

September 2023 Newsletter

Until next time, Summer

Oscar Wilde said, “and all at once summer collapsed into fall” and so it feels in general practice where we find ourselves plunged into the season of vaccination.

But does it need to be this way? Always a busy season, but one that we managed smoothly every year in general practice, with careful plans made at the end of the previous year to take through to the next. Until Covid happened.

We are now in 2023 and “living with Covid” so it will not surprise you that your committee, when they met yesterday, expressed their anger about the shambles surrounding the Covid vaccination programme.

Instructions as late as August, causing potential chaos to already-planned flu vaccinations, inadequate initial funding and complexities around recording have created pressure in an already stretched service. The committee heard first hand of the challenges faced by practices and practice managers in running the programme alongside patients’ expectations.

General practice is exceptional at team working. Give us the tools and we will get on with the job. But those tools need to be both adequate and timely and we challenge NHSE to do better on both fronts, next year.

Just as autumn leads to cold weather so the season of vaccination leads into the season of winter pressures.

No surprises there, you would think, and indeed your LMC has been challenging the system for a while to consider what “winter preparedness” means for general practice.

How do you support a service which continues to provide appointments to approximately 1 in 2 residents in Cambridgeshire and Peterborough every month to see any more?

Your LMC will continue to work closely with the ICB over the next few weeks to push for funding for the extra capacity that general practice will undoubtedly need to survive this winter. We’re aware that other systems in our region are allocating £1.43 per weighted patient for additional capacity in primary care and will be seeking a similar offer to local general practice.

Winter doesn’t last forever and before we know it, spring will be here and with that, a new contractual year for general practice.

But what will that mean? It will not have escaped your notice that our CEO Dr Katie Bramall-Stainer became the chair of GPCE in August. Whilst this means a change in role for her and a reduction in hours for us, she remains our CEO, embedded within Cambs LMC and very much present yesterday to hear the committee’s thoughts on what we need going forward.

We heard themes around the continued importance of continuity alongside simplification of QOF and other targets, and the urgency to have increased flexibility for ARRS roles for recruitment. We also heard the need for unity as a profession and the importance of listening to each other and understanding the different challenges we face.

But when those challenges get too much? Then the LMC continues to support and advise all GPs across the county no matter what season we are in. Just get in touch.

Legal Obligations for Partnerships in Practice



20 September
2023

Join us on this Business Bitesize session as we talk through key legal implications and obligations of partnership that all partners and senior managers in General Practice need know. This lunchtime session is led by Shanee Baker, a leading counsel in law pertaining to General Practice and director of LMC Law Ltd.

[CLICK HERE TO BOOK VIA EVENTBRITE!](#)

We recommend this session for partners and senior managers.

Coming up next:



Thu 21 Sep
Understanding Practice
accounts and funding streams

[CLICK HERE TO BOOK!](#)



Wed 27 Sep
Business Governance - what does
a good practice look like?

[CLICK HERE TO BOOK!](#)



ADMINISTERING & PRESCRIBING INCLISIRAN

NHS England recently sent a briefing note to practices on “the role of Inclisiran in lipid management”. There are still widespread concerns with the manner and speed with which NHS England have attempted to push a black triangle injectable into usage and there are still a number of questions, raised by both GPCE and the RCGP, on which NHS England has yet to provide a satisfactory response, as set out in BMA’s [joint position statement](#) with the RCGP.

With this in mind, BMA reminds practices that the prescription or administration of Inclisiran is not part of the GMS/PMS contract (although in negotiation with the LMC it may be commissioned via a LES). The onus lies with Commissioners to commission an appropriately funded service if they wish patients to have access to this drug, either within General Practice or via Specialist services.

