



Your News Update

from the LMC team...

Issue: 29th February 2024

Dear Colleagues

Wessex LMCs Introduction



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Joint CEO
Wessex Local Medical Committees Ltd

Arrangements for the GP Contract 2024/25

Yesterday saw the publication of a letter from Dr Amanda Doyle, National Director for Primary Care and Community Services NHS England, detailing arrangements for the GP contract in 2024/25. She begins her letter by stating, *“General practice is central to the NHS, and the hard work of GPs and primary care staff is hugely valued and appreciated.”* Sadly, this isn't reflected in the contract proposals detailed subsequently in her letter.

It had been hoped that this year's contract would act as a stepping stone to offer stability and security to GP practices pending meaningful positive contract changes in the coming years that would support the continued development and delivery of high-quality general practice services for future generations of our patients.

The BMA presented DHSC /NHSE with irrefutable evidence of what was required to offer safety, stability and hope for GPs and their practices in 2024/25. Mindful of the reality of the current financial climate, they didn't ask for an unreasonable funding uplift or even claw back of historical pay erosion. Instead, they calculated that an 8.7% uplift was needed to this contract to match 2019/20 funding. We are now faced with a third consecutive contract imposition and an increase in funding of just 1.9%. This contract offer and imposition makes it hard to believe that DHSC really does see General Practice as central to the NHS. It is even more galling when year on year our practices run a zero-budget deficit for the NHS while other NHS providers are being bailed out to the tune of millions of pounds for their financial overspend.

The other contract headlines detailed in the letter are:

- Suspension and income protection of 32 out of 76 QoF indicators
- Reduction in IIF indicators from 5 to 2
- Increase in Capacity and Access Payment
- Qof aspiration payment rises to 80%
- Some flexibility around ARRS roles including enhanced nurses
- Some simplification of the PCN DES requirements
- Use of data that digital telephone systems generate to better understand demand.

The full letter and further details of the contract changes can be found here:
[Arrangements for the GP Contract 2024/25](#)

The consultation on the role of incentives schemes in general practice remains open until 7th March 2024 and the government are committed to using this to inform future changes to our contract which is why it is unsurprising that there hasn't been radical overhaul to QOF in this year's contract.

The BMA will conduct a referendum on the 2024/25 contract for BMA GP members from 7th - 27th March. The outcome of this will inform discussions and decisions on potential industrial or collective action at the GPC England meeting on 28th March.

I am aware that there are strong opinions for and against industrial or collective action. Whatever your view on this it is vitally important that your voice is heard in any BMA referendum or ballot. For those of you who are not currently BMA members you may wish to consider joining, if only temporarily, to voice your opinion.

We will keep you informed of developments, and we will continue to lobby for fair funding uplifts or reduction in workload for all other aspects of your contracts that are decided at a local or regional level.

You can read the response to the new GP contract from Chair of GPC England, Dr Katie Bramell-Stainer:
[Responding to the new GP contract for 2024/25 - BMA media centre - BMA](#)

Meeting with Wes Streeting

It is very easy to feel downtrodden and without a voice. However, we are delighted that Dr Simon Wright, Chair of [Dorset LMC](#) has pushed back on this and taken a great initiative to meet with not only his local prospective MP but also the possible next Secretary of State for Health and Welfare. Please find Simon's account of these meetings:

Over the past months I have been working with prospective local MPs in the Bournemouth constituency to highlight the current state of general practice. Mr Tom Hayes, perspective Labour candidate for Bournemouth East, has met with me on several occasions. He agreed to arrange a further meeting with Mr Wes Streeting MP (Shadow Secretary of State for Health and Welfare) and I.

This meeting took place via Zoom on the evening of 20/2/24 and I was grateful to be joined by several GP colleagues working in the Bournemouth East area.

I was assisted in preparation for this meeting by political consultants at [BB partners](#) – themselves engaged by the [GPDF](#) in order to promote GP activism surrounding their '[rebuild general practice](#)' campaign.

