

# November 2023 Newsletter

## One Size Doesn't Fit All

In a week that saw the [local Primary Care Access Recovery Plan](#) shared at the ICB's public board meeting, it gives us a chance to consider the content and the direction that this document is signalling for general practice in C&P. We'd start by making the reflection that "access" is not the issue here, when general practice is providing in excess of half a million of patients with care each month in the county; rather it's capacity. We are consistently doing more with less in our surgeries, and we continually call for the recognition of this fact.

The Plan prioritises tackling the 8am rush and managing same day patient requests, as well as including sections on empowering patients, building capacity and cutting bureaucracy. It draws high level content from the PCN Capacity and Access Plans and sets a roadmap for primary care which promises a new local funding model.

You can't help but feel that it hasn't stretched very far from the national priorities set out in [Recovering Access to General Practice](#) and its vision for Model General Practice Access, and last year's [Fuller Stocktake on integrating primary care](#). There's a limited local flavour and although referencing a need to tackle health inequalities, it remains firmly wedded to the very particular model of general practice laid out in these two documents. We saw the former document propose a model of care that sees a wide range of different clinical staff managing patients, with a GP acting in a supervisory role above them. A model that defines continuity of care as having a consistent care coordinator, not the same GP. An approach might well lead to centralised triage and a segmenting of same day and planned demand. The plan proposes a two-phase model being engaged on and implemented by the start of April 24 - a timeframe that feels more than ambitious at this point in the calendar.

Your LMC discussed the plan at its meeting yesterday and were unanimous in their concern about the lack of engagement in an approach that represents a very different way of working, and one which lacks detailed, real-world evidence of efficacy, safety, and impact on patients. The emphasis on transformative change and use of technology-based solutions are important in the evolution of any business, but neither fully address the dual problems of relentless workload and insufficient capacity that your practices continue to experience. There was also doubt expressed about whether patients truly understand what the new model would entail and what is lost from continuity of care in a shift to this more transactional approach.

The unwavering emphasis on same day urgent care continues in the launch of the ICB's engagement on its future Integrated Urgent Care service earlier this month. PCN Clinical Directors were invited to comment on high level ideas to reshape GP Out of Hours, 111 and clinical assessment around a 24/7 single point of access for patients. How this model integrates with a general practice-facing same day urgent care solution is yet to be seen, what *is* clear is that our CDs do not believe that a single point of access is the answer, and their voice must be heard. Further details will be required to enable informed feedback into the design. We will continue to represent you at all stages of this process.

Diversion of workload is at the heart of all these issues and remains a characteristic of the proposed solutions. General practice should be the conductor of its own orchestra, not the recipient of decisions made elsewhere about who should and shouldn't be seen, and by whom. Capacity in general practice would stretch further if inappropriately diverted activity was properly contained in the pathways that are commissioned. With that in mind, it felt disappointing that the "Cutting Bureaucracy" section of plan was also a reiteration of the principles that we have all seen in the ICS "Working Together" document. Just having a "working together" document with our acute and community providers does not mean that the workload shift across the interface is resolved; this represents just the beginning of finding solutions. It would have been welcome to see some defined local targets or work plans here.

Challenges in the primary/secondary care interface are seen by us every week at Duxford, and your enthusiasm and pragmatism in using our template letters has enormously informed our positions and effected change. Your committee confirmed that a refresh of the current pushback letters should be undertaken, with renewed emphasis on LMC and grassroots GP involvement in the solutions. We will continue to reflect to the system that each appointment taken up by a poor transfer of care or inadequate pathway, each uncommissioned job sent your way, is capacity lost to work that could be making an impact on the issues they themselves highlight as so important.

Our strength in general practice lies in our plurality. Across our diverse county, practices adapt and mould themselves around the different needs of their local communities. Answers to the challenges we face that seek to standardise our offer, make patient care something that occurs by rote and process, and present just one face to all of those diverse groups seem unlikely to be what our practices, and most importantly our patients, need.

The LMC will continue to represent all of our many practices, and their teams, to the ICS to find the solutions that work for them.



# Business Fundamentals For General Practice

## Bespoke LMC Business Training Course for GPs

Are you a new GP partner or a GP interested in a pathway to partnership?

Business Fundamentals is a bespoke business programme covering the commercial, legal, HR, and financial aspects of running a General Practice.

Cambs LMC is delighted to offer another bespoke Business Fundamentals Training Course to local GPs who are **new to partnership in the past three years**, or to those who are on an **evidenced route to partnership**.

The course will be held over 4 full days - Tuesday 30 January, Tuesday 27 February, 21 March and 2 May covering a range of modules including Good Governance, Legal Obligations, Understanding Finance, HR & Employment Law, Premises & Estates and Personal Development & Leadership.