CANCER PATHWAY UPDATES

Cancer waiting time targets:

It has been [well-publicised](#) that NHS England will be [making changes](#) to cancer waiting time targets as of October. The existing ten performance standards are to be consolidated into three key targets:

- **the 28-Day Faster Diagnosis Standard (FDS)** which means patients with suspected cancer who are referred for urgent cancer checks from a GP, screening programme or other route should be diagnosed or have cancer ruled out within 28 days.
- **the 62-day referral to treatment standard** which means patients who have been referred for suspected cancer from any source and go on to receive a diagnosis should start treatment within 62 days of their referral.
- **the 31-day decision to treat to treatment standard** which means patients who have a cancer diagnosis, and who have had a decision made on their first or subsequent treatment, should then start that treatment within 31 days.

This represents, in many cases, an amalgamation of similar targets into one, but of course the significant change for us as GPs is that the **2 week wait target has been removed**: the pathway no longer has to ensure that a first appointment after referral is within two weeks. Clearly, to meet the standards above, for many pathways those first appointments will still need to be within that timeframe.

There has been wide support for the removal of the two week standard, and indeed, it failed to capture diagnostic or treatment performance. However, it is also clear that patients have been given a very strong narrative around this target for many years now and this change is likely to be more evident to GPs responsible for those initial suspected cancer consultations.

The LMC has met with the ICS cancer team around these changes and expressed that practices will need clear communications to pass onto patients around these new targets. There’s also work needed to change how clinics are listed on ERS given that many of these are badged as “2ww,” as are our cancer referral forms. However, the clinical pathways themselves remain and those forms will not be significantly changing other than the references to the target being altered. We will keep in contact with our ICS colleagues as these changes are implemented and please do [contact us](#) should you encounter any issues in the meantime.

Rapid Access Lower GI Pathway:

There has been much debate in Committee meetings over the new version of the Rapid Access Lower GI Pathway, and in particular, a concern was raised about the need for GPs to obtain a FIT test result prior to referral, with that result determining whether or not a patient received a 2ww endoscopy, or an urgent one.

Whilst the current version of NICE guidance doesn’t mandate FIT testing, recent guidelines have strongly suggested that FIT should be used to determine referral urgency and it’s likely that NICE will follow suit when the guidance is revised in November. FIT is clearly a very important clinical test in primary care, and as you know, use of it is covered by the Network Contract DES. GPs in Cambridgeshire & Peterborough are following this guidance very well, with the system reflecting that our uptake of pre-referral FIT is excellent.

However, GPs have understandable concerns about the absolute requirements for a FIT before referral. Whilst it’s already not needed for a small minority of patients, we’ve reflected to the ICS that our patients do not always fall into easy categories, and that there will be circumstances where we wish to refer patients on the pathway through our own “gut instinct.”

As such, we are pleased that our system colleagues have agreed to our request for an option on the form to allow for clinically uncertain situations where a GP has a high suspicion of cancer outside of the pathway criteria. We have also clarified that the absence of a FIT should not delay a patient’s journey and have represented the issues around FIT supply that practices have reported to us.

MAKE POSITIVE LIFESTYLE CHANGES & OPTIMISE YOUR HEALTH

There are limited number of slots remaining for the 'Healthier Me; The November Lifestyle Series' drop-in sessions with a focus on improving your health and lifestyle.

To register your interest in this, and to find out more, please attend one of the short introductory sessions coming up in September.

[18th September 11am](#)
[20th September 11am](#)

[18th September 2pm](#)
[20th September 2pm](#)

Who is it for? This support group is open to all the staff working in health care, social care, voluntary and not-for-profit sectors across the Cambridgeshire and Peterborough ICS. To stay updated about webinars, services, and support forum, [join the Facebook community here](#). To know more about the Staff Support Hub, [visit their website here](#).

CAMBRIDGE SUSTAINABLE TRANSPORT ZONE

We continue to meet with the team at Greater Cambridge Partnership about the ongoing development of the Sustainable Transport Zone for the city, to discuss their revised proposals following their recent consultation. These are listed in [this link](#), and are clearly subject to further change.

The LMC has stressed that GPs and their teams should not be involved in the administration of this scheme for patients and have an undertaking that this is not envisaged. We have also reiterated that the LMC doesn't support charging for practice teams travelling to and from their work, nor for home visiting, and the team at GCP have noted this. We will continue to meet with the team and are happy to hear from any practice that has concerns as the scheme develops further.

