

# March 2024 Newsletter

## Is Time Nearly Up?

It is clear to your LMC that this Government, DHSC and NHS England are intent on the constructive dismissal of general practice. At least, the model of General Practice we have been trained to deliver, that our patients wish to receive, and which upon the stability of our NHS relies upon so heavily.

It is also clear that this Government, DHSC and NHS England want to dilute and diminish access to the family GP, and they are succeeding: The numbers don't add up – across the past decade we have over 6 million more patients on our books, well over 1,300 fewer GP Surgeries and almost 2000 fewer GPs. Each FTE GP is responsible for almost 2,300 patients – this is not safe.

It is further clear that this Government, DHSC and NHS England have created a baffling paradox, where we have patients desperate to be seen, jobless GPs desperate for work, and practices without resources to hire the staff they need, and the staff patients want. We are on our knees: offering an additional 50 million appointments per annum seeing an equivalent of over half the population each and every single month.

In our system the national figures are replicated. Since 2017 we have **73,000** more registered patients, but the sum total of locally commissioned framework has been effectively frozen since then – when the actual value of the investment has eroded by over 25%. The phrase “General Practice” appears in our system's 'Joint Forward Plan' four times in a 58 page document where 'hospital' and 'acute' and 'trust' appear 53 times. This tells you everything you need to know about our System's current approach to the future of your practice and we have robustly challenged the ICB to recognise the huge role that general practice plays along with the challenges it faces. With regards to the locally commissioned framework, you haven't blinked and missed the plan for 2024/25 - as intentions from the ICB remain unclear. We continue to represent the risk that this lack of progress poses to our constituents and patients and will be in touch as things become clearer.

Nationally, we now face our third consecutive contract imposition across the country following NHS England's [publication](#) of the prospective 2024/25 contract. The wholly inadequate 1.9% uplift will commence from 1<sup>st</sup> April and there is nothing you can do. Except...

Except...Locally we're in the unusual position of having our own GP leader at the heart of the national battleground. As Chair of GPC England, Katie and her team have a GP Referendum open until Noon, 27 March on this imposition. We would urge you to join your national union, the BMA, and exercise your right to tell Government, DHSC and NHS England what you think of this contract, and to be ready for any future potential ballots of the profession in the months ahead. Visit [www.bma.org/gpcontract](http://www.bma.org/gpcontract) to find out more, or [www.bma.org.uk/join](http://www.bma.org.uk/join) before Sunday 24 March to get a vote. Every GP & GP Registrar has a say – so spread the word to all of your colleagues and stand united behind Katie.

But what of your team at Duxford whilst we 'lend' Katie to the national effort? We are delighted to announce that Alice Benton is now our interim Chief Operating Officer and our chair Dr Diana Hunter has also increased her time commitment to bridge the gap and ensure the service you receive does not change.

Your committee met last Thursday and discussed the delicate balance of local issues vs national representation. Drawing on the robust KC opinion shared with LMCs, you can rely on clear lines of communication and proactive engagement with our networks of GPs and practice teams. As your LMC, we won't communicate on behalf of the BMA, we will draw attention to their key messaging and canvassing of your local opinion. With this in mind, we are planning an open meeting for the end of April where Katie will talk to us, we will share further details as they are finalised.

Meanwhile, we still have a local job to do and we continue to support and advise the local profession and represent their interests in our integrated care system.

## 2024/25 GP CONTRACT REFERENDUM

GPC England has rejected the 2024/25 GP contract changes. The contract has now been put to BMA GP members in a referendum. The referendum cannot prevent the Government from choosing to impose their changes to the contract, but it will send a strong signal as to how the profession feels about the contract, a potential third successive contractual imposition by Government and where we collectively go next. Find out more about the current contract changes [here](#).

You can watch Dr Katie Bramall-Stainer discussing the GP referendum [here](#).

To ensure you can feel fully informed before you vote, BMA is holding a series of webinars and FAQs are on the [BMA webpage](#).

What to expect:

- A presentation from GPC England Officers outlining the context of the 2024/25 contract and what it means both for your practice, and you as a GP. A summary of next steps and the choice BMA GP members will need to make in the referendum.
- A roadmap of what the months ahead may look like.
- The opportunity to have your questions answered – please send your questions in advance to [gpreferendum@bma.org.uk](mailto:gpreferendum@bma.org.uk)

Webinar dates, times and **\*updated\*** Microsoft Teams joining links:

<b>South Central and South West:</b>	Wednesday 20 March	<a href="#">12.30–2:00pm</a>
<b>Yorkshire &amp; Humber and East of England:</b>	Wednesday 20 March	<a href="#">7.30–9:00pm</a>
<b>National catch-ups:</b>	Thursday 21 March:	<a href="#">12.30–2:00pm</a> and <a href="#">7.30–9:00pm</a>



JOIN.  
VOTE.  
WIN.

