



# April 2024 Newsletter

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- **\*\*Save the Date\*\*** & updates on local matters
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- Cervical Screening support session
- National updates from BMA
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- Support & Signposting

## Forewarned is forearmed...

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In a month that has seen the profession notify of its formal dispute with NHS England on the 24/25 contract imposition and the need for systems to consider the risk of potential future action, your LMC continues in its efforts to ensure that constituents across Cambridgeshire and Peterborough are engaged and informed. There's more of this in the GPC update, later in the newsletter.

We believe that it is as important for our local practices to be thinking about what action may mean for them as it is for the wider health and care services around us, and we're conscious that there is much to digest. Practice providers may well be managing questions and queries from their teams and patient groups, and we want to ensure that there's sufficient support and information to address them.

We were delighted to see over 200 representatives from across our practices join us on the evening of Tuesday 23 April for Cambs LMC's online Spring Open Meeting. The session brought together national and local updates, as well as a section from our medical director, Dr James Booth, on the more personal impacts the current pressures and challenging future picture may be having on practice leadership and teams. C&P constituent practices and their teams can find the [slide deck here](#).

We considered the impact of the local commissioning decision to roll the current framework over for a further six months, and what the ICB's review of it could entail. Practices were encouraged to be aware of what is commissioned now from them, what income it brings in and what services are costing to provide. We let you know that we are working on some tools to help support these calculations and will upload them to our website. They'll be more accurate with data direct from the practices so we'll be grateful to those of you who are happy to share your own costings with us. There may well be opportunities to provide some services more cost effectively at scale but the wider financial squeeze on core services means that the local income at practice level is ever more important. We don't disagree that the commissioning needs to be updated and we continue to work with the local ICB to emphasize these points as part of the input to the review process.

The LMC Committee met last Thursday 25 April to discuss the open meeting content in more detail. There was an over-arching theme of the need to continue to engage and support member practices and their teams in the months to come. The consequences of the contractual imposition, on top of the increasing demand and workload shift that general practice is already grappling, will play out differently for practices and PCNs across the county. While some are managing well, others are feeling the pressures more acutely and are starting to consider what it means for them. In any case, your LMC is there to support, represent and advise you.

Keep up to date with us through our weekly updates, monthly newsletters and via our website; join us in the monthly area practice manager groups; participate in the new Whatsapp Link group and contact us at [office@cambslmc.org](mailto:office@cambslmc.org) if you're not already connected. There's a strong feeling that being forewarned is to be forearmed and it's our role to help make sure that you are.

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## Cambs LMC Conference for Practice Managers

**\*\*SAVE THE DATE\*\***

This year, Cambs LMC will be hosting a Conference for Practice Managers on **Thursday 3 October 2024**, in Huntingdon. The agenda, which will be released soon, will be specifically designed for our Practice Managers, delivering practical support, up to date content, and advice for all levels of experience. An essential opportunity to learn, meet and network with peers.

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### Update on Local Matters

It's been a busy month for the team, and here's a summary of the some of the areas we are working on:

**Firearms safety** looks to be something that will receive local attention, with Cambridgeshire being [announced](#) as one of the areas piloting a new questionnaire gathering further information around those applying for licences, with a focus on domestic abuse. We've reached out to the local safeguarding team for more information as to how this will affect practices.

The **medical examiner** process national implementation has been [delayed](#) until September. We've already issued advice to practices about liaising with their local office in preparation for the eventual change. The NWAFT office also has a new lead, Mr. Robert Dennis, taking over from Dr Suzy Lishman, who we have made contact with.

**Physician associates** have been in the news, with new [NHSE](#) and [BMA](#) guidance clarifying their role, and bringing concerns over supervision requirements, especially when seeing undifferentiated patients. We have written advice for practices which is available on [our website](#).

The **interface** between general practice and secondary care is something that we continue to play close attention to. The ICS will be imminently publishing their Working Together document, which we were involved with at the LMC. We are meeting regularly with system leads to ensure the principles in this work become embedded, and to that end we are redesigning our pushback letters and changing the way we collate and audit the information you share with us to feed it back in line with these principles in what we hope will be a challenging and constructive way. Watch this space for more on that soon.

We continue to attend system **prescribing meetings** and have expressed concerns this month over Paxlovid becoming a green drug with the decommissioning of the CMDU, despite our representations to the system around the move of this to frontline GPs. We want to hear from practices about any issues concerning this medication. We are also monitoring the situation with the new migraine drug, rimegepant, as it becomes available. We've expressed that we think the demand for this will be high, and whilst it will not be a drug recommended for primary care initiation we are keen to hear about requests for GPs to continue it, especially from private/out of area specialists.