The Cambridgeshire and Peterborough Training Hub is providing subsidised places for Cambridgeshire & Peterborough constituent GPs, on a first come first serve basis.

To express your interest please email - [office@cambslmc.org](mailto:office@cambslmc.org)

£649 C&P Delegate Rate

£999 Standard Delegate Rate

## CAMBS LMC WEBSITE LAUNCH – COMING IN NEW YEAR 2024

NEW COMING SOON

We are proud to announce our newly revamped website will launch in January 2024. With a completely redesigned user interface and layout, improved homepage navigation, intuitive browsing, as well as being mobile and ipad responsive, the new Cambs LMC website will provide a user-friendly experience.

Whilst most content will remain publicly accessible; the new website will feature a secure log in section for our Cambridgeshire & Peterborough constituent GP Practices to gain specific access to our guidance pages.

In preparation to go live, staff working in Cambridgeshire & Peterborough General Practice are asked to follow this link to provide details for us to grant individual log in access.

[>> CLICK HERE TO APPLY FOR ACCESS TO GUIDANCE PAGES <<](#)

We look forward to sharing our new site with you in the coming weeks. Please contact us at [office@cambslmc.org](mailto:office@cambslmc.org) if you have any queries.

## CAMBS LMC LINK LIST SERVER

ATTENTION

Constituent GPs and Practice Managers will know that our LINK list server, like many list server platforms, is becoming outdated and is not particularly compatible with the NHS email interface. We are also aware some emails either go into spam, or on occasion, aren't received at all. Recently, a significant number of subscribers were temporarily unsubscribed, for unknown reasons.

We are keen to continue to facilitate the LINK as a 2-way forum for GPs and Practice Managers whilst we explore alternative solutions. In the meantime:

1. Check your spam/junk folders and drag the emails to your inbox, which should teach your email account it isn't spam.
2. Or consider changing your subscription email address to a non-NHS.net one. Please email us at [office@cambslmc.org](mailto:office@cambslmc.org) with an alternative and we will validate your new email and update your subscription preference.

If we continue to experience issues with LINK, we will consider switching it to a 'push-only' mailing list which will allow us to continue to send LMC information to GPs and Practice Managers, however, subscribers to this type of list server will not be able to reply or converse with each other.

Comments, suggestions or recommendations always welcome, just email us at the office!

## HEP B VACCINATION IN RENAL PATIENTS

Cambs LMC has been involved in conversations with local secondary care colleagues over recent weeks about hepatitis B vaccinations for patients with severe or end-stage renal failure. There are concerns being raised by Renal colleagues over patients who are difficult to reach, and the renal clinic has noted that some practices are willing to assist with this work already.

The BMA [position](#) is that this is a service commissioned nationally and is funded at secondary care level. We would like to hear from practices that have been approached to offer, or who are currently choosing to offer, these immunisations to this patient group to better understand practice pressures.

## GENERAL PRACTICE ANNUAL ELECTRONIC SELF-DECLARATION (e-DEC)

The annual mandatory General Practice [Annual Electronic Self-Declaration](#) (eDec) to confirm any changes since the previous year's declaration needs to be returned by Friday 1<sup>st</sup> December 2023.

BMA members will have received an update to their inboxes but if practices or non-BMA members have any queries regarding the declaration, please contact us at [office@cambslmc.org](mailto:office@cambslmc.org).

## LOCAL ICS UPDATES

### Cambs & Peterborough ICB Clinical Policies

The ICS has routinely reviewed some of its clinical policies, most of which have minor changes or amendments in line with national guidance or policies. You can access the policies on the ICS [Clinical Policies web page](#).

### Staff Support Hub

If you work in healthcare, social care, the voluntary sector or not-for-profit sector in Cambridgeshire and Peterborough, and need someone to talk to, our Staff Support Hub is here for you. You can [contact us](#) for free and confidential support, to talk through any problems you may be facing, whatever they may be. Sign up for news updates [here](#).

## NATIONAL OBESITY AUDIT – DATA PROVISION NOTICE FOR REVIEW AND APPROVAL ON CQRS

Practices are now being contacted to review the National Obesity Audit (NOA) on CQRS. As there is a direction in place for NHSE to collect the data (which is described in the Data Provision Notice) those to whom the DPN applies must supply the data by law. NHSE cannot just go in and extract the data, it requires the formal process of the GP practices reviewing and approving on CQRS.

