



Cambs LMC Update: 12 March 2024

Practice Manager update from your regional representative of the Institute of General Practice Management

IGPM statement on the initial pay proposal offer for the 2024/25 GP contract <https://igpm.org.uk/category/news/>

For associate members - for just £50 a year fee the following free webinars are imminent.

Upcoming Webinars

Thursday 14th March at 1.45pm: One less task for NHS staff - Automation with Healthtech-1. There's a growing appetite for automation and AI in primary care, but what's the difference between these technologies? Dr Lydia van Hamel-Parsons, GP and Founding Clinician at Healthtech-1 will help explain this and where to get started with automation (within a week!) so you can join in on the time and cost savings as well as the relief in workload from using this tech. Email info@igpm.org.uk to book your place.

Thursday 21st March at 12.30pm: IGPM Finance for Practice Managers with Medics Money. We will be looking at the GMS statement breakdown, along with tips and aspects of the business to concentrate on when looking at how to help make the 2% increase in funding work as a business.

Measles outbreak – practice staff and MMR vaccinations

This is an issue we are all facing in our practices, and we have been doing searches for patients who need vaccinating. We have written to NHSE asking for funding to do this additional work and pressed for negligence scheme cover. We can now advise that cover is in place and is outlined in the message below.

On behalf of Jane Freeguard, deputy Director of vaccination – medicines & pharmacy

In light of the national measles outbreak and urgency to support rapid uptake of the MMR vaccine, we are permitting practices to administer MMR vaccines to their eligible staff who are registered with another practice under INT (immediately necessary treatment). Please note this is a time limited arrangement until 31 March 2024 in light of the on-going national incident and only applies to MMR vaccinations.

An item of service fee cannot be claimed for the administration of MMR vaccines to staff registered with another practice. However, indemnity cover will be provided through CNSGP and nationally supplied MMR stock can be used to vaccinate eligible staff. Staff must be strongly encouraged to inform their registered practice that they have received an MMR vaccine, requesting it be included in their medical record.

PC0241 | MMR Vaccination Survey Comms For Practice Staff | 11.03.24:

A reminder of the email that was sent to GP Practices yesterday following information circulated from the East of England Immunisation team and confirmation below on vaccinating their own staff:

Can GPs vaccinate their own staff, and can they get paid? (update 23rd February 2024)

Practices are formally endorsed to administer MMR vaccines to their eligible staff who are registered with another practice under a temporary registration for INT (immediately necessary treatment).

- This is in light of the current high risk measles situation and whether all of these vaccines continue to qualify as 'immediately necessary' will be reviewed in March 2024. Clearly in certain exposure situations, vaccines may be immediately necessary and clinicians should use appropriate professional discretion.
- This arrangement does not apply to other staff vaccinations.
- The national NHSE team have confirmed that indemnity cover for this activity will be provided through CNSGP and nationally supplied MMR stock can be used to vaccinate eligible staff.
- Staff must be strongly encouraged to inform their registered practice that they have received an MMR vaccine, requesting it be included in their medical record.
- In the East of England, we are encouraging staff to get vaccinated in their registered practice where possible, to support accurate and timely record-keeping

For clarity, the first port of call should be for staff to attend their own GP practice or one of HCT's walk in vaccination clinics. A list of walk-in clinics can be found on our website [The Vaccinators | CPICS Website](#).

As a reminder, any staff member that is exposed to measles without documented evidence will need to isolate from day 5 to day 21 after exposure and should be strongly encouraged to be protected. Documented evidence includes:

- 2 x MMR vaccinations
- 2 x Separate Measles Vaccinations (updated guidance from UKHSA and NHSE)
- Positive antibodies for measles test

National BMA updates:

2024/25 GP Contract Referendum - webinars

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 as you feedback we FAQs will be added to the BMA webpage <http://www.bma.org.uk/gpcontract> early next week, which you can read and reflect on with your practice colleagues.

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

Webinar dates, times and Microsoft Teams joining links:

South East Coast:	Wednesday 13 th March:	19.30 - 21.00	Microsoft Teams link
North East:	Wednesday 13 th March:	19.30 - 21.00	Microsoft Teams link
North West:	Thursday 14 th March:	12.30 - 14.00	Microsoft Teams link
West Midlands:	Tuesday 19 th March:	19.30 - 21.00	Microsoft Teams link
South Central:	Wednesday 20 th March:	12.30 - 14.00	Microsoft Teams link
South West:	Wednesday 20 th March:	12.30 - 14.00	Microsoft Teams link
Yorkshire & Humber:	Wednesday 20 th March:	19:30 – 21:00	Microsoft Teams link
East of England:	Wednesday 20 th March:	19:30 – 21:00	Microsoft Teams link
National Catch-Up:	Thursday 21 st March:	12.30 - 14.00	Microsoft Teams link 19.30 - 21.00 Microsoft Teams link

These webinars will NOT be recorded, so please attend your regional slot, or a national catch-up session. The referendum opened on 7 March and closes midday Wednesday 27 March. You should have received an email with a unique voting link. How you vote will determine BMA's next steps as a profession.