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### Cambs LMC Annual General Meeting 2024/25 & increase to LMC Levy

The Company AGM took place on Thursday 23 April, ahead of the Committee meeting. The Board recommended a levy rise of 3p for 2024/25 to the members of the company to consider, and this recommendation was carefully discussed and approved.

We are confident that with this cautious level of increase we will be able to continue to provide and promote high-quality and effective support for our constituents in these most challenging times. We appreciate what the levy represents and the duty of the LMC to spend and invest it wisely. Should you have any queries on the levy, please address them to the office in the first instance via [office@cambslmc.org](mailto:office@cambslmc.org).

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## Institute of General Practice Management

IGPM has issued a [press release](#) and launched a new [campaign video](#) which explains how to help patients access the right care, first time #RightCareFirstTime



Also, a reminder that Associate members can access [webinars](#) hosted by IGPM. Practice Managers can also sign up to receive regular IGPM newsletters [here](#).

## GP Referendum BMA voting review - CLOSING 1 MAY 2024

If you are a BMA member who was unable to vote in the GP referendum, help us understand the issues you faced. There is still time for you to share your experiences with us.

Follow this link to <https://forms.office.com/e/Wk3P4PjzPE>



## Updated Clinical Policies

The ICB has routinely reviewed and updated some of its clinical policies. You can access the policies on the [ICS Clinical Policies web page](#). Those to note are: shoulder pain surgical threshold, benign skin lesion (lower clinical priority), chronic hip pain surgical threshold and knee arthroscopy surgical threshold policies.

## Data Security Protection Toolkit (DSPT)

A reminder to practices that the annual DSPT self-assessment submissions are due to be completed by **30th June 2024**. See more information in the email from the ICB sent on Monday 22 April 2024 at 11:14am, subject header: **PC0270 | For Action: Data Security Protection Toolkit (DSPT) & IG Update**.

## Cambridgeshire & Peterborough Training Hub Flexible Staff Pool: Your clinical safety net

Lantum can support you in the following ways:

**The Cambridgeshire and Peterborough Flexible pool:** Access a pool of local clinicians to fill gaps in your rota. Incorporating Lantum into your workforce management can significantly reduce the administration and cost associated with booking locums, allowing you to enhance the overall efficiency of your operations. Already have direct arrangements with local locums? You can unlock these benefits by inviting your regular locum to register with the Cambridgeshire and Peterborough pool.

**Rota Pro:** Lantum's digital e-rostering tool enables centralised rostering across various services (e.g. Enhanced Access, ARI & Vaccine), sites, and staff types, providing clear visibility of different service lines. You can incorporate and manage both salaried staff and locum clinicians, with Lantum facilitating payment for self-employed workers.

### All users of the Flexible Pool & Rota pro can benefit from the following:

- Streamlined Administration - centralised platform for managing/tracking bookings - automated invoicing and pensions paperwork.
- Clinical Governance - platform for core documentation checking to meet compliance with just a click of a button!
- Access to a Larger Pool of Locums - Lantum can connect you with a broader network of experienced healthcare professionals.
- Adaptability to Changing Demand - access to a larger pool allows your practice to adapt to changing demand more effectively.

Whether you need last-minute cover or have long-term requirements, Lantum provides the flexibility to meet your staffing needs. To learn more, email Camilla Thomson at [camilla.thomson@lantum.com](mailto:camilla.thomson@lantum.com). Alternatively to access your Lantum account and post a locum shift, you can log in [here](#).

# CERVICAL SCREENING

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## SUPPORT SESSION FOR SAMPLE TAKERS AND OPEN EXETER USERS

15th May 2024 • 1-2PM

[Click here to join the meeting](#)

### NEXT SESSION COVERING

#### IMPROVING CERVICAL UPTAKE/COVERAGE

#### CERVICAL SCREENING MANAGEMENT SYSTEM

#### Other topics covered at these sessions:

- Changes to the programme
- Incident management
- Cervical screening campaigns
- Education/training
- Open Exeter
- ICE-NI
- Cervical Sample Taker Database

#### WHAT WOULD YOU LIKE TO DISCUSS?

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Organised by NHS England, East of England Screening and  
Immunisation Team

Includes: Essex, Hertfordshire, Bedfordshire, Luton, Milton  
Keynes and East Anglia.

## ▶▶ GPC England writes to NHS England and ICB leads

We have now [written to NHS England](#), confirming that we are in dispute regarding the 2024/25 general medical services contract for general practice, and warning that steps that may ultimately lead to GP action will follow, unless urgent improvements are made to the contract.