The GP contract  
referendum  
7 - 27 March



**Speak up**  
for your patients and profession

**YOU NEED TO BE A BMA  
MEMBER TO TAKE PART**

## CAMBS LMC NEW WEBSITE LAUNCHES THIS WEEK!

>> NEW <<

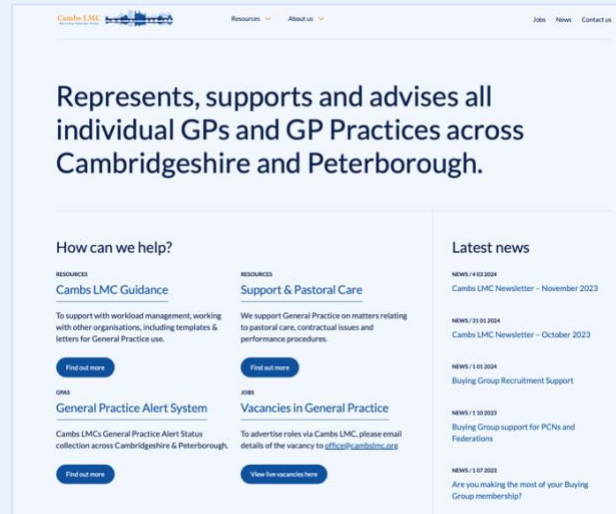
Visit: [www.cambslmc.org](http://www.cambslmc.org)

The newly redesigned interface and layout, together with improved homepage navigation, intuitive browsing as well as being mobile and ipad responsive, our website will provide a user-friendly experience.

A reminder that whilst most content is publicly accessible; our new website features a secure log in section for our Cambridgeshire & Peterborough constituent GP Practices and PCNs to gain specific access to our guidance pages.

There are elements of the site that are still under construction, and understandably, there maybe some issues that we have to iron out in the early days so please bear with us!

If you have any queries, issues, or comments, please contact us at [office@cambslmc.org](mailto:office@cambslmc.org).



## DIRECTORS' DUTIES AND RESPONSIBILITIES – ONLINE TRAINING SESSION

Cambs LMC is hosting an online training session for those that have, or are considering, setting up a limited liability, incorporated structure for your PCN, we are pleased to invite you to attend the following Cambs LMC hosted online training session:

**Directors' duties and responsibilities, corporate governance and running your company**  
**Thursday 18 April: 12.30 – 2.00pm**

LMC Law offers a practical seminar for incorporated organisations which includes general corporate governance and director' duties and responsibilities, directors' liabilities, decision making, difficult directors, conflicts of interest and company housekeeping.

If this is of interest, please email [office@cambslmc.org](mailto:office@cambslmc.org) with details of those who would like to attend from your PCN.

## SIX YEARS IN THE MAKING: Our Local Trusty Training Hub, by Dr Katie Keller

Watching the latest political scandal unfold, I'm reflecting on "free lunches"- how often do you question who is paying for your "free" education, and why?

C&P Training Hub (CPTH) was set up in 2018 as one of a national network of GP support departments, to coordinate workforce support, and provide education, training and learner placements. Our small expert team is hosted by a local federation, supported to be independent by primary care, for primary care.

When the Conservative party made the election promise of thousands more GPs, this set strategic direction and funding, with detail described in the Five Year forward view (2015), the GP forward view (2016) and the local GP retention fund (2018).

We have become skilled at identifying and delivering funding streams from NHS initiatives direct to local General Practice. Our offer is shaped by you, in conversation with local experts, and through our [annual survey](#). In partnership with NHSE and our ICB we agree on what the funding pays for, delivered subsidised, and yes, 'free', to all roles, at all career stages in C&P general practice - all can be found on our [website](#).

Now we are seeing what happens when election pledges have run their course, funding is squeezed, and the direction is less clear. The Long Term Workforce Plan (2023) has been published, but detail, and funding, is yet to follow.

We are very concerned that the [GP and Nurse fellowship programme](#) has been closed to new applicants from the end of March – we know the positive impact of over 125 new clinicians supported through this hugely popular scheme and we are working hard with our ICB colleagues to protect funding for those already signed up. There are other growing funding threats as the training hub is challenged to compete for the reduced resources available to the ICB for investment through System Development Funding (SDF) in the coming year.

We want to continue to shape our local educational offer to support you, as you continue your amazing work in providing high quality learning environments for our workforce, learners and teams through these challenging times.

Please take 5 minutes to tell us what you need through our [Insights survey](#), and circulate widely to encourage all members of your teams to respond, so we can ensure your collective voices are heard.

