



# September 2024 Newsletter

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## Managing Relationships - Maintaining Safe Working

Much of our work at the LMC involves challenging, complex, and sometimes broken, relationships. Relationships between colleagues, between clinicians and patients, between individuals and organisations...a day doesn't go by without us needing to represent, support, or advise.

Perhaps one of the most challenging, and complex, is the relationship between General Practice and our colleagues in secondary care and community services. In an NHS that is already stretched, where we are all working within a system that is struggling to meet patients' needs, it's no wonder that how colleagues interact with each other is an increasing part of our advisory role at the LMC.

It can feel like a figurative battleground at times and GP collective action will likely directly impact on it. **Safe working guidance** may be seen as something that drives patients towards busy EDs. Stopping the use of referral proformas impacts on admin processes. Not engaging with Advice and Guidance could be viewed as pressurising already full clinics. As GPs start to enforce contractually safe boundaries, the rest of the system will notice as the end of free movement for clinical work into general practice creates aggravation elsewhere.

It's vital to remember that collective action is simply enforcing our existing contracts. We are not stopping anything that we weren't doing outside of them already, and if that costs £570 million over the next four months, **as NHSE warns**, then that is a reflection of the extent of that extra-contractual and unresourced work. Pushback is a vital message about the parlous state of general practice, and the LMC will release a new interface action guide to support practices around this.

The tensions are inevitable, though, and they may get worse. We don't wish to be at odds with our colleagues, and whilst we defend our message, and recommend consistent and clear action, we are currently engaging in helpful discussions with the ICB, acute trusts, and community services about our actions. We want to hear from you about your experiences of the interface; if you are encountering problems with following BMA guidance on pushback, if you are finding safe working useful, if your admin teams are glad to be free of cumbersome forms...or if you think there are pathways and processes that are useful and need to be retained – then please tell us.

We will be amending GPAS next week as we've heard from many practices about the increased volumes of inappropriate workload General Practice is experiencing. Whilst we are strongly representing local General Practice at system meetings, reminding them of the **local Working Together principles** and **latest collective action guidance**, the data coming through on GPAS will be essential. We need to hear from you.

We know that these conversations can be difficult, that there is an inherent tension both in disagreement with colleagues and discord from patients. We remind everyone that patient safety is critical, and our guidance is just that; there will be times when the right thing for the individual in front of you supersedes wider concerns, and making those calls is one of the things that defines us all as professionals. We want our conversations to be much more around system principles than individual cases, but of course the system interface is ultimately nothing more than a myriad of individual patients and the conversations around them.

Cambs LMC continues to represent, support and advise you. We know that the status quo for general practice is untenable, and being assertive and vocal about the changes we need for our sustainability and survival is non-negotiable for us. However, we want to do this constructively, with dialogue, and a recognition of the part we play in the wider system. Our working relationships are vital, and we all recognise that just as the industrial action taken by others impacted on us, our collective action will impact elsewhere.

The survival of general practice is the survival of the NHS. So when a GP insists that a patient's needs are met by those in the system best placed to deliver care in terms of resource, workforce and capacity – this will ultimately support the sustainability of optimal safe patient care and local NHS services. Your LMC is always ready and available to talk with any colleague who has concerns.



## CAMBS LMC SPOTLIGHT



Local practical support and advice for BMA Collective Action Campaign

Spotlight communications are dedicated to Collective Action primarily sent to Practice Manager colleagues. They can also be found [on our website under Collective Action](#) for all practice colleagues to access. See below for examples of recent topics covered.

### Reminder: BMA Salaried GP Model Contract - key considerations

We often receive queries relating to the BMA salaried GP Model Contract and recognise that negotiating employment contracts can lead to challenging discussions. Whilst there is comprehensive guidance on the [BMA website](#), here is a helpful reminder of the key points to consider:

- If you hold a GMS contract, then it is a requirement under it that your salaried GPs have terms and conditions that are the same or better than the Model Contract. The BMA can advise members on this, but even if one or both parties are not members, this still applies.
- If you hold a PMS contract, then the NHS England Standard Personal Medical Services Agreement in 2015/16 set out that PMS practices should also offer these terms as a minimum to salaried GPs.
- Practices holding an APMS contract are not bound in the same way, but the BMA strongly advises them to honour the terms and conditions in the Model Contract. We would advise all sessional colleagues working in APMS practices to ask for these terms, and especially the recognition of previous NHS continuous service.
- The Model Contract terms can be negotiated; and it is entirely reasonable and appropriate for factors such as experience both inside and outside of general practice, qualifications, local living costs, specific commitments of work inside the surgery and market forces – amongst others – to be factored in. However, notwithstanding this, the overall package cannot be worse than the Model Contract at a GMS or PMS practice, and should not be at an APMS practice.

Please also be reminded that the BMA offers a contract checking service to BMA members, who are available for guidance. Please also contact us if we can support further.

