

Worcestershire

Local Medical Committee Ltd

NEWSLETTER

15th November 2021

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INDICATIVE BALLOT OF PRACTICES ON POTENTIAL ACTION

The [indicative ballot of GP practices in England](#) closed on 14 November.

It is vital that GPC and the BMA understand what actions members are prepared, willing and able to take in the future. Each of the potential actions the BMA may subsequently formally ballot on relate to the practice contract and therefore this is a practice level decision.

While the liability of any decision rests with the partnership, practices were encouraged to discuss the indicative ballot options with salaried and locum GP colleagues, practice managers and other members of the team working within the practice, since any future industrial action would affect all the workforce within the practice.

You can find full details of the ballot on the [BMA website](#).

GP EARNINGS THRESHOLD

Further to previous advice last week regarding the contractual requirement to ensure [GPs earning over the earnings threshold \(£150k\) to declare their income](#), please see some further information below.

It is important to note that the new regulation applies to practices who have had their contracts varied to include the new rules, by the service of a 14 day contract variation notice. The legal advice we have received is that **no practice has a contractual duty to comply with these new rules until it is served with a 14 day contract variation notice and the period of the notice has expired.** Therefore, practices should check whether they have received a contract variation notice and the period of the notice has passed. If so, then you must comply with the new regulations. We understand that a number of GP practices have not received any such notice of variation and therefore the 12 November deadline would not apply.

Dispute

The BMA is in dispute over the pay declaration regulations in the contract. However, the act of being in dispute does not mean that individuals or practices are able to not comply with their contractual requirements without consequence, nor does it permit the BMA to induce/advise individuals or practices to not comply.

How to submit the pay declaration

While the regulations do not outline how the declaration should be made, [NHSE/I has published guidance](#) on this and created a process for it.

Regulation 94 of the GMS regulations requires the practice to “have regard to all relevant guidance issued by the Board, the Secretary of State or local authorities in respect of the exercise of their functions under the Act”.

Although practices would not be under a strict legal obligation to comply with NHSEI’s guidance, they are under an obligation to ‘have regard’ to it. This means that they must have in place a management structure which ensures that proper consideration is given to guidance before any relevant decisions are taken. A practice who chose not to comply with such guidance should be in a position to demonstrate that they had regard to the guidance before deciding not to comply. A practice should also be able to demonstrate why it has deviated from the guidance, and the reason should be rational and guided by the practice’s broader obligations under the contract. Otherwise, the Board could argue that adequate ‘regard’ had not been given and therefore take some sort of action.

Date of disclosure

According to the relevant regulations (27A paragraphs 3(a) and 4) which outline the disclosure date, the information must be received by 12 November 2021.

Note that declarations only apply to GP partners, GP subcontractors or locum GPs operating under the core contract and earning above the income threshold, and if they fail to declare their earnings, then the practice will be in breach of its core contract. It does not include salaried GPs and those who are employed by a contractor or sub-contractor. If the practice refuses to deliver a service that is required within the contract/regulations, the practice will be in breach of its core contract.

If the practice breaches its contract, the Commissioner can take action against the practice and the BMA cannot prevent them from doing this due to the inadequacy of trade union laws in protecting GP Partners.

Through the act of self-declaration, the individual will be consenting to publication. Individuals should therefore carefully consider the implications before self-declaration. We believe this policy provides no benefit to patients, but will potentially increase acts of aggression and abuse toward GPs and practices. It will be damaging to morale among the profession and wholly counterproductive in terms of the ability to recruit and retain GPs. We have already received reports of GPs reducing their hours to remain under the threshold which will therefore impact patient access to services at a critical time for the NHS. We believe the position the government and NHSEI have taken on this matter, singling out GPs alone rather than applying this requirement to all other healthcare professionals, is completely unacceptable. We will continue to do all we can to address this.

Read more about the consequences of taking this action or not [here](#).

The BMA have also updated our [guidance on income declaration](#) with some further detailed FAQs including: Compliance with this new regulation, if/how it applies to salaried GPs, portfolio GPs, locums, subcontractors, how it might be policed/enforceable.

COVID-19 VACCINATION - CONDITION OF DEPLOYMENT FOR HEALTH AND SOCIAL CARE WORKERS

The Government has announced that health and social care workers who have face to face contact with patients, will need to provide evidence they have been fully vaccinated against COVID-19 in order to be deployed unless they are exempt, under [new measures announced](#) last week.

Although the majority of NHS workers are already vaccinated (93% have had their first dose and 90% have had both doses) the government are urging the remainder to get vaccinated, to keep themselves and those they care for safe.

The requirements will come into force from 1 April 2022, subject to the passage of the regulations through Parliament, and there will be a 12-week grace period between the regulations being made and coming into force to allow those who have not yet been vaccinated to have both doses before the measures are introduced.