HEALTHWATCH PATIENT PARTICIPATION GROUP TOOLKIT

Healthwatch [Cambridgeshire](#) and Healthwatch [Peterborough](#) have designed a PPG toolkit to help practices set up a PPG. They have recently reviewed and updated its content, which draws on the experience of existing PPGs across Cambridgeshire and Peterborough, as well as support that is available nationally.

It includes suggestions about recruiting members, how a PPG works, and activities that PPGs can get involved in to shape local services.

CAMBRIDGESHIRE & PETERBOROUGH ICS HOT TOPICS CANCER LIVE WEBINARS

NB Medical is working with Cambridgeshire & Peterborough ICS to provide you with two LIVE, fully interactive, Hot Topics Cancer for Primary Care webinars on Tuesday 19th September and Wednesday 22nd November 2023. Experience all of the same topics and resources as if you were attending a face to face course, but from the comfort of your own home or surgery.

The NB Cancer for Primary Care course will bring you right up to date with recent developments in cancer care. Designed and written for anyone managing cancer patients in General Practice, this course will enable you to deliver optimal, evidence-based care for your patients. You will also receive a certificate of completion awarding 3 CPD points for each session you attend.

ARE YOU ELIGIBLE?

These webinars are open to GPs, GP registrars, advanced nurse practitioners, emergency care practitioners and/or oral clinicians who consult with patients who may or have cancer.

BOOKING YOUR PLACE

To book your place, please follow [this link](#) and enter the access code provided below. Or contact NB Medical on 0191 5197293/4 quoting the access code: **CPICS-1922**

WEBINAR INFORMATION

These webinars are being fully funded by Cambridgeshire & Peterborough ICS.



COMING SOON!

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.

The next cohort commences later in November through to May 2024

More details to follow on how to express interest

INDEMNITY

Do you have professional indemnity with a Medical Defence Organisation (MDO), or do you rely solely on NHS Resolutions Clinical Negligence Scheme for GPs (CNSGP)?

Background:

Since 1 April 2019, NHS Resolution has operated the state indemnity scheme for general practice in England, the Clinical Negligence Scheme for General Practice (CNSGP). The scheme covers clinical negligence liabilities arising in general practice in relation to incidents that occurred on or after 1 April 2019. CNSGP provides a fully comprehensive indemnity for all claims within its scope.

Prior to 1 April 2019, GPs and other clinical staff were required to have the relevant indemnity in place via a relevant defence organisation, at varying costs to the individual practitioners (£ thousands of pounds), depending on the type of role. Since 1 April 2019, clinicians and practices have not been required to make any payments to benefit from the state indemnity scheme.

What/who is covered by CNSGP? The CNSGP scheme extends to all GPs and others working for general practice in respect of activities they are carrying out in connection with the delivery of primary medical services under a contract falling within Part 4 of the NHS Act 2006 (GMS, PMS and APMS arrangements).

What/who is not covered by CNSGP?

The following does not fall within scope of CNSGP and therefore, additional professional indemnity from your chosen Medical Defence Organisation (MDO):

- NHS Dentistry, Community Pharmacy, NHS Optometry
- Non-NHS work
- Complaints (*unless there is also a claim for compensation arising out of alleged clinical negligence*);
- Inquests (*unless there is also a claim for compensation arising out of alleged clinical negligence*);
- Regulatory and disciplinary proceedings;
- Employment and contractual disputes;
- Non-clinical liabilities such as defamation.

What does this mean?

CNSGP will cover any clinical negligence liability incurred by your practice team which arises from delivering NHS primary medical services, but it won't provide additional advice, guidance, support or attendance for complaints or legal and regulatory hearings. Purchasing professional cover with an MDO (*which will cost you significantly less per year than it did prior to April 2019*), will ensure that you are adequately covered relevant to your role.