The data that is going to be used for the NOA is actually already collected for the Cardiovascular Prevent Audit, so no new data is being collected, but because the data that NHSE will extract will be used for a new purpose, it is important that practices, as data controllers, are aware of this and that they update their own Transparency Notices on their websites to include details of this collection. NHS England has produced a template [NOA Transparency Notice](#) which GPs can use to do this.

The approval you are asked to give will allow the additional use of the data for the obesity audit. If, for some reason, you hadn't agreed to the original Cardiovascular Prevent Audit data extraction, you will need to approve this first to enable NHSE to have the data to reuse for the obesity audit. Practices may wish to compare and contrast this approach (that of explicit consent being required even though the practice is obliged in law to supply the data) with that of the access to records process. NHS Digital has supplied further information [here](#).

## NATIONAL PRECEPTORSHIP

We would like to congratulate the Cambridgeshire and Peterborough Training Hub who have been awarded the [National Preceptorship for Nursing Quality Mark](#) by the NHS England National Preceptorship Programme.

The preceptorship (fellowship) programme has been successfully running across Cambridge and Peterborough for some time, and this award is testament to both the quality of the scheme and the huge amount of work undertaken by the Training Hub team, to make it such a success.

It will not surprise you to know that our excellent local Training Hub continues to provide quality education and support for our local workforce, however being only one of two training hubs to be awarded this nationally, demonstrates exactly how fortunate we are to have this on our patch. If you haven't signed up to their mailing list then we recommend that you do so here <https://cpttraininghub.nhs.uk>, you won't be disappointed.

## BMA WELLBEING

BMA wellbeing support services page can be found [here](#).

Practices are encouraged to continue to focus on their own teams' wellbeing and take time to meet & reflect on their wellbeing and what they can do to enhance it. This will meet the requirements of the [QOF targets in the GP contract](#) for a quality improvement project on staff wellbeing.

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



## NATIONAL UPDATES

NHS Digital Practice Managers Bulletin - [sign up here](#). NHS England Primary Care Bulletin - [sign up here](#)

### NHS expands use of secure COVID-19 research platform to help find new treatments for major killer conditions

Today's announcement of the [expansion of OpenSAFELY](#) is welcomed by Cambs LMC, as it is a trusted platform which respects patient privacy. This will also hopefully mean that this platform can be used henceforth as opposed to for example the proposed Federated Data Platform.

### Funding for practices moving to digital telephony

Ahead of the public switched telephone network (PSTN) switch off, NHS England has published a [letter](#) about the funding for practices moving to digital telephony. To guarantee funding, eligible practices will need to have signed a digital telephony contract by 15 December 2023. We have been advised that funding will not be available for this beyond 31 March 2024. *If any practices have been advised they will need to wait beyond this date for mobilisation, please let the LMC know.*

### Vaccination and immunisation catch-up campaign

NHS England published a [letter](#) confirming that the 2023/24 national vaccinations and immunisations catch-up campaign will focus on measles, mumps, and rubella (MMR).

### Recording GP appointments

The [GP appointment guidance](#) supports general practice, PCNs and ICBs to ensure that GP appointment data recording is accurate. It details 3 key areas for accurate appointment recording by: category, service setting and appointment mode. It provides resources to support practices to improve the accuracy and quality of data, including a data hub and dashboards.

### Healthwatch GP Access Survey

This is a national campaign between NHSE and Healthwatch to advertise the tools NHSE wishes to roll out in its 'Modern General Practice Access' programme, alongside ARRS roles becoming more familiar to patients in the GP setting. It complements the newspaper advertisements that NHSE have purchased this Autumn. This [briefing](#) shows their intentions around how patient's feedback will be used to support the development of their long-term vision for general practice. Healthwatch England has analysed the experiences patients shared on these services and identified what is working well and which areas patients want to see improved to inform their future vision for primary care. You may wish your PPGs to better understand the thinking behind this and ask them to complete it accordingly.

## ACCELERATED ACCESS TO RECORDS

GPCE has been made aware of communications being sent from NHSE to practices who are operating an 'opt in model' for patients to have online access to their records. Whilst these comms are not breach notices, they could easily be confused as such. Practices are therefore encouraged to contact Cambs LMC should you be in receipt of something similar so that we can support you going forwards.

## CQC IS CHANGING: NEW REGULATORY APPROACH

CQC is rolling out [their new regulatory approach](#) by area starting from **21 November 2023 in the South region**. The five key questions (safe, effective, caring, responsive and well-led) and the four-point ratings scale (outstanding, good, requires improvement and inadequate) will remain but there will be some differences in how [CQC assess the quality of services](#) going forwards:

- **Gathering evidence:** making much more use of information, including people's experiences of services, evidence to support judgements in a variety of ways and at different times – not just through inspections. Inspections will support this activity, rather than being the primary way to collect evidence.
- **Frequency of assessments:** The Rating of a service will no longer be used as the main driver when deciding when CQC next need to assess. Evidence collected or information received at any time can trigger an assessment.
- **Assessing quality:** Judgements will be made about quality more regularly, instead of only after an inspection. CQC use evidence from a variety of sources and look at any number of quality statements to do this.