I am pleased to say the meeting was constructive, respectful, and clearly lays the groundwork for a future relationship between Mr Streeting and Dorset LMC. I feel we achieved a number of credit-worthy aims.

- Mr Streeting and his advisor will have been left with a potentially different view of this part of Dorset than he may have previously assumed - and he has since indicated his wish to visit the county and find out more.*
- I was able to emphasise that the public trusts GPs. Therefore, politicians ought to as well. This message was heard.*
- My message for a 'light touch, high trust' approach was heard*
- Mr Streeting heard loud and clear the open and constructive offer from Dorset GPs to work with him and his team on solutions to the issues that primary care faces.*
- He is clear on the supportive role the Alliance and Wessex LMCs play in ensuring the voice of primary care is heard and respected in Dorset*

Whilst it would have been naïve to hope we could change policy during this meeting, my colleagues and I were nevertheless left with a feeling of support and positivity towards general practice with was very refreshing. It is

both odd, and pleasant to note those in positions of power acknowledging our workload / workforce crisis.

I will continue to make our case to politicians in the local area and would be delighted to speak with colleagues in Dorset who are considering contacting local persons of interest regarding general practice.

As the general election grows nearer the significance of our voices increases and takes on an additional political edge. I would like to encourage you all to make your voices heard however possible.

Simon has also kindly extended his offer to help anyone within our Wessex LMCs area who would like to do something similar. Do contact the [office here](#) if you would like to find out more or would like to get support from Simon to replicate this positive initiative in your area. Your voices do count!

Local Enhanced Service Commissioning through GP Contracts

NHS England recently released **guidance** about how Integrated Care Boards could incorporate the contractual details of Locally Enhanced Services within GMS, PMS or APMS contracts. The BMA have shared with us guidance on this topic, which is based on the advice of their legal team.

If you are approached by your Integrated Care Board seeking to change your contract in this way it would be helpful to be aware of this guidance. We have reproduced it in full below.

Whilst there may be some benefits in terms of holding one contract, it would be sensible to make sure that any additional wording adheres to this advice.

[NHS England » Local enhanced service commissioning through GP contracts](#)

GPC England has been contacted by a number of colleagues who are concerned about [guidance](#) issued by NHS England in September 2023, that sets out how integrated care boards (ICBs) can commission Local Enhanced Services (LES) (also often known as Locally Commissioned Services) (LCS) through primary medical care contracts.

Some LMCs have reported they have been asked to consider LES being incorporated into current GMS/PMS/APMS contracts, but are wary of this because they don't feel fully able to evaluate the risks and benefits of such a proposal.

GPCE has provided some initial advice on the current contractual position, but BMA Legal has also looked at the contract and regulations and how they might be affected by the guidance from NHSE.

Their view is that the conclusion in the guidance is helpful where it states:

“In conclusion integrated care boards (ICBs) may commission local enhanced services from general practice and this may be arranged using the GP contract as the contracting vehicle rather than the NHS standard contract.”

*It should be noted that the guidance says only that ICBs **may** commission, and this **may** be arranged using the GP contract. (emphasis added). This implies that whilst ICBs can consider this route, they are certainly not being required to do so. There is no evidence NHS England are actively encouraging this approach.*

The guidance also says:

*“NHS England’s standard GMS contract and PMS agreement all include an enhanced service section which allows the details of such services and relevant specifications to be included, **where the parties agree that the contractor is going to provide such services**” (emphasis added).*

BMA Legal’s view is therefore that there is no change to the right of GPs to choose not to enter into agreements for the provision of enhanced services. The suggestion of including services, where agreed in the contract, can be viewed as an alternative approach.

Following further consideration internally, a question was raised as to whether an alternative interpretation of the guidance could be that the word 'agree' relates to the provision of the enhanced service, and that the paragraph would allow ICBs to incorporate them into the standard national contract, by way of a schedule to the practice's GMS/PMS/APMS contract, that would make the responsibilities under the LCS specification permanent in some way.