Examples scenarios in which Cambs LMC has assisted constituents in relation to indemnity queries:

- GPs choosing not to purchase professional cover, resulting in the GP not being covered by an MDO for legal/professional support with complaints, inquests, regulatory proceedings etc.
- GPs choosing to purchase professional cover but not informing their MDO of a change in circumstances (i.e name, change in practice, role or status), resulting in the GP not being covered by an MDO for legal/professional support with complaints, inquests, regulatory proceedings etc.
- GPs choosing not to request support from their MDO in complaint response writing, when NHS England have requested information. **Scenario:** NHS England receives a patient complaint, naming two GPs at the same practice. NHS England investigates and requests comment from both GPs. The first GP seeks support of their MDO in their response, but the second GP submits their response independently. **Outcome:** The complaint is closed with no further action for both GPs, but the process took considerably longer for the GP who chose not to seek support from their MDO.

Bookmark NHS Resolution CNSGP pages:



You will find everything you need to know [here](#), in particular what is covered by CNSGP [here](#).

On completing DVLA medical forms, BMA also reminds practices:

Following an LMC query, colleagues should note that completing DVLA medical forms is not within the scope of the CNSGP medical negligence scheme in relation to any complaints or concerns that may arise from this work. This is private work, for which a fee is changeable, and colleagues should check with their Indemnity Organisation that they are covered separately for this work under their own or a practice-based policy.

COVID-19 VACCINATION PROGRAMME

Following the previous update where BMA reported that NHS England had [announced changes to the winter covid vaccination guidance](#), further clarification has been received that practices only administering the influenza vaccination, can claim using their normal system and CQRS. FAQs on FutureNHS state:

*“Following feedback from practices, the 2023/24 seasonal flu ES specification is being updated to amend the recording requirements for synergistically delivered flu vaccinations by PCN groupings (i.e. flu only clinics run by a PCN grouping). A PCN grouping’s constituent practices will now be able to elect to record **flu only** vaccination events in either their GP IT clinical system or their PCN grouping’s point of care (PoC) system.*

The system to be used must be agreed and adopted by all practices in the PCN grouping to reduce the burden of post payment verification work to address any duplicate recordings and payments. The position with regards to the following has not changed:

- PCN groupings that co-administer flu and Covid-19 vaccination must still record their flu (and Covid-19) vaccination events in a PoC system
- Individual practices must continue to use their GP IT system for practice delivered flu vaccinations or collaborations under an Influenza Collaboration Agreement.”

ACCELERATED ACCESS TO RECORDS PROGRAMME UPDATE

Last week, GPC wrote to parliamentary under-secretary of state for health and social care, Neil O’Brien MP outlining the concerns expressed to GPC by GPs ahead of the upcoming switch-on of the government Accelerated Access to Records programme. As part of efforts to engage with government and support members, National guidance for GPs will be produced in the coming weeks, updating members as and when they meet with government to discuss this issue. GPC will be in a position to provide a much more substantive update in the next bulletin and will communicate the specific support BMA will be providing in the coming weeks.

2023/24 DDRB RECOMMENDED PAY RISE FOR SALARIED PRACTICE STAFF

Further to the DHSC announcement some weeks back that all salaried general practice staff would receive a 6% uplift to their pay, back dated to April this year, GPCE and the Sessional GPs Committee recognise this is a matter that has the potential to create challenges between partners and salaried GPs.

The BMA values both groups of colleagues and GPCE and the Sessional GPs Committee are working jointly to try and ensure collaborative communications to the profession as negotiations around this issue are completed, which is likely by the end of September.

Both Committees’ Executive officers recognise that for salaried GP colleagues whose contractual terms include a yearly salary uplift linked to the annual DDRB pay award should receive that uplift each year. Salaried GPs employed on the BMA Model Contract should have such a clause, and an uplift date in terms of when this is applied, although the default would be 1st April.