## CAN I PRESCRIBE FOR MYSELF AND MY FAMILY?

There was a [salutary tale](#) in the BMJ last week regarding a GP who has completed a nine-month suspension following concerns raised over their prescribing practices: they had, on a number of occasions, written themselves or relatives prescriptions for medication.

Despite this being far from an isolated case, we have encountered similar questions in the LMC inbox.

The [GMC guidance](#) on this is clear, and also brief enough to share fully in an article such as this:

### **Prescribing for yourself or those close to you**

*Wherever possible, you must avoid prescribing for yourself or anyone you have a close personal relationship with.*

*If you prescribe any medicine for yourself or someone close to you, you must:*

- a. *make a clear record at the same time or as soon as possible afterwards; the record should include your relationship to the patient, where relevant, and the reason it was necessary for you to prescribe*
- b. *follow the advice on information sharing and safe prescribing in [paragraphs 27 to 33](#) and [53 to 58](#).*

*You must not prescribe controlled drugs for yourself or someone close to you unless:*

- a. *no other person with the legal right to prescribe is available to assess and prescribe without a delay*
- b. *emergency treatment is immediately necessary to avoid serious deterioration in health or serious harm.*

**A few things to highlight** – the guidance isn't restricted to family, but also covers "close personal relationships," and those aren't defined. It is just as unwise to sort a prescription for your friend from the running club or school mum group. It also makes sense to have practice policies about the registration of family members, and perhaps mitigation (especially in small, more isolated parts of the county) about our social circles.

Rightly, the restrictions are tighter for controlled drugs – and remember, these are not just opiates! – and we'd advise that the bar to moving past this part of the guidance is very high indeed.

It's also absolutely critical to inform the patient's registered doctor of your actions, and document them fully. If you read the article above, the poor documentation and misrepresentation after the fact were clear aggravating factors. More GMC cases involve probity these days than actual malpractice; our regulator takes a very dim view indeed of lying.

This is a circumstance where some flexibility for personal judgment will always need to be built into the regulations: a lone doctor on a Scottish isle clearly may have more call to prescribe for their child than one in the East of England.

Many could be guilty of thinking that a 'quick script' would be much quicker than sorting it from their own GP.....but simple ease won't cut it with our regulator.

**In short, our advice: - don't do it!** If you already have, carefully document it and tell the correct people that you have! But as always, we are happy to take queries about the unusual and unpredictable circumstances we all might face.

REBUILD

GENERAL

PRACTICE

Funded by the General Practice Defence Fund on behalf of the general practice community, Rebuild General Practice is a national campaign, calling for support to retain the GP workforce, seek fair funding and greater freedom. Find out more [here](#).

Rebuild's patient engagement toolkit, February newsletter and more information about how to get your local MPs involved can be found here: <https://rebuildgp.co.uk/campaign-assets>

## GMC: GOOD MEDICAL PRACTICE

### Updated professional standards

The GMCs *Good Medical Practice* guidance was updated on 30 January 2024. This sets out the standards of patient care and professional behaviour expected of all doctors registered with us. It's designed to be relevant to you as a GP, throughout all stages of your career. With thanks to Londonwide LMCs for shared resources, please see link to a [summary](#) of what has remained the same, what has changed, and what you should do now.

## CQC: TOP TIPS ON SIGNING UP TO THE NEW PROVIDER PORTAL

We understand the new portal is now live for providers and that initial technical issues have been resolved. For providers who have experienced any difficulties in signing up, please see CQCs top tips to get the best sign up experience:

1. To use the new portal you'll need to create a new account. Even if you had an account on the old provider portal.
2. It's currently taking longer than expected for verification codes to be received during the sign up process. This may take up to two hours at present but we understand CQC are working hard to speed this process up.
3. It's important that the email address associated with your registration is a unique one (more information below). However some providers are incorrectly receiving this error message "Email Address held by Multiple roles". If you think you've incorrectly received this please contact [providerportalqueries@cqc.org.uk](mailto:providerportalqueries@cqc.org.uk).
4. Anyone with an email address associated with their CQC registration can sign up to the portal. In future there will be functionality for you to delegate access to others in your organisation.

[Sign up to the provider portal here](#)

## NATIONAL UPDATES FROM NHS ENGLAND

### New: Spring 2024 COVID-19 vaccination campaign

A letter has been [published](#) setting out further information on preparing for a successful Spring 2024 COVID-19 vaccination campaign.

The following cohorts have now been announced and authorised for vaccination:

- Residents in care homes for older adults
- Adults aged 75 years and over
- Individuals aged 6 months and over who are immunosuppressed (as defined in the [Green book, chapter 14a; tables 3 and 4](#)). This includes those who turn 75 years old by 30 June 24.

