comes into force, all deaths in England and Wales will be independently reviewed by a medical examiner or a coroner. The main changes:

- **NHS trusts** hosting a [medical examiner office](#) should provide adequate support and ensure the independence of medical examiners is respected.
- **All other healthcare providers including GP practices** should set up processes to start referring deaths to medical examiner offices if they have not already done so. There is a podcast on [how medical examiners can support GPs](#) and their work with bereaved people.
- **Integrated Care Boards (ICBs)** in England should ask all healthcare providers in their area to establish processes to refer relevant deaths to medical examiner offices for independent scrutiny as soon as possible.

Other changes including a new Medical Certificate of Cause of Death, which can be completed by a doctor who attended the deceased at any time (at present MCCDs can only be completed if the doctor saw the patient within 28 days before death or after death). Read more [here](#)

GP pressures and workforce data

Our BMA teams collate monthly [appointment](#) and [workforce data](#) onto our [website](#), which is a great resource for signposting PPGs, local press and MPs. November 2023's data shows that the NHS in England has 1,881 *fewer* fully qualified FTE GPs than we did in September 2015. The number of GP practices in England has also decreased by 112 over the past year – reflecting a continued trend of closures as well as mergers primarily due to a lack of workforce that coincides with a rise in patients.

Around 31.5 million appointments were booked in November 2023, with an average of 1.43 million appointments being delivered per working day, which is above the average of 1.39 million per day for the past year. In addition, as of November 2023, there was another record-high of 63.03 million patients registered in England, with an average of 9,977 patients registered per practice. A single full-time GP is now responsible for around 2,300 patients – an increase of 18% since September 2015, demonstrating the ever-mounting workload in general practice.

Click [here](#) for more infographics and data on showing the pressures in General Practice.

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.

Sessional GPs locum work challenges

The Sessional GPs Committee continue to hear increasing reports from our constituents that they are struggling to find locum work in practices. Practice finance pressures as highlighted in our recent practice finance survey and the need to use.

ARRS funded (which exclude GPs) has resulted in a huge reduction in available locum shifts, leaving many GPs unable to work.

We have raised these concerns face to face with NHSE and DHSC and, via the [GP wide survey](#), are gathering increasing evidence of this issue. We will continue to lobby for the inclusion of GPs (and practice nurses) in the ARRS. Patients want and deserve to see a GP and at a time when we have a supposed shortage of GPs it is unconscionable that anyone should be struggling to find employment or that patients are denied the benefits of the skills and expertise those GPs have spent their entire careers developing.

It is GPC England's view that it would be appropriate to include General Practitioners (and Practice Nurses) as reimbursable roles within the ARRS programme. Had the considerable financial support associated with the ARRS programme over the past five years been directly available to General Practitioners for use within their practices, without the constraints on recruitment associated with the PCN DES specification, this would have created a far more flexible, responsive and sustainable solution to the workforce crisis facing General Practice. We also believe this would have resulted in better value for money from ARRS funding in terms of patient care.

Without the necessary support that General Practice so desperately needs from NHSE/DHS, in order to provide safe, effective and efficient care to its patients, we can expect to see further losses of GPs from the NHS, and from England to elsewhere with a consequent continued erosion in the standards and quality of care provided.

Online access to records - data breaches from misfiling of records

There is ongoing work continuing behind the scenes focusing on making the online access to records project safer. Our outstanding concerns regarding how this was imposed on the profession can be found [here](#).

If you have any examples of potential or actual harm that has arisen, for example: the accidental misfiling of data/letters in the wrong patient's record, or when information should have been withheld from online view in order to prevent harm, but wasn't, and which has only come to light now more patients have access to their records, please pass on details to info.gpc@bma.org.uk.

Direct access to diagnostic tests

NHSE has published '[Enhancing GP direct access to diagnostic tests for patients with suspected chronic obstructive pulmonary disease, asthma, or heart failure](#)'. This is non-clinical guidance for systems which should be helpful for LMCs in local discussions about availability of Spirometry, FENO and NT-proBNP. It is clear that commissioners should continue with local services where they exist but that additional services should also be in place, which must be made available for GP referral via eRS.

NHSE has been explicit that they are not the commissioner of these services and decisions on exactly what is commissioned rests with local ICBs. This guidance confirms that these services should be made available for all GPs to refer to, therefore clarifying that practices should not be expected to provide, unless appropriate funding is in place.

Lipid modification resource implications

GPCE, along with RCGP, met several times with NICE about '[Cardiovascular disease: risk assessment and reduction, including lipid modification](#)'. LMCs have raised concerns about QOF targets and the resource implications of providing alternative lipid lowering agents such as ezetimibe, Inclisiran and PCSK9 inhibitors.

As a result of these meetings, NICE reviewed its [Resource assessment](#), which recognises the additional costs and demand on GP appointments associated with prescribing and administration of Inclisiran; and that PCSK9 inhibitor prescribing is mainly hospital based and likely to remain low. As these services will be commissioned locally and NICE has produced a [template for ICBs to assess local resource implications](#), which includes the additional GP appointments likely to be required. The NICE guidance committee stated that 'increased uptake of lipid-lowering treatments is necessary for an overall improvement in population health, but that the extra cost of lipid-lowering treatment would be partly offset by savings due to a reduction in CVD events (including hospital admissions for stroke, heart disease and cardiovascular procedures).' Therefore we would encourage LMCs to utilise this in local negotiations when ICB medicines committees are considering General practice provision of Inclisiran and PCSK9 inhibitors, and for the negotiation of Locally Commissioned Services to provide Inclisiran.

King's New Year Honours

We are delighted that the following GPs have been recognised in the [King's New Year Honours list](#):

- Dr Chandra Kanneganti, Goldenhill Medical Centre, North Staffordshire; North Staffordshire LMC Chair, and GPC England member, has been awarded a CBE for services to general practice.
- Dr Terry John, Firs Medical Centre, Waltham Forest, previous chair of the BMA's International Committee, receiver of the BMA's President's award in 2020-21, and previous GPC England member, has been awarded a BEM for services to medicine.
- Dr Meena Nagpaul, Honeypot Medical Centre and Clinical Director, Harrow East Primary Care Network, has been awarded an MBE for services to the NHS.

Congratulations to all on receiving these much-deserved awards.

NHS Vaccination Strategy

In December NHS England announced their long delayed '[vaccination strategy](#)', following an initial consultation in 2022. The strategy aims to support and boost vaccination rates in England. GPC England will be discussing its approach to this and what it means for General Practice over the coming months. when it meets on February 1st. We shall respond in the coming weeks once 2024-25 contract negotiations have concluded.

DDRB Evidence submission for GPs across England

BMA Council took a decision in November to undertake a referendum of divisions on ARM policy following a motion from GPC England chair and BMA Council member for Eastern Region, Katie Bramall-Stainer. This led to BMA Divisions being invited to hold division meetings and vote afresh on the policy in line with Articles 69 and 70 of the articles and bye-laws of the Association.

22 Divisions participated in the referendum and a total of 135 votes were received. There was an overwhelming vote to overturn the existing policy, which has now been removed from the policy book, and all committees, including GPC England are now able to submit evidence to the DDRB. Our thanks to all the honorary secretaries of those divisions who went out of their way to arrange meetings.

MAPs to be regulated by the GMC - write to your MP

The [Government has announced](#) that physician associates and anaesthesia associates are to be regulated by the GMC. The BMA thinks that this will add further, dangerous confusion and we need every MP to be aware of this issue, oppose the legislation and force the Government to abandon its plans. Please help by [using our tool to email your MP](#).

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