BMA Legal's view is that is not correct. A schedule in a contract can be used to display a parallel contract such as one or more enhanced service agreements. These agreements can remain separate while being referred to in the single main contract. So, an enhanced service agreement displayed in a schedule can have different conditions, for example, be time limited (e.g. to a one-year term). The fact that it is referred to in the national contract and displayed in the schedule does not inevitably mean that conditions specified in the national contract automatically transfer to become conditions in the LCS contract.

What is key is the terms agreed by the ICB and the practice. The practice is free to agree or not agree to terms. If an ICB by any means, for example by suggesting a variation to the GMS contract, invites a practice to agree changes to an enhanced services agreement, the practice can refuse.

BMA Legal's view is that there is no reason to believe that if an ICB asks for an enhanced services agreement (separately negotiated and agreed between the parties) to be included in a schedule to the GMS agreement, that the practice will be vulnerable to being forced to agree the enhanced services contract in future. The agreement referenced in the schedule will not automatically become a permanent duty under the main contract just because it is referred to in the GMS contract.

If the ICB wanted to include a clause in the GMS contract which varied the term of the ES agreement, the practice could object to that.

MMR Vaccinations for Eligible Practice Staff

We understand that many practices have been asking if they can vaccinate their own practice staff in this instance.

You may be aware that on 19 February 2024 Jane Freeguard, Deputy Director of Vaccination – Medicines & Pharmacy from the NHS England national team, confirmed that:

In light of the national measles outbreak and urgency to support rapid uptake of the MMR vaccine, we are permitting practices to administer MMR vaccines to their eligible staff who are registered with another practice under INT (immediately necessary treatment). Please note this is a time limited arrangement until 31 March 2024 in light of the on-going national incident and only applies to MMR vaccinations.

*An item of service fee **cannot** be claimed for the administration of MMR vaccines to staff registered with another practice. However, indemnity cover will be provided through CNSGP [clinical negligence scheme for general practice] and nationally supplied MMR stock can be used to vaccinate eligible staff. Staff must be strongly encouraged to inform their registered practice that they have received an MMR vaccine, requesting it be included in their medical record.*

[CNSGP](#) have added a banner to their website, confirming these arrangements.

As you will be aware, the current MMR PGD is not suitable for this activity and our colleagues from NHSE Immunisation teams have suggested that the numbers of staff requiring MMR will likely be low and consider using a PSD in the meantime.

We have further been asked about any member of staff requiring a second dose of the vaccine after 31st March 2024 cut off. We understand that this is being looked into by NHSE Immunisation team and will update this post when we have any update.

We would recommend practices check the details in the [Green Book – Chapter 21](#) Measles and in particular, Page 10 onwards is very useful in looking at making decisions of who and when to vaccinate.

The Cameron Fund

During challenging times, **The Cameron Fund** stands as a vital resource for general practitioners. This unique charity is dedicated to providing assistance exclusively to GPs and their families in times of need.

Support from The Cameron Fund is available to both practicing and retired GPs, as well as their loved ones, during financial crises caused by various circumstances like illness, disability, bereavement, or unemployment. The charity extends its aid to those already facing financial difficulties and those at risk of experiencing them.

While most GPs may not require assistance from The Cameron Fund, the support they offer can be life-changing for those encountering financial challenges.

Practices are invited to donate a voluntary levy of £0.03 per patient each year to support The Cameron Fund. This year, practices in the Wessex LMCs area have collectively raised a generous total of £41,203.95 for the charity.

Jill Rowlinson, the Chief Executive of The Cameron Fund, has expressed deep gratitude for the ongoing support and collaboration with the charity. . . .

“On behalf of the Chair and Council of Management of the Cameron Fund, thank you for so much for your continued support with the charity levy payment. It is very much appreciated and will be of considerable help in supporting GPs and their families in financial hardship. Please will you pass our thanks on to the LMCs and the contributing practices.”