There are other salaried GP colleagues whose contract may not specifically reference the DDRB Award in terms of a salary uplift, but the BMA believes all salaried colleagues should receive a 6% salary uplift unless another uplift is specifically referenced within their contracts. The BMA is aware some GP practices have already given at least an interim uplift based on the known 2023/24 2.1% GMS (general medical services) Global Sum uplift for practice expenses.

The 2023/24 supplementary uplift above the pre-agreed Global Sum increase – determined when the existing 2019-24 five-year GMS contract investment framework was agreed – currently being negotiated with DHSC and NHSE is also expected to include other GP practice staff. This excludes ARRS staff; their annual [Agenda for Change terms pay uplift](#) (5%) was negotiated by the NHS Staff Council and will be applied to the maximum reimbursements rates primary care networks/practices can claim back for those staffing costs. Having surveyed the profession earlier this year, we are acutely conscious of the multiple inflationary pressures facing GP practices, in terms of their costs, which are not within the scope of any offer from the DHSC and NHSE.

So far in 2023/24, GP practices have only received the Global Sum uplift agreed within what is the final year of the 2019-24 five-year contract investment framework (2.1%). Any additional staff salary cost pressures are currently unfunded, and the BMA believes both partners and sessional colleagues will be aware of this. In terms of a supplementary uplift to Global Sum, GPCE hopes negotiations with DHSC and NHSE, which will provide a partial funding solution to increased salary costs, will be concluded by the end of September and such payments made to practices promptly thereafter.

Hopefully this gives further helpful background to this issue and also reassurance that both GPC England and the Sessional GPs Committee are working closely together to support all GPs regardless of their contractual status.

OTHER NATIONAL UPDATES FROM BMA

Changes to the NHS pension from April 2023 – Do they affect GP Federations?

Following a recent LMC query and follow up by the GPCE, NHS England's central GP contract team have now responded as follows:

For any staff to have NHS pension scheme access their employer has always needed, and still needs, to hold a qualifying contract. In primary medical services that means a GMS, PMS or APMS contract, or (since April 2023) a standard subcontract for services provided under the Network Contract DES.

Further to sustained GPCE officer lobbying last year, NHSE issued a [subcontract](#) in August 2022. That confirms that subcontractors can access the pension scheme too, and it includes instructions. Should you have any further queries, please email info.gpc@bma.org.uk.

Partial retirement

Following the Government's consultation on retirement flexibilities earlier this year, partial retirement will be implemented from October 2023. The BMA fought back on the requirement of a 10% reduction in pensionable pay to be eligible, but Government have not budged on this. This adds unnecessary complexity and the BMA have already been made aware of there being inconsistent advice being given by NHS BSA and NHS Trusts on this. BMA has queried the practical application of partial retirement for GPs with NHS BSA and they have replied:

'In respect of GPs and partial retirement, they must drop their commitment by at least 10% to meet the requirements. If they are a partner (type 1 GP) in a practice this can be achieved by adjusting their partnership share ratio, or for a single-handed GP they may take on a partner. As alluded to, this may be easier for a salaried GP (type 2 GP) as they just need to demonstrate a drop in their commitment, for example the number of appointments they do. For a salaried GP this could be reflected in a change in their contract with the practice. It is a little harder for Locums to demonstrate the 10% drop in commitment as they can choose whether to pension their GP Locum work and are effectively as and when. However, if they are able to demonstrate this then it may be possible for them to meet the requirements for partial retirement'.

Further information on partial retirement can be found on the [NHS BSA website](#) and they have also published an [employer fact sheet](#) and [slide deck](#) from a recent event held with pension administrators. BMA is however still awaiting further NHS Employers guidance to be published, so it can be better understood exactly how partial retirement will be administered and provide the best advice to members.