Visits to older adult care homes and eligible housebound patients should begin on 15 April. For all other eligible cohorts, vaccinations should start by 22 April and end on 30 June.

### Cervical screening management system access and training

NHS England continues to prepare to launch the new cervical screening management system (CSMS). Once it goes live, Open Exeter will no longer be accessible for NHS Cervical Screening Programme purposes. More information can be found [here](#).

All primary care staff delivering cervical screening services, now need to take two key actions:

1. follow this [guidance](#) to carry out a check to confirm you can access CSMS
2. complete CSMS training – the first of two modules is now live on the [Learning Hub](#) (to access use your e-Learning for Health login). Training must be completed before using the new CSMS.

### National Measles Mumps and Rubella call / recall

Practices are advised that the national Measles Mumps and Rubella (MMR) vaccination call/recall to support the 2023/24 GP Contract Vaccination and Immunisation campaign continues and their eligible registered patients will be receiving national MMR reminders during March.

When patients have received this national MMR vaccination reminder, thank you for checking immunisation records, booking and administering vaccination if clinically appropriate. Further information on the practice role in support of national MMR call and recall is available in [Annex A](#) on NHS England's website.

### Baby loss certificate

Parents who have experienced the devastation of losing a baby before 24 weeks of pregnancy can apply for a certificate. The government is launching a voluntary [scheme](#) to allow parents to record and receive a certificate to provide recognition of their loss. The government is committed to ensuring bereaved parents feel supported through their grief and recognise their loss, acknowledging their pain and ensuring they feel heard. The certificates will not be compulsory - it remains the choice of all parents to manage the difficult time of a loss, however they see fit.

### HRT PPC single-item prescribing – GP IT automation update

More than half of GP surgeries now have a digital solution available, which will automatically issue HRT items on separate prescriptions (one for each item) at the point of prescribing. This is an important step in ensuring there isn't additional burden for practices and pharmacy teams. NHS England and DHSC are continuing to work together with suppliers to implement changes across all GP IT systems over the coming months.

In the meantime, where a change hasn't yet been automated, please remember that prescribers are required to issue all HRT items as single-item prescriptions.

### NB MEDICAL UPDATE for GPs: Wed 20 March 09:30-17:00

The Hot Topics GP Update course will update you on the latest developments in the literature and serve as a platform for CPD to help you to deliver better patient care. The "Hot Topics" course consists of a series of short 'TED-style' engaging presentations blending evidence and cases, followed by discussion which may have an impact on your practice. The course comes with a number of extra resources to give it incredible 'added value'. [Book your place here.](#)

### PROTECTED LEARNING TIME:

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 dates. Find other upcoming PLT opportunities [here.](#)

<b>Wed 27 Mar 2024, 14:30-15:30</b>	<b>Enabling Wellbeing Support for Individuals &amp; Teams</b>	<b>Dr Susie Hunt &amp; Dr Paula Newton</b>	<a href="#">Click here to book</a>
<p>The NHS is under unprecedented pressure and GP teams are at the frontline with escalating demand and a shrinking workforce. This session will aim to address some of the important issues, sharing practical tips and strategies that can help both individuals and teams. There will also be discussion material provided for practices to use with their teams to develop this work further for themselves.</p>			

### NEWLY QUALIFIED GENERAL PRACTICE FELLOWSHIP: A final reminder that applications for the current General Practice Fellowship programme will close on 29th March 2024.

The scheme is designed to provide newly qualified GPs and Nurses (within the last 12 months) with a 2-year programme of support and education when taking up a substantive role in a Cambridgeshire & Peterborough practice. It offers protected CPD time, education sessions and mentoring, plus practical and financial support for the employing practice. If you are newly qualified and will be employed in a C&P practice by April 2024, or if your practice has new recruits due to start no later than the end of April, please [click here](#) for more information and to apply by 29<sup>th</sup> March.

### SUPPORTING FUTURE EDUCATORS: Are you interested in becoming a GP Educator?

From April 2024 NHSE have launched a new aspiring educator pathway. If you are interested in becoming a GP Educator our Autumn Supporting Future Educators programme will guide you through the blended learning. [Click here](#) for more information and planned dates.

### 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.



### UPDATED CAMBS & PETERBOROUGH ICB 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.](#)

### IGPM

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



## THE CAMERON FUND: SPRING 2024 NEWSLETTER & ANNUAL REVIEW OF 2023

Please see link for more information:

<https://www.cameronfund.org.uk/news-updates/spring-2024-newsletter-and-annual-review/>

### 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 – Interim Chief Operating Officer  
Dr James Booth – Medical Director  
Emma Drew – Executive Officer  
Suzy Stoodley – Executive Officer  
Molly Collison - Administrator

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Dr Jo Scrivens – Treasurer

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