



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 26th April 2022

PCN DES

The updated [PCN DES specification](#) was published at the start of this month. Whilst GPC continues to support the principle of the DES – independently contracted practices collaborating, alongside other local NHS providers, to provide services which are designed to support local communities – and given the realities of the unagreed [contract changes](#) brought in by NHSEI for 2022/23, practices should be aware of their options relating to the DES.

It is feared that the newly added demands within the PCN DES are a risk to patient and practice staff safety in terms of potentially unmanageable/unsafe workload and burnout. The recent [GP Work life Survey](#) confirmed that GPs are overworking, with around 33% likely to quit direct patient care within the next five years. This rises to over 60% for GPs over 50, which is a worrying statistic given over 44% of the GP workforce is over 45.

Following the conclusion of the 2022/23 contract negotiations and the release of the DES specification, GPC sought further clarification from NHSEI and proposed practical solutions that would alleviate the concerns of the profession and any potentially negative impact from the unagreed changes. None of them were accepted.

With this in mind, Practices will need to carefully consider the DES changes for 2022/23 and how this may impact them going forward. In particular, the incoming Enhanced Access requirements from October 2022 and the expanded service offer.

PCN DES opt out window

Practices who do not wish to continue participating in the PCN DES have until 30 April 2022 as part of the current annual opt-out window, with additional 30-day windows following any in-year changes to the enhanced service specification. Practices must inform the local commissioner if this is their decision **before** the stated deadline. It's important to note that opting out during a specified window is not a breach of contract.

Practices should take into account safe working levels from both a workload/staffing and patient perspective, bearing in mind the [BMA's safe working guidance](#).

Read more in the BMA [guidance about the contract changes](#) to support practices in their decision making and next steps.

GP workforce data

The number of [GPs](#) in England has fallen every year since the Government first pledged to increase the family doctor workforce by 5,000, the health minister Maria Caulfield disclosed in a [parliamentary answer](#). There were 29,364 full-time-equivalent GPs in post in September 2015, when the then health secretary, Jeremy Hunt, first promised to increase the total by 5,000 by 2020, however, it has now fallen to 27,920 as shown by the latest [GP workforce data from NHS Digital](#).

These figures show that the lack of doctors in general practice is going from bad to worse for both GPs and patients, and patients are paying the price in the form of long waits for an appointment. See Dr Kieran Sharrock, GPCE deputy chair statement [here](#).





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Infection Prevention Control in healthcare settings

The UKHSA has revised the [Infection Prevention Control](#) (IPC) guidance for healthcare workers, and now advises returning to pre-pandemic physical distancing in all healthcare settings, including primary care, and returning to pre-pandemic cleaning protocols outside of COVID-19 areas, with enhanced cleaning only required in areas where patients with suspected or known infection are being managed.

The guidance continues to recommend all healthcare organisations should undertake local risk assessments to ensure safe systems of work in the context of the wider impact of COVID-19 on health services. Practices should assess the risk to patients and staff using this guidance and make decisions based on the needs and risks of everyone entering their practice building. Practices should also continue to triage patients and cohort people with respiratory illnesses. Read BMA [guidance](#) on risk assessments for practices

The guidance still advises that all patients, visitors and staff should continue to practise good hand and respiratory hygiene, including the continued use of face masks by staff and face masks / coverings by visitors and patients where clinically tolerated.

NHSEI has published a [letter setting out these changes](#)

Read also the [BMA's briefing](#) in response to the Government's '[Living with COVID-19' strategy](#) which sets out the plans for managing COVID-19 going forward.

Download the BMA updated [poster about using face coverings in practices](#).

National flu immunisation programme 2022/23

UKHSA has published the annual [National flu immunisation programme 2022/23 letter](#) which sets out which groups are eligible for flu vaccination for the 2022/23 flu season.

NHSEI will be publishing the specifications shortly and have advised that suppliers have committed to flexibility if the reimbursement letter has impacted current orders. Therefore, if practices are having trouble amending orders, please contact the NHSEI flu inbox phco.fluops@nhs.net.

Join BMA campaign for fair pay

Over the last two years doctors have worked tirelessly, with many putting their lives on the line to keep patients safe during the pandemic. With the NHS facing a backlog that will take years to clear, in the face of severe staff shortages, these extraordinary pressures are set to continue.

Inflation is soaring and doctors are being driven out of the NHS by punitive pension tax rules. The BMA is now calling on the UK Government to award doctors a minimum pay rise of RPI plus 2% for doctors, including those working in public health services.

The BMA is urging that doctors write to their local MP asking for their support for the campaign. Using the [BMA's online tool](#), you can add your name to a template letter, that will be automatically sent to your local MP.

