

Worcestershire Local Medical Committee Ltd

NEWSLETTER

6th June 2022

In this week's Newsletter.....

New Executive Officer
Important information on the GP pension scheme – new CPI modeller
Fuller Stocktake report on the next steps for integrating primary care
Extending fit note certification
Working conditions of independent contractor GPs
GP workforce and appointment data
Fees calculator
Rebuild General Practice: support the campaign
Monkeypox
NHS Digital survey on the future of GP data sharing
Primary care wellbeing survey
LMC UK Conference 2022
CQC Clinical Searches

New Executive Officer

I would like to take this opportunity to welcome Tracey Summers who joins Worcestershire LMC in the post of Executive Officer. I am certain that she will be credit to our team. For all administrative queries please now contact Tracey on admin@worcslmc.co.uk. May I also take this opportunity to thank Sarah Bainbridge for her support over recent months.

Tracey has previously worked within the Healthcare sector, with years of experience in accountancy and business administration. Her previous roles have included NHS Auditor, senior management roles within BUPA and Nuffield Hospital Groups and Practice Manager. In more recent years she has been involved in the incorporation and management of a number of limited companies and therefore will be well placed to assist us with the transition into our limited company status.

Important information on the GP pension scheme – new CPI modeller

The recent soaring rate of inflation will have significant tax implications for some GPs' pensions. This applies to those who are active members of the scheme contributing at any point of the current 2022/23 tax year, as you could have very large Annual Allowance charges, when such charges become due, depending on your accounting / pensions administration.

The BMA Pensions Committee have launched a new [CPI modeller for the GP pension scheme](#) for GPs to look at their pension growth in 2022/23 and 2023/24 tax years, and to explain the problems with poor design of the Annual Allowance and how it will interact with the 1995 / 2015 GP pension scheme, and Annual Allowance taxation. It is important that you urgently take steps to at least understand your position and the potential impact this may have on future Annual Allowance charges. Entering your own data and numbers in the tool will only take a few minutes and will enable you to see how this might affect you personally – for many members they may need to estimate the value of their current pension based on their most recently available pension savings statements, subsequent contribution history and pensionable earnings.

The Pensions Committee continue to lobby the Government on this significant issue and encourage members to raise this with their local MPs, and help increase awareness with fellow GPs.

Fuller Stocktake report on the next steps for integrating primary care

Last week, NHSE/I published the '[Fuller Stocktake report](#)' on the next steps for integrating primary care in England.

General practice's strength and value lies in its ability to provide good quality care from within communities, offering continuity and reassurance for patients. It is therefore positive to see this report and the accompanying King's Fund analysis recognise and champion the invaluable part that practices play in the health of their local areas, and why it is so vital that general practice is given a leading voice and role when it comes to overhauling health systems locally.

Throughout the pandemic, practices seized the opportunity they were given through increased flexibility to quickly adapt for the better under the most difficult circumstances, and it's particularly positive that this report recognises that this autonomy is far more valuable in improving outcomes for patients than top-down directives and micro-management.

While the report highlights pockets where good collaboration is happening successfully already, GPC will continue to advocate on behalf of and call for more support for those areas that are struggling.

Read the full BMA statement [here](#)

Extending fit note certification

From 1 July, legislation is changing [Fuller Stocktake report on the next steps for integrating primary care](#) which will allow more healthcare professionals to certify fit notes to patients.

- Currently only doctors can legally certify fit notes. DWP are now changing the legislation which will allow a further four professions to do this. These professions are nurses, occupational therapists, physiotherapists, and pharmacists.
- Not everybody working within these professions should issue fit notes. Professionals should be working in a suitable environment and have the necessary skills and training to have work and health conversations with patients. This task needs to be within their professional 'scope of practice', therefore new guidance and training has been developed which will help professionals to identify if this task is suitable for them.
- This legislation change applies across England, Scotland, and Wales.
- This change follows legislation changes in April which removed the need for fit notes to be signed in ink. This change made it possible for doctors to certify fit notes digitally and also for patients to receive their fit note via digital channels (where GP IT systems support this).

Working conditions of independent contractor GPs

GPC England met last week in their first face-to-face meeting since before the pandemic. In that meeting, the committee debated and passed a motion regarding the working conditions of independent contractor GPs. This motion reaffirms GPC England's commitment to defending the independent contractor model, whilst highlighting the committee's concerns about the pressures GP contractors are under, and its recognition of how undervalued they are by the current Government. Representatives also firmly believe the interests of independent contractors, and defence of the model, are also best served by one united committee for all GPs in England.