The decision by NHSE and the Government to impose the 2024/25 contract on the profession on 1 April, comes despite a unanimous rejection by the BMA GPs committee England, and by [99.2% of over 19,000](#) GPs and GP Registrars across England who took part in our referendum. Of note, the turnout for BMA members who identify as GP principals, partners or contractors was almost 75%.

We have also [written to integrated care board chairs and CEOs](#), advising that the potential threat of GP action be placed on system risk registers if not already there, and inviting them to meet with their Local Medical Committee representatives to discuss the potential implications of such action, as well as better understanding local general practice pressures specific to individual systems.

The Chair of GPC England, Dr Katie Bramall-Stainer said: "GPs and their patients want the same thing. We want patients to be able to see their family doctor, quickly and easily, in a practice that is local to them, well-staffed and resourced, and safe.

*"This contract imposition will do untold damage to our profession, making it harder for surgeries to stay open and give the care our patients need. We don't want to take any kind of industrial action and hope it can be avoided, but the further NHS England and the Government get from working with us on solutions, the closer GPs get to taking action."*

Read more here: [GPs in England go into dispute with NHS England over contract](#).

## ▶▶ Updated version of GMC Good Medical Practice

All colleagues should note the recent update to the GMC's Good Medical Practice (GMP), which sets out expected standards for all doctors in the UK; this came into effect on 30 January 2024 and replaces the 2013 version.

The GMP update is designed to rephrase some of the guidance to achieve the following five aims:

- Creating respectful, fair and compassionate workplaces for colleagues and patient
- Promoting patient-centred care
- Tackling discrimination
- Championing fair and inclusive leadership
- Supporting continuity of care and safe delegation

These aims are described in more details at: [Key changes to Good medical practice 2024](#)

There is also a very helpful side by side comparison of the GMP 2013 guidance and the updated 2024 version, with a commentary about these changes, available [here](#). It is clear that the NHS has a long way to go to create a working environment in which all colleagues feel supported and valued, despite the aspirations of the NHS England Long Term Workforce Plan.

This means that part of the contribution all colleagues can make within their working environment is to encourage respectful, positive, and supportive relationships amongst all those working within practices, regardless of their role and job title.

## ▶▶ COVID therapeutics

We have updated the GPC England COVID Therapeutics guidance. NICE and NHS England are increasing the eligible cohorts this June 2024 and some ICBs are considering decommissioning services with an expectation that GPs prescribe. This is not core general practice work and there are significant interactions between the first line treatment and many common medications. We therefore recommend that GPs do not agree to prescribe this unless as part of an appropriately commissioned service. Read the guidance [here](#).

## ▶ PCSE Seniority Payment Reconciliation process

Colleagues will recall that last Autumn many practices were contacted by PCSE, which was undertaking a reconciliation exercise for seniority payments made in financial years 2017/18, 2018/19 and 2019/20. Not all practices will be affected by this exercise.

This process was then delayed because of the need for further validation exercise. This has now been undertaken for all but a very small number of practices. As a result of the validation, the figure your practice (if affected) will now receive (which may be either positive or negative) may be different to the figure sent in October 2023.

The intention is to balance practice payments in the June contract payment run. Across England approximately 1,500 practices are due a deduction, and just under 1000 practices will receive a positive adjustment. PCSE are making special arrangements for practices who believe a one-off financial deduction in June would place their practice at risk of financial hardship. If this is the case, you should complete the request for a payment plan via the email you have received from PCSE.

There is a short window to complete this, as it should be sent to PCSE by 23 April 2024. PCSE will set up a payment plan for the remaining ten months of the financial year (June 2024 to March 2025) in which the total deduction will be subdivided into ten equal monthly deductions. GPC England (GPCE) understand from PCSE that this payment plan will be forwarded to the practice's ICB and practices contacted if the ICB considers such a repayment plan is unnecessary. However, it is difficult to understand any ICB drawing this conclusion. LMCs are recommended to advise ICBs that if they have any queries about an individual practice's repayment plan, they should urgently contact the practice and their LMC.

PCSE have also confirmed they will not make a June deduction if a dispute has been raised.

There is further information regarding seniority payments in my previous update letter of 23 October 2023 and also via the PCSE website at [Seniority payments | PCSE \(england.nhs.uk\)](#)

PCSE and NHSE both recognise that, having initiated this exercise and then withdrawn it for further validation, there may be some scepticism about the revised figures. This is a complicated exercise as the total figure sent to practices is an aggregate one, covering all partners at the practice entitled to receive seniority payments during the three years involved, and this may include both positive and negative adjustments. Practices can request further information from PCSE via the link above.

