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Email Update - Wessex LMCs Sept 2018

Date sent: Tuesday 18 September 2018

With the children going back to school the roads get noticeably busier, normally this means we get busier at the LMC. This year it does not seem to have got any quieter during the summer if anything it just keeps getting busier.

In the last week I have visited a couple of practices and talked to another couple who are all facing the same issues, partners retiring unable to recruit new partners or salaried GPs which in turn means the responsibility and workload falls on fewer people. I am currently leading a review on the Partnership model of General Practice for the Secretary of State and the Head of NHS England, and these practices are stark reminders to the urgent and real need to find solutions.

Visiting various parts of the country and talking to a great number of GPs, Practice Managers and others it is clear that the major problem is workload, the working day has become too long, the intensity and complexity of modern day general practice compounds this. The workforce is insufficient to manage the current demand and is totally inadequate to meet the future demands of an ageing population who will have more long term conditions. The workload issue is also resulting in less GPs entering the substantive workforce and experienced GPs leaving prematurely. Additional factors that are contributing to the workforce issues are that the risk of being a partner is considered to be greater than the benefits. The risks being premises, medical indemnity and employment of staff.

I am about to submit an interim report to the Secretary of State and the head of NHS England which will set out in detail all the issues and start to develop some potential solutions with my final report which will include a number of recommendations which will be completed by the end of the year. I remain very optimistic about the future of general practice **but only** if the Government, NHS England, CCGs and hospitals recognise and address the challenges that we all face and support general practice.

The GPC has just commenced its annual round of negotiations about the GMS contracts, this was made public by NHS England and they have made it clear they are looking to reach a deal that extends to more than one year and may even be for 3-5 years. The major themes of the negotiations are the introduction of medical indemnity, the delivery of additional support and resources through Primary Care Networks and reform of QoF.

Primary Care Networks (PCNs)

The Primary Care Home, natural communities of care, localities, neighbourhoods and clusters are all examples of a PCN. These are based normally on populations of between 30-50,000.

The PCN will not be a statutory body but will be a way of looking at the needs of a well defined population, and developing more services within that community that will be embedded in and supporting general practice as well the wider community.

In Hampshire and the Isle of Wight, the STP is working with the CCGs and the LMC to establish 'Clusters' (a PCN by any other name) which will be built on the foundation of constituent

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practices and become a 'delivery unit' within your natural community. The Clusters will then need additional investment and workforce to be able to fulfill their potential. Please see the attached paper on Primary Care Networks, which is a personal view as to how these networks could benefit general practice, our patients and the wider NHS.

One question I am asked repeatedly with the establishment of PCNs is where do GP Federations sit with this development. GP Federations are an important provider of primary care at scale. They generally do not hold GMS or PMS contracts but are providers of primary care at a scale greater than the 30-50,000 population as described in the PCNs.

The LMC is working closely with many of the local GP Federations and in the near future the LMC is holding an event bringing the Federations together to help share ideas and support their future development. The LMC believes that GP Federations have a very important role to play in the future.

But can I be clear GP Federations do not represent GPs either as individuals or as practices, this is the statutory responsibility of the LMC as defined within the NHS Act and the Health and Social Care Act. The LMC is recognised by CCGs and NHS England by holding this mandate as the local representative body for general practice.

As Primary Care Networks are part of the negotiations between the GPC and NHS England it is expected that additional resource will become available in April 2019 and this will form part of the GMS Contract. I would therefore expect that GP Federations may want to work with the 'Clusters' or PCNs within their area in terms of delivery of a variety of services

State-backed indemnity scheme

The GPC have had further meetings with NHS England and the Department of Health and Social Care about their plans for a state backed indemnity scheme which is still planned for April 2019.

THE GPC's medical indemnity guidance has been updated to give some more information about the scheme and how it will impact on GPs. Read thr GPC's indemnity guidance [here](#) (see tab on state backed indemnity).

Pension earnings discrepancies

NHS England have sent the attached letter to practices regarding their sample review of pension scheme records, which has shown discrepancies between some of the pensionable earnings and contributions data which has been provided to NHS BSA. They are now going to carry out a larger review, focusing on those nearing retirement age, to identify and resolve these issues.

GPs, who pay their contributions into the NHS Pensions Scheme in good faith and use these to plan for the future, will understandably be very concerned to learn that they may have been affected by this administration error. Although NHS England have reassured the GPC that they will deal with this problem, this is yet another issue that GPs and practices have to contend with and we have insisted that NHS England needs to ensure that hard-working family doctors are not negatively affected by what appears to be a longstanding error. If, as part of this review, GPs are asked for additional financial advice the GPC have said that it is imperative that they are reimbursed for any expenses incurred through no fault of their own.

Public Health England (PHE) heart health checker concerns

Concerns have been raised about PHE's heart health checker campaign, after it was found that it advises those over 30 to go to their GP if their cholesterol level or blood pressure is unknown.

Improving a population's heart health requires public health initiatives to encourage healthy eating, regular exercise and a change of lifestyle, including help to quit smoking and reduce alcohol intake.

This is yet another unfunded demand on general practice, worthy as it might be we do need to plan these sort of initiatives better and understand the impact they have not only in terms of benefit to the population but the demand on parts of the NHS that is struggling.