### Updated Cambs LMC Guidance: NHS Right to Choose

We are often approached about services being offered to patients under “NHS Right To Choose,” especially regarding organisations that offer this service to patients from outside the Cambridgeshire & Peterborough area, and for conditions that have very long local waits for assessment. Read our updated guidance on our website [here](#).

# Practice Management Conference 2024

Training Hub  
CAMBRIDGESHIRE  
& PETERBOROUGH

Cambs LMC  
Representing • Supporting • Advising

THU | 03 | OCT | 09:00 - 17:30

[Register here](#)

# PM REVIVE

Supporting our practice management teams to grow and thrive

Introducing our first Practice Management Conference: PM Revive, in partnership with the Cambridgeshire & Peterborough Training Hub.

**PM Revive** is designed for:

- Experienced Practice Managers
- Practice Managers new to the role
- Practice staff in a management position
- Team leaders
- Aspiring/ up and coming Practice Managers
- PCN Managers
- Project Managers

**PM Revive** provides an essential opportunity to learn from subject-matter experts, meet and network with peers. Delivering a bespoke programme of inspirational speakers with interactive sessions, offering practical support and insights, up to date content, and advice. Session topics to include:

- Keynote speaker
- Collaborative working
- Coaching & Mentoring
- Pensions
- Change Management
- Difficult conversations & investigations
- Panel Q&A

**It's not too late to register!**

## ▶ GP Action

Now that summer is over and we know you're keen to get stuck into Collective Action. We have given the new government an opportunity to get around the table, but we are still waiting to hear back. I'll be at the Labour Party Conference this weekend, and I've written to the Secretary of State this week ahead of the Autumn financial statement next month: the clock is ticking.

Over 80% of practices are already taking one or more actions from our **safe sustainable action menu**. None of them breach your contract, but they will help you manage your workload and keep you safe. Don't forget to use our **safe working guidance handbook** to support your practice team's transition to providing safer, higher quality care for the patients you see.



Our **GP practice survival toolkit** include 10 actions practices can choose from, to support a safer service for their patients and their practice team, including:

- Taking steps towards limiting daily patient contacts per clinician to the **UEMO recommended safe maximum of 25**.
- Serving notice on additional unfunded work outside your contract, or on poorly funded locally commissioned services which are draining practice resource.
- Opting out of local secondary use data sharing agreements.
- Switching off or muting medicine optimisation software which cuts costs as a priority over quality prescribing.
- Deferring your PCN declarations regarding online triage to 2025

Our new **safe working guidance handbook** embeds and prioritises safe high-quality care for your patients by focusing on the delivery of prioritising core GP services. These actions will work and build growing leverage in the months ahead to support us in negotiations for you and your practice team.

## ▶ DDRB Report 2024/25: Implications for General Practice

The Government accepted the recommendations of the 52nd **DDRB (Doctors and Dentists Pay Review Body) Report**, and for the first time since 2018/19 the DDRB made recommendations in relation to both GP contractors / partners and salaried colleagues. NHS England/DHSC have now finalised how the DDRB Award of 6% for Contractors will be implemented, and practices should receive backdated sums to April 2024 in this month's pay run from ICBs.

The aggregate rise in the 2024/25 GS (Global Sum) payment per weighted patient will be 7.4% resulting in a new GS payment per weighted patient of £112.50 – an increase of £7.77 compared to 2023/24. The OOHs deduction remains at 4.75% and in absolute terms this will change from £4.97 to £5.34, aligning with the total uplift of 7.4%.

The value of each QOF point in 2024/25 will therefore be £220.62 compared with £213.43 in 2023/24 (an increase of 3.4%). The DDRB has also recommended a 6% increase to GP sessional colleagues' salary scales from 1 April 2024. GPC England has drafted a **Focus On document** which includes:

- what uplift the DDRB has recommended this year
- the mechanisms used to apply it to the Global Sum
- how this affects the Global Sum payment per weighted patient and
- why not every practice always gets enough to pass on the full pay uplift to their practice-employed staff.

The focus on document is also available on the [BMA website](#).

## ►► Darzi Review

Last week saw the [publication of the Darzi Review](#) which was commissioned by Health Secretary, Wes Streeting to undertake a rapid investigation of the state of the NHS, assessing patient access, quality of care and the overall performance of the health system. The BMA has been clear [in our response](#) that the review echoes many of our own concerns and recommendations. The review noted that:

"Engaging with doctors is essential, valuing the staff tasked with resuscitating the NHS is critical, but an honest conversation with the public about what money goes where, what will and will not be provided, and what will be rationed until additional resources are made available, is imperative."

The BMA made several submissions to the Review itself highlighting four areas which must be prioritised by the Government in its efforts to [deliver a new 10-year plan for the NHS](#). These include access to healthcare, increasing workforce capacity in primary and secondary care, improving public health and boosting NHS finance, capital and productivity. These are areas we think warrant immediate attention if the Government is serious about starting to rebuild the damage done to the NHS over the past decade.