Due to the time that has elapsed, these adjustments may relate to GP partners who have now retired, resigned from the practice, or who are even deceased. They may also relate to practices which have now merged or closed. GPCE does not believe current practices should be contacted about practices that have closed, and patients dispensed to re-register elsewhere, as opposed to mergers, which have brought together previous existing practices. Practices may find that, because seniority payment reconciliations were always made some years in arrears, there is reference to such arrangements on retirement or resignation within a Partnership Agreement. There may also be similar arrangements detailed in Merger Agreement when this has occurred.

However, this exercise is undoubtedly going to create some work for practices: GPCE recommends that in the first instance, practice accountants are informed of the information received from PCSE. Obviously, past partners can be contacted, but this needs to be a value-for-money exercise as some adjustments (whether positive or negative) are small, in absolute terms, and may not justify a complicated accountancy exercise. Current partners can certainly inform previous partners (including partners of a then different practice if a merger has occurred) of the information they have received from PCSE. If a partner has died, then this may be a more sensitive exercise in terms of contracting the beneficiaries of their estate. If this isn't possible, PCSE should be informed.

GPCE also understands that PCSE will eventually be in touch with practices affected by the 2013/14, 2014/15 and 2015/16 and 2016/17 financial years, although any adjustments related to these years are likely to be smaller in absolute terms, but we do not have a date for this exercise.



## ► Update: Medical Examiner Arrangements

Colleagues may feel that writing a further update regarding the Medical Examiner [ME] system represents something of a hostage to fortune. As colleagues will recall, the original date for implementing these arrangements was April 2023, after many concerns were raised, this was ultimately postponed until April 2024, but as this date approached it became clear that reliable arrangements to ensure all community deaths were covered by local Medical Examiner Units were not in place.

The Health Minister has now announced that the statutory introduction of these changes will be delayed until 9 September, to allow “time to prepare for implementation”. This presumably represents a euphemism for “still not ready”. This means the use of the Medical Examiner system by GP practices will not be universal, and the current unsatisfactory hybrid process will continue. If your practice has been “on-boarded” by local ME Units, you can continue to refer draft MCCDs and accompanying information about the deceased to the Unit.

If your practice continues to refer all, or a proportion, of deaths to local Medical Referees, then colleagues can continue to do so over the coming months. ME units should be contacting practices not linked to their service to set up arrangements for GP referral of deaths within the community. GPC England has contacted the National Medical Examiner, and is hoping to be able to pass on a further update shortly.

## ► NHSE Delivery plan for recovering access to primary care

NHS England has published an [update on the Delivery Plan for Recovering Access to Primary Care and outlined next steps for the year ahead in 2024/25](#).

Continuing to “improve timely access to primary care” and “reducing pressure on staff” remains a continuing aspiration for NHSE for the second year, and their [letter](#) sets out some key areas, such as taking further steps to improve the primary / secondary care interface, increase the number of people self-referring, implementing core elements of modern general practice, and increasing the number of people viewing their health information and ordering repeat prescriptions via the NHS App. Clearly GPCE has proposed alternative approaches which have not yet been adopted by NHSE.

## ► Agenda For Change DHSC Payment - practice nurses

There have been articles published in the past month in some Nursing journals regarding a ‘pay boost’ for practice nurses being funded by the Department of Health and Social Care. This relates to an initiative last year, where the Government offered staff on Agenda for Change pay scales a cash boost - information can be found [here](#). We appreciate that the vast majority of practice nurses working in general practices are not working on Agenda for Change contracts which align with AfC pay scales, terms and conditions - those practices will not be eligible to receive the payment.

## ► Update on CQC registration and portal

Due to issues with CQC’s new provider portal, some providers are still unable to use it to undertake notification and registration activity. CQC is working to resolve these issues and will provide an update as soon as they are in place. Until fixes to the portal are in place, CQC is implementing a temporary process for providers who urgently need to undertake registration activity and cannot use the portal. Providers can continue to submit notifications via [email](#) if you are unable to use the portal. See more information [here](#).

## ► GP referral pathway to Pharmacy First

Community Pharmacy England has developed an [animation and infographic](#) to help describe the GP referral pathway into the CPCS (Community Pharmacist Consultation Service), primarily aimed at GP practice teams. The animation outlines how referrals work and what pharmacies do with those referrals, as well as the success of NHS 111 referrals into the CPCS. Read more about Pharmacy First on [this information page for GPs](#)

For this session we'll be joined by Dr Emma Tiffin with information on perinatal mental health conditions: definition, types, aetiology, prevalence, diagnosis, assessment and management. The talk will include a patient video, promoting understanding from a patient/family perspective of what it is like to have postnatal depression, together with details of local services available to support primary care staff in the management of patients with perinatal mental health problems. [Click here](#) to book your place. You can also find future dates in the programme on our web page [here](#).