Commenting on the motion, Dr Farah Jameel said:

“General practice has evolved over many years, changing to meet the needs of communities, but with the independent contractor model sustaining as the core on which it is built. We know that patients appear to benefit from continuity of care, with the quality, strength and consistency of their relationship with their family doctor having a significant impact on their health outcomes. All of this and more is possible through the independent contractor model.

The outcome of this motion reaffirms the committee's wholehearted support and commitment to this model that allows for high-quality, cost effective and timely care, despite it being poorly valued by policymakers. And it further demonstrates how important it is that the profession stands together with strong representation for all GPs, regardless of career path, at a time when general practice and the whole of the NHS and care system are facing unprecedented challenges.

With the NHS undergoing significant reorganisation, it is vital that a strong, high quality general practice is able to thrive as part of the wider system and meet the needs of patients.”

GP workforce and appointment data

The latest [GP data](#) from NHS Digital once again shows a decline in GP numbers. Compared with this time a year ago, England has the equivalent of 396 fewer full-time, fully qualified GPs – having lost a further 26 in the most recent month alone. To this end, 1,622, fully-qualified full-time equivalent GPs have been lost from the workforce since 2015 (when the current collection

method began). Meanwhile, the total appointments booked have reduced to 24.0 million in April 2022 from 29.7 million in the previous month – this is potentially due to there being fewer working weekdays in April compared to March.

Read the full analysis about pressures in general practice [here](#) and the [full BMA press statement](#)

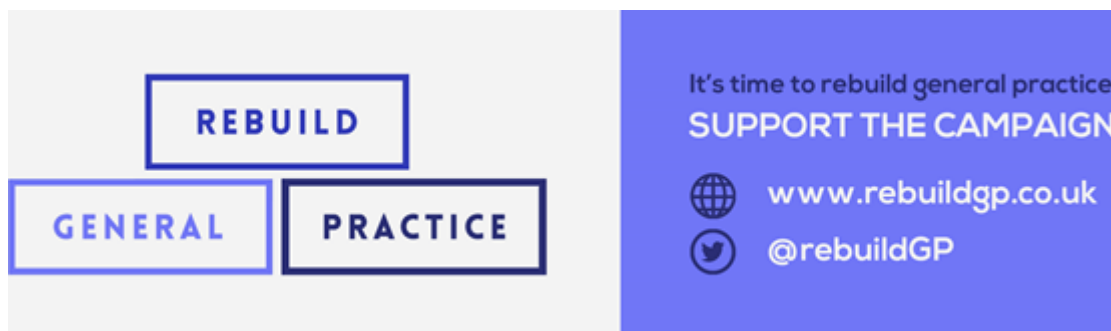
Fees calculator

Doctors have undercharged for private and non-NHS fee-based work for years, effectively subsidising the system and taking the hit on their take-home pay. In response to this issue which was highlighted during ARM last year, the BMA recently launched the [Fees calculator](#) and feedback has been extremely positive. Many doctors told us that they rarely reviewed their fees, some looked to their peers to gauge what to charge, and others used guidelines that were years out of date. The Fees calculator helps doctors decide how much to charge for their services based on their own circumstances. [Find out more](#)

The Fees calculator uses your overheads to calculate a fee range for the time it takes to complete a piece of work. The calculations are specific to you, and you can see what rates you would need to charge to make sure your costs are covered. You can find out more about [how the tool can help you save money and save time](#).

Rebuild General Practice: support the campaign

The [Rebuild general practice campaign](#) continues to tackle the crisis facing general practice. The campaign has been building awareness of the key issues in the media, with the public and with politicians. We need your support to amplify the message and make the campaign a success.



Have you signed the 'Letter to my patients'?

The campaign is asking GPs across the nation to sign an open letter to our patients - showing them that GPs are on their side. Over 250 GPs have already signed. To add your signature, simply email hello@rebuildgp.co.uk with your full name. You can [read the letter](#) on the campaign website.

Monkeypox

An [increasing number of monkeypox](#) infections are being identified with some spread in the community.