Access to healthcare for people seeking asylum in initial and contingency accommodation toolkit

The [toolkit](#) highlights key recommendations for ICBs, primary care commissioners and providers in supporting access to initial health assessment and ongoing primary care services for people seeking asylum residing in Home Office initial and contingency accommodation. It also provides links to useful resources, including a patient health questionnaire for people seeking asylum, translated resources on navigating the NHS and information on supporting GP practices to become Safe Surgeries to minimise barriers to accessing primary care and GP registration. There is a checklist for ICBs and GP practices, as well as case studies highlighting good practice from services meeting the needs of asylum seekers in England. The resource is divided into three main themes:

- Planning commissioning of services to meet the needs of residents
- Facilitating long-term and meaningful access to healthcare
- Conducting initial health assessment

RAAC in GP Premises

In January 2023 NHS England wrote to practices identifying the potential risk of RAAC (Reinforced autoclaved aerated concrete) in GP premises and advising that survey work be carried out. As set out in the Premises Cost Directions, practices have an obligation to ensure safety and the development of continuity planning in terms of addressing disruption to the delivery of primary care at practice premises. Clearly this can be a big additional cost at a difficult time. GPC have called on Government to provide central funding to support practices where RAAC is found to be present.

Last week Dr Gaurav Gupta, GPC premises lead, was quoted in [GP Online](#):

"It's important to remember that general practice premises are already in poor shape due to a chronic lack of investment and planning from the government. Ultimately issues with RAAC have the potential to completely destabilise general practice if GP premises are found to be at risk, regardless of ownership. Therefore, the government must find a solution which means patients can continue to be treated in buildings which are fit for purpose and it provides a fully centrally-funded solution to the RAAC issue which covers all NHS buildings, including all general practice estate."

NATIONAL UPDATES FROM BMA CONTINUED

Eco Flex Forms

GPs may be asked to complete an ECO4 Flex form, when a local authority has referred a patient that it considers to be living in fuel poverty or on a low income and vulnerable to the effects of living in a cold home. The form asks the GP to consider the patient's medical health conditions and then recommend one of two routes; households identified as vulnerable to the cold or an individual suffering from severe or long-term ill health. This work is not covered within the core GMS contract and completing the form will require GPs to undertake a proper review of the patient's notes. As such they are entitled to charge, as it is not a prescribed form under Sch. 2 of the GMS regulations.

NHS England GP Access campaign

NHS England is launching a public facing GP Access awareness campaign this week, in response to rising appointment numbers, falling GP numbers and falling satisfaction with GP access in the context of initial contact with a GP to book an appointment. It is part of the wider NHSE campaign 'Help us to help you' which focuses on raising public awareness of how the NHS system operates. This covers issues such as prevention and access to GPs, and links to the GP recovery plan emphasising helping patients to understand how the system works to support them. This part of the campaign are looking at effective care navigation and awareness of GP multidisciplinary teams.

European definition of General Practice

The [WONCA Europe Council](#) has updated their [Definition of General Practice/Family Medicine](#). The 2023 revision focuses on important challenges for GPs related to One Health (an integrated approach to optimise the health of people, animals and the environment), Planetary Health and Sustainable Development Goals. The statement defines the discipline of general practice / family medicine, the professional tasks of the family doctor and describes the core competencies required of GPs. It outlines what family doctors in Europe should be providing in the way of services to patients, so that patient care is of highest quality and cost effective. Read the [statement](#)

Best Practice Show, 11-12 October 2023, NEC Birmingham

The BMA and GPC England will be at [Best Practice Show](#), UK's number one event for the primary care and general practice community, on **11-12 October 2023**. We will have a dedicated theatre at the conference, with a programme focussed on the most pressing issues facing sessional GPs and GP partners including safe working and workload management, patient access to records, the future of general practice, GP contracts and more. It is **free for healthcare professionals** and will provide up to 12 hours of CPD certified training, tailored to meet the training requirements of healthcare professionals. You can find more information, including the programme [here](#) and register [here](#).

Free BMA membership for International Doctors

Recognising the vital contribution that international colleagues make to our health service and the unique challenges international doctors face when starting a new career in the UK, the BMA will be offering free BMA membership to [international doctors for their first year in the UK](#). The second year will be at a favourable rate of just £10.08 per month (first year post qualified, rate), and their third year £20.00 per month (second year post qualified, rate). This new membership can be selected via the online join form, under '[IMG new to the UK](#)' as a drop-down option in the concessions section. Please share this information to any IMG GP trainees in your practice or via the LMC.