Read the full BMA press statement [here](#).

COVID-19 VACCINATION FEE INCREASE FOR THE HOUSEBOUND

NHSEI have now agreed to increase the supplementary fee detailed in the phase 3 general practice enhanced service specification to £20 per visit (increased from the current £10 supplementary fee) to a housebound patient for each vaccination dose given to a housebound patient, by PCN-led and CP-led LVS sites. This supplement is on top of the £12.58 Item of Service fee. This increased supplement will apply for Covid-19 vaccinations (booster and third primary dose only) administered to housebound people from 16 September 2021 until 5 December 2021. On this basis, LVS sites should seek to maximise the number of boosters and third primary dose vaccinations given to eligible housebound patients by 5 December. From this date the standard £10 supplement will apply.

ANTIBIOTIC PRESCRIBING BY GPS IN ENGLAND HAS FALLEN

Antibiotic Research UK has published [an analysis of new antibiotic prescription](#) data in England ahead of World Antimicrobial Awareness Week (WAAW), 18–24 November, and European Antibiotic Awareness Day (EAAD), 18 November. Key findings include:

- During the first 12 months of the COVID-19 pandemic (March 2020–February 2021), antibiotic prescribing in general practice in England fell by 17% compared to the previous 12 months
- The fall hints at the scale of over-prescribing in normal times which increases the risk of antibiotic resistance
- Prescribing remained steady throughout the year without the winter peak seen in normal years

MENTOR SUPPORT

Please find a flyer highlighting how you can access peer support during this time [here](#). More information about [wellbeing](#) support can be found on the LMC website.

MENTAL HEALTH AND WELLBEING SUPPORT

Wellbeing

We are fortunate to have excellent mental health support in place for general practice locally across both our counties. Do please access support if you need it and remember that it is very hard to look after others if you are not looking after yourself! The latest support available can be found on our [website](#).

There is help and assistance available within the Herefordshire and Worcestershire Healthy Minds service. They are able to provide bespoke talking therapies for all colleagues irrespective of your role in your organisations to assist with anxiety, low mood, stress and other common mental health problems. Referral is easy and can be completed via visiting <https://www.healthyminds.whct.nhs.uk/>. This is a NHS service and as such is free at the point of contact and confidential.

The Service Manager, Phill Morgan Henshaw is happy to answer any questions regarding referral and treatment and can be contacted on 01432 842200 or via phill.morganhenshaw@nhs.net.

BMA Mental Health and Wellbeing

The BMA continues to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. Access the [BMA's COVID-19 wellbeing pages here](#).

The BMA has welcomed the NHSE/I [announcement](#) of further funding for the expanded and rapid access provision of mental health services for NHS staff in England over the winter. This is urgently required and something the BMA has been calling for to support the major challenges NHS staff are facing. At the ARM, a motion was passed expressing concern at the potential long-term impact of the pandemic and called for resources to support the profession. As we head into a second wave of the virus it is vital that staff are protected. [Find out more here](#).

LMC WEBSITE

The following guidance has been added to the LMC website www.worcslmc.co.uk this week:

COVID 19 RESOURCES

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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All topical issues relating to local general practice are discussed at the monthly LMC meetings and those minutes can be read on the LMC [Website](#). Should you require further information on any issues raised at the LMC meetings please do not hesitate to contact the LMC representative for your area or practice.

MEMBERS OF THE WORCESTERSHIRE COMMITTEE

- CHAIRMAN:** Dr David Herold
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Representatives:

- | | | | |
|---------------------|--|-------------------|--|
| BROMSGROVE: | Dr D Pryke
Dr K Hollier | REDDITCH: | Dr I Haines
Dr M Shah |
| WYRE FOREST: | Dr M Davis
Dr S Morton
Dr J Rayner | WYCHAVON: | Dr D Herold
Dr J Rankin
Dr K Gines |
| MALVERN: | Dr P Bunyan
Dr R Khehar | WORCESTER: | Dr F Martin
Dr C Whyte
Dr R Benney |

Co-opted Representatives:

Out of Hours: Dr E Penny
Dispensing: Dr J Rankin
Registrars Rep: Dr J Chun (North)
Dr E Ukorebi (South)

First5 Rep: Dr L Jones

IT Rep: Dr R Williams

Non Principals: Dr S Manton

Clinical Directors: Dr R Williams

EDI: Dr R Benney

Practice Manager Representatives:

Helen Garfield, Representative WF PM
Michelle Hallahan, Representative R&B PM
Meryl Foster, Representative SW PM

Worcestershire GPC Representative: Dr S Matthews

The next LMC meetings will be:

Worcestershire – 9th December 2021