GP Workforce – January 2024

There are 48 more fully qualified, full-time equivalent GPs in January 2024 than in December 2023, marking seven months of sustained increases. However, we have the equivalent of 1,830 fewer fully qualified full time GPs than we did in September 2015. During this time, there has been a rise in the number of patients registered at practices, with January 2024 seeing another record-breaking rise. GPs are now responsible for 18% more patients than in 2015, creating ever mounting workload pressures.

- In January 2024, the NHS had the equivalent of 27,534 fully qualified full-time GPs. This is an increase (48 FTE) from the previous month. January 2024 marks seven months of, albeit small, increases in full-time equivalent fully qualified GPs, with an additional 382 fully qualified GPs joining the workforce during this time.
- However, the NHS been losing *fully qualified* GPs at an alarming rate since 2015, with GP partners making up a substantial part of this shortfall (when this data set began). We now have the equivalent of 1,830 *fewer* fully qualified full time GPs than we did in September 2015.
- The GP Partner workforce in particular has been shrinking since 2015. There were 16,579 FTE GP partners in January 2023 but 16,176 in January 2024: a total loss of 403 FTE GP partners in the past 12 months alone.
- The number of GP practices in England has decreased by 106 over the past year – reflecting a long-term trend of closures and mergers.
- This fall in both staff numbers and GP practice coincides with a rise in patients: as of January 2024, there was another record-high of 63.15 million patients registered with practices in England – an average of 10,005 patients registered per practice.
- As a result, each full-time equivalent GP is now responsible for an average of 2,294 patients. This is an increase of 356 patients per GP, or 18%, since 2015, creating an ever-mounting workload in general practice.

[Read more on our analysis - "Pressures in General Practice"](#)

HRT guidance updates

An updated HRT PPC guidance document has been published by DHSC. This is to reflect changes to the definition of products in scope of the HRT PPC, following the launch of new products onto the market, and an agreed process for managing discontinuations. The latest version can be found here: [HRT PPC guidance | NHSBSA](#).

Preparing for the Spring 2024 COVID-19 vaccination campaign

Preparations are underway for the Spring 2024 COVID-19 vaccination campaign, following the achievements of the 2023 Autumn campaigns. The NHS is focusing on delivering a seasonal COVID-19 vaccine dose, aligning with government recommendations. Eligible cohorts include adults aged 75 and over, care home residents, and immunosuppressed individuals. Efforts are being made to ensure equity in access and address variations in uptake. Funding and contract arrangements are extended to support vaccination activities, with plans for supply and delivery to be finalised soon. The commitment of healthcare professionals is crucial for the campaign's success. Read more [here](#).

PRSB survey – GP activity data

The Professional Records & Standards Body (PRSB) are surveying GPs as part of a set of proposals to implement a standard set of SNOMED codes to capture consultation mode and GP activity data. The [survey](#) closes on 15th March and seeks to garner views from practices on how day-to-day activity that takes place can best be defined and recorded.

NIHR in-Practice Fellowship

The NIHR in-Practice Fellowship (IPF) initially offered academic training to fully qualified general practitioners, general dental practitioners, and community dentists, who are in NHS practice in England. The eligibility for this scheme has been broadened in 2024 to cover all other health and care professionals working in a primary care setting, including (but not restricted to) nurses, midwives, pharmacists and health visitors. This enhanced offer will enable a larger cohort of health and care professionals to access research training and development, to advance their academic research careers. [In-Practice Fellowship \(IPF\) Round 18 | NIHR](#)

Professional Record Standards Body

The PRSB is aligning its standards to the new Pathology standard ([DAPB4101](#)) going through approval at the [DAPB](#) in March. The current components used in PRSB standards were developed before the recent pathology standards. The PRSB need to ensure that test results and reports that clinicians receive can be shared digitally with their colleagues and can be incorporated into shared care records. The PRSB are asking clinical informaticians with an interest in pathology to review PRSB standards in light of the new standards to ensure that they align. To support this work, the PRSB are holding a webinar on **Thursday 21 March, 11am - 1pm**, to register click [here](#).

Cloud based telephony

GPCE has written to NHSE to raise concerns over the rollout of CBT (cloud-based telephony) and the financial and workload impact this is having on practices along with pressure to sign complex contracts on very short deadlines. NHSE advised last year that there would be no increased costs to practices for their monthly contracts. We have relayed concerns raised about these issues and are seeking an urgent meeting with NHSE while calling for a pause of the roll-out of this contract mandated procurement exercise.

We want to hear if you are seeing increased costs and please do email info.gpc@bma.org.uk with details of what you pay now and what you are being asked to pay going forward with the telephony provider.

GPs have been pressured at the last minute to sign up to new telephony systems at huge extra cost – despite reassurances from NHS England this would not be the case. Deputy chair Dr David Wrigley thinks this is a huge mistake and has called for an immediate pause, read more [here](#).

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