

Tuesday 19th September

Help us grow our audience - LMC Distribution list

We would like to grow our LMC audience. If you know any GPs or PMs in your practice that don't receive this Brieflet and/or is not on our distribution list, please ask them to get in touch with us!

Rebuild General Practice Roadshow - GP expressions of interest

We are really excited to announce that our LMC has been chosen to host a Rebuild General Practice Roadshow! The aim of the roadshows are to identify promising GP advocates, support local GPs to take a more direct role in advocating for the future of the profession and to help foster a sense of unity within the profession.

Our LMC will work with the Rebuild General Practice team to host the roadshow, inviting GPs from across the Northwest who have an existing influence or an inclination to become public activists on behalf of the profession. There is no further commitment required other than to attend the meeting and keep an open mind regarding advocating for the profession in the future.

We are looking to select 10 GPs from across Lancashire & Cumbria to attend the roadshow which will take place on the 9th November, at the Marriott Hotel in Preston, 1-4pm. Lunch and refreshments will be provided.

If you would like to be considered as one of our delegates or if you want to know more, <u>please get in touch</u>. You can also visit the <u>Rebuild General Practice website</u> for information on the work they have done so far.

Inclisiran Injections

Following last week's Brieflet 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 the BMA GPCE and the RCGP, on which NHS England has yet to provide a satisfactory response, as set out in a joint position statement with the RCGP.

We would like to remind practices that the prescription or administration of Inclisiran is not part of the GMS/PMS contract (unless commissioned via a LES). The onus lies with the ICB to commission an appropriately funded service if they wish patients to have access to this drug, either within General Practice or via Specialist services.

The LMC has written to Lancashire & South Cumbria ICB and Cumbria ICB to raise our concerns. As promised on last week's Brieflet, please see the <u>following template letter</u> you can use should you find yourself in receipt of any unwanted requests to undertake work you are not funded to provide.

LMC Statement - Accelerated Access to Records Programme

The LMC sent an update to GP Practices regarding NHSE's Accelerated Citizens' Access to Health Records programme earlier today which you can find on the following link.





COVID-19 vaccination programme

Following our update in a previous Brieflet where we reported that NHS England had <u>announced changes to the winter covid vaccination guidance</u>, the BMA GPC have received clarification 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."

Meeting with primary care Minister

Dr Katie Bramall-Stainer, BMA GPC England chair, had a catch up with Neil O'Brien, primary care minister, where they discussed a range of issues including cutting bureaucracy, improving GP retention, access to patient records and supporting practice staff health and wellbeing. She will continue to meet with the minister over the coming weeks to build on these initial discussions.

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. The BMA GPC have called on Government to provide central funding to support practices where RAAC is found to be present. Dr Gaurav Gupta, GPC premises lead, was recently quoted in GP Online.

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.





Completing DVLA medical forms

We would like to highlight to Practices 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.

NHS England GP Access campaign

NHS England is launching a public facing GP Access awareness campaign, 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.

NHS England local clinical excellence awards scheme for SAGPs

The BMA's Medical Academic Staff Committee (MASC) has been informed that NHS England 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 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, the BMA GPC 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.

Academy Matters - MLCSU IT Training Newsletter - September 2023

Please see the MLCSU IT Training monthly newsletter here.

LMC HR Service - Get in touch to find out more.





2023/24 DDRB recommended pay rise for salaried practice staff

Further to the DHSC announcement that all salaried general practice staff would receive a 6% uplift to their pay, back dated to April this year, the BMA GPC 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 the BMA GPC 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.

Salaried GPs

Both Committees' Executive officers recognise that for salaried GP colleagues whose contractual terms include a yearly salary uplift linked to 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 already known 2023/24 2.1% GMS (general medical services) Global Sum uplift for practice expenses.

Other GP Practice staff including ARRS staff

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 reassurance that both the BMA GPC England and the Sessional GPs Committee are working closely together to support all GPs regardless of their contractual status.

For further HR guidance please get in touch with the LMC HR team.