PHE are also asking GPs to measure and record patients' BMI routinely as part of a future strategy to reduce the prevalence of adult obesity, to which Dr Andrew Green, GPC clinical and prescribing lead expressed his concerns that this would become a 'screening programme' without being agreed nationally.

VAT information

The GPC understands that practices are being asked to provide NHS England with VAT information associated with each practice. It is the GPC's view under the Premises Cost Directions, the information practices are required to provide is:

- | Are you registered for VAT? If so, what is the VAT registration number?
- | Do you intend to claim a refund or allowance in respect of any element of the costs that you received financial assistance from NHS England/CCG?

The GPC is working with NHS England to ensure that they are seeking to capture the right information from practices.

If you are being asked to provide any other information, please inform us by emailing info.gpc@bma.org.uk

GP Retention Scheme

In Wessex we have a number of GPs who are on the Retention scheme but nationally the picture is not universal and the GPC believes that some CCGs may not be investing in the GP retention scheme due to funding pressures.

It is important to note there was never an allocation of posts per head of population because everyone acknowledged at the time that it's way more costly to the NHS to lose a GP from the workforce rather than allowing them to join this scheme. The fact that the scheme is in the SFE (Statement of Financial Entitlements) means the funding is recurrent, but CCGs have to keep money back for this scheme and not spend it elsewhere.

In 2016/17, NHS England invested an extra £5 million in the scheme to improve national / regional infrastructure and top up the existing funding for scheme members and practices available through the SFE.

The scheme was then reviewed and relaunched in 2017/18 with the major difference being that the SFE was updated to include the new funding amounts. Because it's in the SFE, CCGs have to consider all applications and pay at the rates specified. Naturally, they can only approve a limited number of new scheme members per year because resources are finite. Scheme resources do, however, already exist in CCGs' primary care funding allocations.

CCGs need to consider the impact of not having enough GPs in the local area, reduced patient access to GP services and how much more this is likely to cost in unnecessary A&E

attendances, avoidable hospital admissions and failure to provide appropriate preventative treatment / care before patients reach much more costly crisis stages of illness. The knock on effects of retaining GPs in the workforce are also significant too, e.g. whole practices not handing contracts back and leaving patients without any access to primary care.

If your CCG is not offering any scheme places to GPs in your area, please inform the BMA Workforce and Innovation team via aottley@bma.org.uk. The GPC continues to work closely with NHS England and they are committed to exploring any additional support CCGs may need to ensure they can offer places on this vital scheme.

BMA video interviews on and step by step guidance for the scheme - [click here](#) .

NHS England / national guidance on the scheme - [click here](#).

GDPR Survey on Subject Access Requests

The GPC are surveying all GP practices in the UK about the financial and resource implications of the increased number of subject access request (SARs) following the introduction of the General Data Protection Regulation (GDPR) in May this year.

The GPC have received a large number of responses so far but if your practice hasn't already filled in the survey, we would be grateful if you could, in order to accurately quantify the full scale of this problem. Please [click here](#) to access the survey (only 1 response per practice is needed)

GP Career Support Pack

A reminder about the [guide for GPs](#) to help in their career journey, jointly developed by GPC, NHSE and RCGP. The document sets out the various types of support available to GPs throughout their career in England and focuses on support for individual GPs rather than practices and the wider system.

The guide will be updated every 3-6 months, with the next version being published in October, and will also be disseminated by regional workforce leads with local information included.

If you have any feedback about the guidance, please contact Alex Ottley at aottley@bma.org.uk

New GMC guidance to help doctors with reflective practice

New guidance to help doctors and medical students with reflection has been jointly published this week by the Academy of Medical Royal Colleges, Conference of Postgraduate Medical Deans, GMC and Medical Schools Council. Access the guidance on the [GMC website](#) .

Read the latest sessional GP newsletter

[click here](#) - for full access

Best wishes

Nigel

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Attached file: [Message to GPs September 2018.pdf.pdf](#)

Attached file: [Primary Care Networks v10.docx](#)

Related guidance and emails...

Wessex LMCs Roadshows 2019 (South Hampshire & IOW)

Wessex LMCs will be holding a series of four evening Roadshows, hosted by Dr Nigel Watson and the LMC Directors across the patch,...

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PCN - Information Resources

Summary of all PCN Documents Wessex LMCs PCN Podcasts NHS England have produced some very helpful information on Primary Care Networks...

Wessex LMC update February 2019

Email sent to all GPs, Practice Managers, Nurses and CCG Managers We have now seen three major pieces of work published in the last 6...

Wessex PCN Conference - The Next Steps (Event for PCN Clinical Directors and Lead PMs only)

There are 82 PCNs in Wessex, covering Dorset, Hampshire & IoW, Bath & NE Somerset, Swindon and Wiltshire, with approximately 3000 GPs,...

PCN - Data Sharing Agreement

NHS England has published a data sharing and data processing template for PCNs, jointly agreed with the GPC England, which are available...

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What we do

We represent GPs and practices across the counties of Dorset, Hampshire & the Isle of Wight and Wiltshire whilst also providing services to the Islands of Jersey and Guernsey. [Find out more](#)

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