Between 21 November and 4 December 2023: A small number of planned assessments with 14 early adopter providers, whilst continuing to respond to risk and will then expand the new assessment approach to all providers based on a risk-informed schedule.

From 5 December 2023: All providers in the South region and Bedford, Luton and Milton Keynes.

### From 8 January 2023: London and East of England region

From 23 January 2024: Small number of providers in the North and Midlands regions moving to all providers in those regions from 6 February 2024.

All providers will be contacted directly, ahead of their rollout date with more information. [Read more here.](#)

### PROTECTED LEARNING TIME

C&P Training Hub are providing focused learning opportunities for practices and PCNs during Protected Learning Time sessions. Each session consists of a live virtual session hosted by a subject specialist, a Facilitation/Discussion guide and a Resources list to signpost to further learning or tools.

<b>Wed 22 November</b> 14:30-15:30	<b>Making Safeguarding Personable yet Practicable:</b> Harnessing the strength of the Primary Care MDT	Dr Liz Woodroffe	<a href="#">Click here to book</a>
<b>Tue 23 January 2024</b> 14:30-15:30	<b>Cardiovascular Disease &amp; Diabetes:</b> How can we best support our patients to live healthier longer lives?	Dr Jessica Randall-Carrick	<a href="#">Click here to book</a>
<b>Thu 29 February 2024</b> 14:30-15:30	<b>Menopause Care:</b> Past, Present and Future	Dr Gill Shields	<a href="#">Click here to book</a>
<b>Wed 27 March 2024</b> 14:30-15:30	<b>Enabling Wellbeing Support for Individuals &amp; Teams</b>	Dr Susie Hunt & Dr Paula Newton	<a href="#">Click here to book</a>

These sessions are designed to be accessed live and will also be available for a short period afterwards to support practices and PCNs who may already have plans for the scheduled live dates. Find more information and other upcoming PLT opportunities [here](#).

### GPS KEEP IN TOUCH (KIT) SESSION – ENT

**Thu 30 November 2023, 19:00 - 20:30**

This evening KiT session is for those GPs currently on a break from practice or working low volume. Dr Ian Sweetenham will be joining us for an ENT update and discussion on everyday ENT topics. [Click here to book](#)

### GENERAL PRACTICE FELLOWSHIP

The General Practice Fellowship scheme is designed to provide newly qualified GPs (and Nurses) with a 2-year programme of support and education when taking up a substantive role in a Cambridgeshire & Peterborough practice. Fellows benefit from a combination of protected CPD time, early career learning, mentorship, peer support and coaching, to help develop clinical and leadership skills and to facilitate development within practice and across the wider network. Practices receive a financial grant to help support each fellow to engage with the programme. [Click here](#) for more information.

### PCN EDUCATIONAL LEADERSHIP & DEVELOPMENT CONDENSED PROGRAMME

We are pleased to share the opportunity for you to be part of our condensed PCN Educational Leadership and Development programme and benefit from the learning of our pilot PCN Training Teams project. The programme will offer paid time to plan and develop as a team, plus 2x half day workshops facilitated by experts Swanwick Morris. [Find out more here](#) and if you think your PCN would benefit from being part of this condensed programme, please email [candptraininghub@nhs.net](mailto:candptraininghub@nhs.net) (Please note - this offer is only available to those who are not part of our current PCN Training Teams project.)

### CAREER BREAK SUPPORT

Taking a break in your career can be challenging. Whatever the reason for your break, our new GP Career Break programme provides opportunities to access advice, support and training to help you before, during and after your absence from work. [Find out more here](#).

### GP LEADERSHIP GRANTS

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! For more information and to express interest please [click here](#).

## 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](#)

BMA wellbeing support services page [here](#)

## CQC GUIDANCE PAGES

[CQC: Guidance for GPs](#)

[CQC: Youtube](#)

[CQC: GP Mythbusters](#)

## PCSE GUIDANCE FOR PRACTICES

[PCSE: Guidance Pages](#)

[PCSE: Monthly Updates](#)

[PCSE: Youtube](#)

## 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](mailto: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](mailto: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? 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.

## 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

### Find us:

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### LMC Committee Officers:

Dr Diana Hunter – Chair  
Dr James Howard – Vice-Chair  
Dr Jo Scrivens – Treasurer

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