Katie [spoke on Times radio](#) saying that the NHS recovery plan and growing primary care as a proportion of the NHS budget, could be 'music to my ears, as a GP'. 'A lot of the messages are ones we have been calling for'. However as Katie also said on BBC Radio 4's Today programme last Friday 13 September, general practice cannot wait for prolonged Government plans and papers next year – general practice is collapsing now, which is why we have no choice but to take collective action now to prevent the loss of more GP surgeries and the loss of experienced GPs from the NHS workforce.

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## ►► Rollout of the Medical Examiner in England

In England, the statutory implementation of the medical examiner system has taken place.

Independent scrutiny by a medical examiner is now a statutory requirement prior to the registration of all non-coronial deaths. Information from the [Department of Health and Social Care is here](#).

If you require further information on implementation in your area, please contact your LMC. For more wider information on the medical examiner system please [contact the BMA](#).

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## ►► Liberal Democrat Party Conference

Katie also attended events and meetings at this year's Liberal Democrat conference with GPCE contracts and regulations policy lead, Dr James Booth. The aim was to secure awareness and support for our key asks of government. Events included an NHS Providers roundtable with key health stakeholders chaired by The Guardian's senior health correspondent, Denis Campbell, and meetings with a new MPs, Tom Gordon, Pippa Heylings, Tom Morrison, Ian Sollom, Freddie Van Mierlo, Will Forster and Clive Jones.

Your GPC England representatives outlined current pressures facing general practice, our exceptional mandate to take action, GPCE asks of government, including additional funding and a new contract, and what our next steps will be. The meetings were productive with MPs gaining a greater understanding of the current situation and offering their support in addressing our concerns with the Government.

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## ➤➤➤ GP & ACP EDUCATION PROGRAMME Lifestyle Medicine in General Practice Tuesday 15 October 2024, 19:00-20:30

For our next GP& ACP session we'll be joined by Dr Sonal Shah to talk Lifestyle Medicine – what exactly is it and how we can use it to improve patient care. [Click here](#) to book your place. You can also find future dates in the programme on our web page [here](#).

## ➤➤➤ GP Appraisal and Revalidation update

**Tue 01 October 2024, 19:30 - 21:00**

Join Dr Paula Newton, GP Retention Lead for the Training Hub and a local appraiser and senior appraiser, for an update on the process and requirements of appraisal and revalidation. This zoom session is appropriate for GPs at any career stage, to remind and refresh themselves on this topic, it will also cover the recent update to the GMC Good Medical Practice which informs the content and focus of appraisal. Please [click here](#) to book your place.

## ➤➤➤ ATE Career GPs Supper 'In conversation with Mig & Pat'

**Tue 08 October, 19:30-22:00**

Calling all Cambridgeshire and Peterborough GPs over 50. Please join us at the Old Bridge Hotel, Huntingdon for an evening of conversation with Mig Arbide and Pat Tate. This is an excellent opportunity to hear from two colleagues who have carved out a career that works for them as late career GPs. We look forward to exploring Pat's advice of "gradually build work on the areas you enjoy the most and let go of those that you don't so much". Please [click here](#) to book.

## ➤➤➤ PCDs Dermoscopy for absolute beginners

**Wed 13 November, 08:45-16:45**

We are delighted to be able to offer a limited number of funded places to attend this one-day local course at the Old Bridge Hotel in Huntingdon. Dermoscopy for Absolute Beginners is aimed at GPs who have never had a dermatoscope but are planning on getting one and want to know how to use it, who have a dermatoscope in the practice but have not had much (or any) training, or who have been using a dermatoscope a bit and would like to feel more confident with the basics. Please [click here](#) to book.

## ➤➤➤ Pride in Practice Programme

We are delighted to introduce our exciting new offer to fund the LGBT foundation Pride in Practice 12-month programme as a pilot for 8 practices in Cambridgeshire & Peterborough. LGBT Foundation is a national charity who provide a quality assured programme designed to improve the experiences of LGBTQ+ people accessing primary care services. The Pride in Practice programme provides training and an accredited award as well as ongoing support and resources. For more information and to apply, please [click here](#). The deadline for applications is 5pm on 04 October 2024.

## ➤➤➤ PCN Education & Workforce Development Lead

Following on from the success of our PCN development programme, we are now pleased to launch a new opportunity to fund protected time for a lead within your PCN to develop Education & Workforce over the next 12-months, which includes four face-to-face education and networking events facilitated by C&P Training Hub. If your PCN is interested, more information and the application form can be found on our website [here](#). Please note that the deadline for applications is Monday 16 October 2024.

## ➤➤➤ Mid-Career Development Funding

Are you a mid-career GP who would like to explore a special interest in study as you progress through your career? We are now delighted to support you with Mid-Career Development Funding. We are also keen to hear from those who would be willing to mentor others as part of this opportunity. [Click here](#) for more information.

## ➤➤➤ Leadership Development Funding

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

## 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  
Alice Benton – Interim Chief Operating Officer  
Dr James Booth – Medical Director  
Emma Drew – Executive Officer  
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