Whilst the risk is currently low, an increase in numbers is expected, and the UK Health Security Agency (UKHSA) is asking people to be alert to any new rashes or lesions on any part of their body.

Although this advice applies to everyone, initial infections are currently mainly in urban areas with a particular focus on gay communities and men having sex with men. Practices should remain vigilant as anyone in close contact with a case, including household contacts, will be at risk.

If you are concerned that a patient may have contracted the disease, use appropriate PPE, including mask and gloves. Isolate the person whilst seeking advice on next steps from the local sexual health clinic for urgent advice or your [local health protection team](#), and ensure the consultation room is cleaned appropriately afterwards based on [UKHPA advice](#).

We have raised concerns with NHS England that specific guidance for primary care has not been provided.

Read more, including guidance for healthcare professionals, on the [UKHSA](#) website.

NHS Digital survey on the future of GP data sharing

Following discussions last year around the proposed GP Data for Research and Planning programme, and ultimately the indefinite delay to the programme. NHS Digital is now seeking views from the profession to shape their thinking in this area and more broadly in terms of data sharing across general practice. They have produced a 5-minute [survey](#) with a view to garnering feedback from all practice staff. Please do complete it if you can. The survey will close on Friday 10 June 2022.

Primary care wellbeing survey

NHSE/I has commissioned the Institute of Employment Studies to carry out a [survey of the wellbeing and resilience levels of staff in primary care](#). The findings provide valuable insight into the wellbeing of primary care staff and help national and regional teams to respond to the needs of the workforce.

The survey takes 10 minutes to complete, and will close at the end of June. Take the survey [here](#)

[NHSE/I health and wellbeing support is available on the FutureNHS space](#). This includes a [coaching programme](#), support for managing patients and promotional resources to share with teams.

LMC UK Conference 2022

The resolutions and election results from the [2022 UK LMC Conference](#) held on 10-11 May have now been published: [M10 2009-2010 \(bma.org.uk\)](#)

CQC Clinical Searches

The CQC has developed a suite of clinical searches which are now routinely used when carrying out inspections of GP practices.

Partnering with Ardens and with support from SystmOne, EMIS Web and Vision, these searches will be made available to practices from 31st May. For further information, please see www.ardens.org.uk/cqc

The CQC searches have been specifically designed to identify potential risk. They should not be used as a substitute for a practice's own governance systems and processes for managing patient care.

An upcoming webinar will go into further details about clinical searches, as well as demonstrating how practices can access and use them.

When: Wednesday 22nd June, 13:30-14:30

Where: Microsoft Teams

Sign Up here:



WORCESTERSHIRE LMC LTD

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.

WORCESTERSHIRE COMMITTEE MEMBERS

CHAIRMAN: Dr David Herold Riverside Surgery, Waterside, Evesham, Worcs. WR11 1JP Tel: 01386 444400 Email: d.herold@nhs.net

VICE CHAIRMAN: Dr Matthew Davis, Bewdley Medical Centre, Dog Lane, Bewdley. Worcs, WR5 2AR Tel: 01299 402157 Email: matthew.davis@nhs.net

SECRETARY: Dr Gillian Farmer Email: gfarmer@worcslmc.co.uk

TREASURER: Dr Paul Bunyan, Upton on Severn Surgery, Tunnel Hill, Upton, on Severn, Worcs, WR8 0QL Tel: 01684 592695 pbunyan@nhs.net

EXECUTIVE OFFICER : Tracey Summers Email: admin@worcslmc.co.uk

Representatives:

Bromsgrove: Dr David Pryke, Dr Kevin Hollier

Malvern: Dr Paul Bunyan, Dr Ravi Khehar

Redditch: Dr Meeraj Shah, Dr Ian Haines

Worcester: Dr Fiona Martin, Dr Catriona Whyte, Dr Raveena Benney (EDI Rep)

Wychavon: Dr David Herold Dr James Rankin (Dispensing Rep) Dr Katy Gines

Wyre Forest: Dr Matthew Davis, Dr Sebastian Morton, Dr James Rayner

Co-opted Representatives: Dr Emma Penny (Out of Hours Rep)

Dr Roy Williams (CDs & IT)

Dr Leah Jones (First Five Rep)

Non-Principal Representative: Dr Stephanie Manton

Practice Manager Representatives: Meryl Foster, Helen Garfield

Registrar Representatives: Dr Esien Ukorebi