### **>>> Minor Surgery Course - Thu 04 & Fri 05 July 2024**

We have arranged for Medical Skills Courses to deliver a 2-day Minor Surgery course at Pathfinder House, Huntingdon. Cambridgeshire and Peterborough general practice clinicians can secure places at a subsidised rate of £480. For clinicians working outside of General Practice in C&P, places are available at £560 per head. The price includes all you need for the course, plus lunch and refreshments. Please [click here](#) to book.

### **>>> ILM5 in Effective Coaching & Mentoring**

We are delighted to launch a fourth round of training for ILM 5 in Effective Coaching and Mentoring. This intense yet rewarding programme offers the opportunity for individuals to grow their coaching and mentoring skills and is for those with significant responsibility for effective coaching and mentoring as part of their daily role. Further information is available [here](#), including the dates for the sessions. Please note the closing date for applications is Tuesday 7th May.

### **>>> Leadership Development Fund**

Are you looking to develop your leadership skills? The Training Hub has a Leadership Development Fund available for those who are in or enroute to a leadership role in practice of up to £800 per person. If you are interested in knowing more visit our [web page here](#).

### **>>> Fellowship for Newly Qualified GPs & GPNs**

We are in the final stages of planning for our local Fellowship/Preceptorship programme for newly qualified GPs and GPNs, now the national programme has closed for enrolments. Please keep an eye on your inbox from the end of May onwards for more information.

### **>>> Coaching and Mentoring**

Coaching and mentoring is a key professional development tool to support adult reflective learning. We offer a range of coaching and mentoring services for primary care general practice staff in Cambs and Peterborough. Please [click here](#) for more information.

### **>>> Enhanced Return to Practice Placements**

Would your practice be happy to host a GP for up to 10 sessions as they plan their return to work following a break in career? Our Enhanced Return to Practice programme supports GPs return to General Practice in Cambridgeshire and Peterborough, and we are keen to grow the number of placements available to support the locality of the workforce. [Click here](#) for more information.

### **>>> A note about Newly Qualified Nurses**

Final year student nurses gaining experience in General Practice are keen to secure roles in General Practice when they qualify in July. Please contact Kathryn Caley, Training Hub Lead Nurse (email: [kcaley@nhs.net](mailto:kcaley@nhs.net)) if you have positions to fill. The Training Hub provides ongoing support to Practices employing Newly Qualified Nurses and will be launching our local Preceptorship programme shortly.



## Sign up to receive our updates

Anyone can request to receive our newsletters and updates.

C&P Locum GPs can request to join our locum mailing list.

C&P GPs and Practice Managers can request to join the LMC Link mailing list.

Email us to enquire: [office@cambslmc.org](mailto:office@cambslmc.org)

## Support and signposting

Cambs LMC is always here to represent, support and advise GPs and their practice teams in a safe, confidential space if you are struggling or in distress. We actively encourage you to reach out to us. Visit our [website](https://cambslmc.org) for more information or snap the QR code:



## GPAS

Audit and submit your alert state before 17:00pm on Thursdays each week: <https://cambslmc.org/gpas/>

## Vacancies in General Practice

We advertise any roles in General Practice on our website: <https://cambslmc.org/jobs/>. This remains a free service to our constituent practices in Cambridgeshire & Peterborough. To advertise a vacancy in your practice, please email us the details, including the closing date and any supporting documents in to [office@cambslmc.org](mailto:office@cambslmc.org).

**Practices seeking GP Locums** - We continue to forward any GP Locum availability you might have to our locum mailing list. When sending requests to [office@cambslmc.org](mailto:office@cambslmc.org) to forward on, please remember to include a short synopsis of your practice in your requests i.e. where you are, what clinical system you use and relevant contact information.

**Remote GP 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.

## BMA Wellbeing

View BMA wellbeing support services page here:



<https://www.bma.org.uk/advice-and-support/your-wellbeing>

A range of wellbeing and support services are available to doctors, including 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.

## BMA Guidance Links

Practical guidance for GP practices

Safe working in General Practice

Latest GP Bulletin (England)

Latest Sessional GPs update

Latest on X/Twitter: @BMA\_GP and @TheBMA

## PCSE Guidance Links

Guidance Pages

Monthly Updates

Youtube

## CQC Guidance Links

Guidance for GPs

Youtube

GP Mythbusters

### LMC Office Staff:

Dr Katie Bramall-Stainer – Chief Executive  
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