If you would like to learn more about the Cameron Fund and how it can help you, please click on the following link: [The Cameron Fund | The GPs' Own Charity](#)

Practice Manager Supporters

Are you an experienced Practice or Business Manager?

Do you want to help your peers?

Would you like to work with a lively, enthusiastic, positive group of PMs?

If you have said yes to all of the above, please do consider applying to join our group of [Practice Manager Supporters](#) at Wessex LMCs.

There are only 2 essential requirements:

- You need to be working as a Practice/Business Manager in the Wessex LMCs patch
- You need to have a positive approach to the job of a PM

We are realistic, however, and know that life couldn't be busier nor more demanding for PMs than at this moment. However, it is important that our PM Supporters can find the interest and satisfaction in the role, can rise to the challenges, be open about the demands, and have a desire to help their peers be the best that they can be.

Wessex LMCs will pay you for up to two sessions per month to assist PMs. We will support you with training to help Practice Managers in our area as well as the wider practice team. You may also wish to train to run or facilitate some of our Bite-Size learning and Space to Thrive initiatives. The work of a PM Supporter can fit around the demands of your practice and current workload.

Generally, each of our PM Supporters can claim funding for up to 6 hours of PM Supporter work per month but this varies hugely on demand and how this fits in with their own workload.

We are looking to definitely recruit from amongst PMs in Wiltshire, Swindon, Bath & North-East Somerset as we do not currently have any PM Supporter in this area.

However, we are not limiting ourselves to just one PM Supporter and so PMs from anywhere in our Wessex

LMCs' area are also welcome to apply. We are keen that we have PM Supporters to support their peers all across our patch.

If you are interested to find out more, please contact Louise Greenwood at louise.greenwood@wessexlmcs.org.uk

Applications will need to be in by **5pm on 8th March 2024**.

Interviews will be on 19th, 21st & 26th March

Wessex LMCs Education & Events

Wessex LMCs 2024 Conference for GPs, PMs and Senior Leaders in General Practice



We are delighted to open bookings for our 2024 Conference

BOOK NOW



Tuesday 25th June 2024

09:15 - 16:30

Bournemouth International Centre, Exeter Road, Bournemouth, Dorset, BH2 5BH

All members of staff working within GP practices in Wessex £95pp

Whether you're an overwhelmed GP, a struggling Practice Manager, or an energised leader driving change in primary care, we hope the 2024 Conference will offer something for everyone. Join us as we come together to inspire, learn, support and help shape the future of primary care.

Getting You to Level 3 in Child Safeguarding – FACE TO FACE TRAINING



Thursday 18th April 2024 09:30 – 16:00

Salisbury & South Wilts Golf Club

All members of staff working within GP practices in Wessex £150pp inc lunch

BOOK NOW



This **face to face** Safeguarding Children Level 3 training course is designed for professionals who are wanting more in depth knowledge into safeguarding children.

You will gain an understanding of what is meant by safeguarding and the importance of safeguarding knowledge for people who work with children and families, including exploring current contemporary issues and the risks this presents to children

During this session we will cover:

- Understanding the importance and contemporary issues in safeguarding children
- Understand the role they play in safeguarding children practice
- Understand the barriers that get in the way of safeguarding children
- Develop strategies on how to respond and safeguard children and themselves
- Reflect on your own practice
- Networking and discussion around current policy and procedures

The objectives of these session are to:

- Bring you up to Level 3 of Safeguarding Children standard
- Help you to be more comfortable in identifying potential safeguarding issues for Children

Creating SPACE



Thursday 18TH April 2024 09:30 – 13:00
All members of staff working within GP practices in Wessex £130pp

BOOK NOW



This is a workshop to help you find the time you need to think. The aim of this session is to explore the barriers that 'steal' our brain space.

We will explore:

- Time/Perceptions/People/Resources/Overwhelm/Stress
- What will enable us to have more space to think and proactively plan?
- Reactive Vs Proactive Thinking
- How do we get off the 'Hamster Wheel' gracefully
- