



June 2021 Newsletter

ACCESS/DEMAND SURVEY RESULTS

“The NHS is broken. We are broken. I have done this job for 25 years and have never seen anything like it. It is unsafe, demoralising and both patients and practice can see things are failing and unmanageable.”

“If the plan is to kill off practices, then it’s working - the consequences will be a sudden drop in capacity – at a biblical scale that will drown Acute Trusts.”

“One outpatient follow-up appointment costs the same as a whole year of GP care. Why not merge those budgets in a new ICS?”

“All staff are exhausted. The level of abuse towards staff has escalated significantly. It is difficult to know how to manage the demand. We start at 7:30am and sometimes the afternoon surgeries can run till 8pm, having got no paperwork done in the day. This is very damaging to our physical and mental health.”

“Since the easing of the lockdown we are really struggling with the increased demand. The majority of requests are patients with significant clinical need who cannot access secondary care. Our patients are very intolerant of any delay in answering phones or organising appointments. More patients are demanding F2F contacts as their first contact - without a clear clinical need for this.”

“Our staff really are exhausted from the demands of the last 15 months and are now demoralised by regional and national narrative around general practice. Many staff work every weekend for the vaccination programme since January on top of BAU. Increasingly complex patients with multiple pathologies and additional mental health on top; reduced access to secondary care; limited mental health provision; this means that we have never worked harder or with more complex patient need.”

“I get it - Patients are frustrated, they enjoy the opportunity to tell us their grievances. They do not appreciate the brevity of their consultation. They feel entitled to ‘a long time’ with their doctor. Allowing access by email means increased demand. Most patients have saved up several problems for one consultation. Telephone consults are more difficult due to lack of visual cues, it’s exhausting doing up to 30 a day. The multiple sources of questions: email, phone messages, documents, results as well as booked consultations make a normal day incessant and a race against time. This means working in a state of constant adrenaline and prevents any deeper thinking or reflection. And so on and so on...”

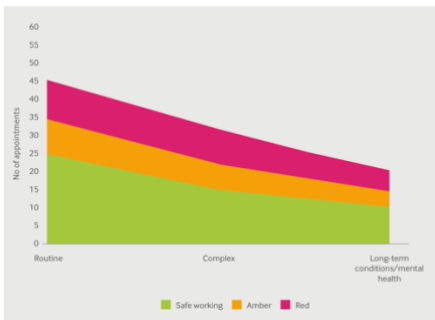
“We are swamped by both demand and ‘clinical admin’, especially tasks from hospital requesting blood tests be arranged, medication started, investigations organised, etc.”

“Our team has never been so busy or felt so undervalued. We are supporting each other to get through. There are always busy times of the year, but the winter pressure and demand has not abated - and keeps growing. This coupled with GP-bashing in the media has resulted in complaints and verbal abuse towards staff to be at an all-time high. We have had staff members off sick with stress. We are struggling to find locums to increase capacity. The goodwill has gone - and this was one of the factors that kept the NHS from toppling over before the pandemic. I worry about the future. It cannot continue this way.”

TIME FOR ACTION

What is a safe level of working for Cambridgeshire general practices? There is good evidence that the more decisions a clinician makes, the less effective or safe they become at making them, hence the need to restrict the decisions, and thus contacts, made each day by clinicians. This is known as Decision Fatigue.

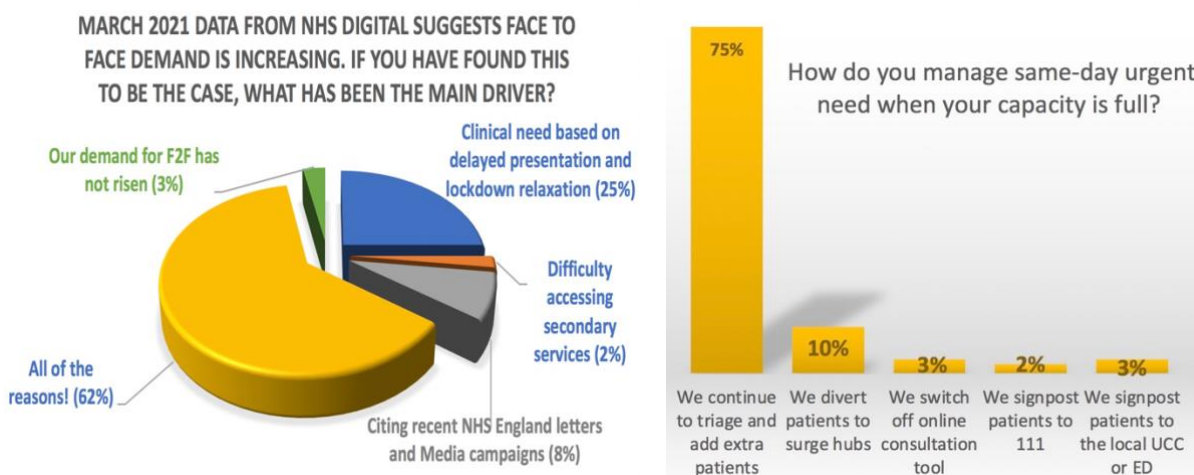
Hospitals use an OPEL system (Operational Pressures Escalation System) to alert commissioners and partners to the organisation’s ability to provide safe services. Hospital OPEL systems also enable CCGs to develop escalation plans to support organisations when demand increases, and capacity is reached. Having an OPEL system for general practice is one of the steps to improving the response to increasing workload pressures which could objectively define when a practice has to divert patients elsewhere to ensure safety.



Operational Pressures Escalation Level	
OPEL 1	Individual GPs or other clinicians are at or above the locally agreed safe level of working. Action: Internal practice action to divert patients to other clinicians or alternative providers or later sessions/days. Notify position to local surge capacity hub.
OPEL 2	Once practice reaches unsafe working levels. Action: Practice reports status to local surge capacity hub. Hub initiates improved triage and allows practice access to booked overspill appointments.
OPEL3	Several locality practices reach unsafe working levels Action: Hub initiates improved or centralised triage and releases all overspill appointments. Other practices and Hub clinics are alerted to potential “Black Alert” status.
OPEL 4	All practices in the locality report unsafe working. Action: Local surge capacity hub switches available workforce to address overspill (triaged and booked appointments) thereby cancelling routine LTC and specialist clinics. Locality alerts Hospital that discharge management will be suspended until primary care recovers. Planned early discharges are therefore temporarily stopped.

Operational Pressures Escalation Level in Cambridgeshire & Peterborough 17-22 May 2021		
OPEL 1	Individual GPs or other clinicians are doing 25 contacts per day or fewer	1.6%
OPEL 2	Individual GPs or other clinicians are doing 26 to 35 contacts per day	38.1%
OPEL 3	Individual GPs or other clinicians are doing 36 to 45 contacts per day	44.4%
OPEL 4	Individual GPs or other clinicians are doing more than 45 contacts per day	14.3%

- 76% of CAPCCG practices responded to the survey.
- Only 1.6% of CAPCCG practices are working at a ‘green’ OPEL level.
- There has been a 95% increase in demand for F2F appointments over the past month.
- 1/3 of responding practices feel that this is the worst it has ever been for their workforce.



- 75% of practices continue to book urgent patients even when they are fully booked
- Surge capacity hubs are popular but often full.
- 20 practices said they would like additional phone capacity, but don’t have sufficient staff to manage the extra capacity. A further 19 practices felt they wouldn’t be able to safely deal with the increased demand this would create.
- Many practices felt their estate did not allow for social distancing which meant they were unable to offer walk-ins to their reception area, needing to use car-parks or street space.



CAMBS LMC 2021 -2021 ELECTION RESULTS

We are delighted to announce the results of the Cambs LMC Elections 2021. Our thanks to everyone who took part in the election process, and in particular to those who stood in this tightly fought election and the hundreds of you that voted.

From 1 July 2021, we will have eight new members, and six members returning – each elected for a four year term.

WELCOME, AND FAREWELL



Dr Sally Barnard



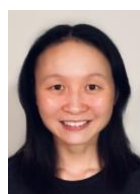
Dr Duncan Blake



Dr Francesca Frame



Dr Hayley Haworth



Dr Lisa Lim



Dr Alisdair Macnair



Dr Ben Miller



Dr James Morrow



Dr Daniel Nlewedim



Dr Paula Newton



Dr Duncan Outram



Dr Simon Poole



Dr Jessica
Randall-Carrick



Dr Toseef Sethi

We have an equal gender split, good diversity, fantastic geographical spread and a healthy mix of contractual status. The Committee is comprised of the following 24 local GPs:

Sally Barnard <i>Sessional, Cambridge</i>	Kavita Bhardwaj <i>Sessional, Peterborough</i>	Duncan Blake <i>Partner, Hunts</i>
Ben Curtis <i>Partner, Hunts</i>	Francesca Frame (Treasurer) <i>Partner, Cambridge</i>	Hayley Haworth <i>Sessional, Hunts</i>
James Howard (Vice Chair) <i>Partner, East Cambs</i>	Diana Hunter (Chair) <i>Sessional, Hunts</i>	Lisa Lim <i>Partner, Cambridge</i>
Alisdair Macnair <i>Partner, Cambridge</i>	Ben Miller <i>Partner, East Cambs</i>	Harshad Mistry <i>Partner, Peterborough</i>
Neil Modha <i>Partner, Peterborough</i>	James Morrow <i>Partner, Cambridge</i>	Kathryn Newell <i>Partner, Hunts</i>
Paula Newton <i>Sessional, Hunts</i>	Daniel Nlewedim <i>Partner, Peterborough</i>	Duncan Outram <i>Partner, Hunts</i>
Simon Poole <i>Partner, Cambridge</i>	Jessica Randall-Carrick <i>Sessional, Peterborough</i>	Clare Routledge <i>Sessional, Cambridge</i>
Jo Scrivens <i>Sessional, East Cambs</i>	Toseef Sethi <i>Partner, Peterborough</i>	Jenny Wheatley <i>Partner, Cambridge</i>

We would also like to welcome Dr Adesola Ogunmola to the Committee, as our Peterborough VTS Co-optee, who joins Drs Liam Loftus, and Nanette Kelly as Registrar Advisors to the Committee.

Your new Cambs LMC Committee meets for the first time on 1st July 2021 and your next newsletter will be published following that meeting, on 2nd July 2021.

We were sorry to see that Drs Steve Jones, Emma Gayton, Nathalie Rodriguez McCullough & Sean Culloty were not re-elected to the Committee on this occasion, and we would like to take this opportunity to express our gratitude to them for their commitment, dedication and support to the LMC and to the local profession as LMC members over the years.

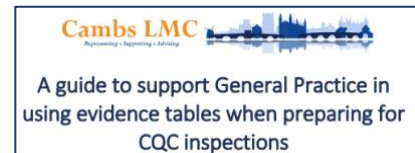
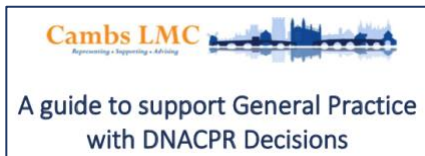
We also bid a fond farewell to Drs Mike Moor, Richard Weyell and Liz Halliday who stepped down from the Committee prior to the elections, having attended their last meeting with us in May.

CAMBS LMC - GUIDES TO SUPPORT GENERAL PRACTICE

WITH FOCUS ON SUPPORTING YOU THROUGH CQC INSPECTIONS

With the landscape of CQC inspections and the requirements changing in light of the pandemic, we have developed some guides to support General Practice with some particular focus on.

Click on each support guide below to review them individually:



We are continuously looking at ways we can further support our practices when it comes to inspections so if there are any other areas that you would find helpful for us to focus on, please do let us know at office@cambslmc.org

The CQC Resources pages on our website is in the process of being updated – you can still access all the content, but you might notice the format change in the coming weeks!

<https://cambslmc.org/cqc-resources-for-general-practice/>

Look out for the 3 support guides which will be added very shortly.

PCN DES 2021/2022

STANDARDISED GP APPOINTMENT CATEGORIES

GP Practices, by 30th June 2021, are contractually obliged to map their appointments according to fixed categories which will enable data collection of standardised GP appointments.

When considering the practice appointment system, it is worthwhile thinking about how the templates are set up. Remember that the data recorded as care related encounters is being used to provide national reports on GP activity. This will include reporting on unused appointments.

It is not going to be accurately recording or measuring other essential GP activity including all the clinical administrative work which practices can record under care related activity or work essential for running the practice including staff supervision and training which practices can record under administration and practice staff activity.

With thanks to Londonwide LMCs, together we have produced the attached document (**click to view**) which is also available on our website as a webpage.



GENERAL PRACTICE FOR PLANNING AND RESEARCH

DELAY IN ROLL-OUT OF PATIENT DATA SHARING PROGRAMME (GDPR)

It was announced in the [Parliamentary health questions](#) on 8 June 2021 that the planned roll-out of the GP Data for Planning and Research (GDPR) would be delayed by two months, from 1 July to 1 September 2021.

This follows extensive engagement by BMA and RCGP with NHS Digital and a direct meeting with the health minister, [calling on NHS Digital and the Government to delay the introduction](#) of their new data programme until patients and the public have had time to be aware of and understand the programme and choose to opt-out if they wish. Read the BMA full statement about the announcement to delay [here](#)

Healthwatch Cambridgeshire & Peterborough have published a short statement on their websites here: <https://www.healthwatchcambridgeshire.co.uk/news/2021-06-11/data-sharing-gp-patient-records>

"It remains to be seen whether NHS Digital will take into account the concerns from the BMA, RCGP, and opposition parties, to better inform the public. Let us hope that in the interim, the postponement to the extraction date is only one part of a wider piece.

There are a number of things we all need, including templates for practices, a robust communications campaign for the public looking at both the merits and the safeguards built into the programme with clarity for patients on what the different opt-outs mean, and what services can be used or will be able to be accessed.

The extraction of this data is mandated under law, and patients have been given the right to opt-out but it has to be their informed decision to do so. GPs, as controllers of their data, cannot opt patients out of the extraction unless they have an explicit request from the patient to do so.

THE ROLE OF MEDICAL EXAMINER INTO PRIMARY CARE

DHSC IN NOT UNDERSTANDING GENERAL PRACTICE-SHOCKER

The National Medical Examiner (NME) and other parties have published a [letter](#) announcing the extension of the medical examiner (ME) scrutiny to non-acute settings. The ME system has been operating on a non-statutory basis since 2019 in hospitals and scrutinises all deaths in hospitals that are not referred to the coroner. The plan is to pass legislation to make this a statutory function and to include deaths in the community as well as in hospital so that every death will be scrutinised in future either by the medical examiner or by the Coroner.

BMA's Professional Fees Committee (which is chaired by a GP) have been involved in the discussions on how best to implement the new arrangements with the aim of minimising both the financial and operational impacts upon GPs and their practices. There have been two small trials of the ME system in the out of hospital setting in Gloucestershire but the results are not yet published.

The letter places an expectation on the hospital medical examiners offices to "engage with local partners" and CCGs and ICSs are expected to facilitate partnership working across systems.

Cambs LMC will be contacting ICS leaders to ensure we are involved in these discussions at an early stage as we expect these changes to have big implications for GPs and practices going forward.



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 our [website](#) for more information or snap the QR code.



LINK/NEWS/LOCUM NEWS/WEBSITE FOR ADVERTISING

Cambs LMC Link link@cambslmc.org. We encourage posts to the link to be solely for the purpose of private discussion for local GPs and Practice Managers to share local information & knowledge or ask questions. If you are subscribed and would like to post a discussion, please create your email, and send it to link@cambslmc.org - to avoid your email being sent to moderator, try to avoid adding recipients to the cc & bcc fields. Please occasionally check you junk folders, as sometimes post from a server can be redirected there, especially on DNUK addresses.

Cambs LMC News. The NEWS is an open information system, primarily designed for GPs and Practice Managers to **receive** News from Cambs LMC, such as the monthly newsletters. This list is publicly accessible to other stakeholders, **but** those subscribed to News **cannot post** messages to this list. It is receive-only.

Cambs LMC Locum News - advertising Locum GP Roles. For Practices seeking locum cover, please continue to email us at office@cambslmc.org. The office will forward your email onto the Locum News Mailing List so that any locum GP available for work can contact you directly.

Cambs LMC Jobs Page on Website - advertising GP Roles. We are now only advertising substantive GP roles on the **jobs section** on our website: <http://www.cambslmc.org/jobs>

This remains a free service for local Practices to advertise GP vacancies. To advertise a vacancy via Cambs LMC, please email details of the vacancy, including closing date and any supporting documents (i.e., job description) in pdf to jobs@cambslmc.org

KEEPING IN TOUCH US

DO YOU KNOW ANYONE WHO HASN'T HEARD OF US?

If you know of any GP colleagues who have not heard of us, don't know who we are or what we do, or if they are not receiving our communications, please put them in touch with us, we'd be delighted to hear from them at office@cambslmc.org.

CONTACTING US

For general enquiries or to subscribe to any of the lists below, please email office@cambslmc.org for general enquiries or to subscribe to any of the lists below. To advertise any GP posts on our website, please email jobs@cambslmc.org

LMC Committee Officers:

Dr Diana Hunter - Chair
 Dr James Howard - Vice Chair
 Dr Francesca Frame - Treasurer

LMC Office Staff:

Dr Katie Bramall-Stainer – Chief Executive
 Alice Benton - Executive Director
 Emma Drew – Executive Officer Lead for Contracts, Regulation & Practice Liaison
 Alison Ives - Executive Officer Lead for Committee, Business & Governance
 Suzy Stoodley – Office Manager (starting 12th July 2021)