NHS England local clinical excellence awards scheme for SAGPs

The BMA's Medical Academic Staff Committee (MASC) has been informed that NHSE has agreed to a local clinical excellence awards scheme for consultants and senior academic GPs (SAGPs). One of the qualifying criteria is 'working a minimum of 3 PAs/sessions per week for NHSE', and we are aware that NHSE has written to some SAGPs, saying that they have been identified as a person who is working less than 3 PAs per week for NHSE. However, as the 3 PAs can include teaching and research contributing to the NHS, we believe that most SAGPs should be eligible. MASC would therefore advise any SAGPs to email NHS England (england.medicalcea@nhs.net) as soon as possible to declare your eligibility. The deadline for full submission this year is 3 October.

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.

Tue 19 September 14:30-15:30	Environmentally Sustainable General Practice	Dr James Smith	Click here to book
Wed 22 November 14:30-15:30	Making Safeguarding Personable yet Practicable: Harnessing the strength of the Primary Care MDT	Dr Liz Woodroffe	Click here to book

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](#).

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. If you think your PCN would benefit from being part of this condensed programme, please email candptraininghub@nhs.net (Please note - this offer is only available to those who are not part of our current PCN Training Teams project.)

GP & ACP EDUCATION

Drug & Alcohol Services, Tue 19 September (19:00-20:30) with Dr Justin Markiewicz, a Speciality Doctor with the Change Grow Live Drug and Alcohol Service in Cambridgeshire. [Click here](#) to book.

Sleep Medicine & Insomnia for GPs, Tue 17 October (19:00-20:30) with Dr Clare Bolton, Neurology consultant at the Respiratory Support and Sleep Service at the Royal Papworth Hospital. [Click here](#) to book.

Visit our [web page here](#) for details/dates for future events in the programme.

SHAPES IN PRACTICE – starts Thu 28 September (19:00-21:00)

A programme of 3 x 2hr evening workshops for mid and late career GPs, focussing on how to deal with the challenging and stressful situations encountered daily. From the creators of the Shapes Toolkit, these workshops are designed to provide the tools to help you find individual, practical solutions whilst working as part of a team in general practice. [Click here](#) for more information and to express interest.

RED WHALE GP & ACP UPDATE - Thu 05 October (10:00-16:00)

A highly engaging and interactive online course, from the comfort of your home (or practice)! Red Whale will cover the latest changes in evidence and guidelines relevant to Primary Care. Their presenter will host the course live from the studio, run interactive polls and Q&A sessions and offer practical tools to help you change your practice straightaway. Training Hub has secured a favourable discount for this popular course. GPs can [book here](#) and ACPs can [book here](#).

HALF DAY MANDATORY TRAINING FOR LOCUM GPs – Mon 09 October (09:00-12:30)

A half-day aimed at locum GPs who want to experience mandatory training in a different way to e-learning. The morning will include an Infection Control session with Nicola Sharp, followed by a Safeguarding: Fabricated and Induced Illness case-based discussion facilitated by Richard Maddison, to support mandatory training requirements. [Click here](#) to book your place.

CAMERON FUND SUMMER NEWSLETTER

Please find attached link to the Cameron Fund's [Summer newsletter](#) with all the latest news about their work, for your information.

PCSE GUIDANCE FOR PRACTICES

<https://pcse.england.nhs.uk/organisations/gp-practices/>
<https://pcse.england.nhs.uk/organisations/gps/>

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](#)

WELLBEING

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 protect it. This will meet the requirements of the QOF targets in the GP contract to do your [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.

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.

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 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:

The Officers' Mess Business Centre
Royston Road, Duxford,
Cambridge,
CB22 4QH

LMC Committee Officers:

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

Contact us:

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<http://www.cambslmc.org>
01223 919845
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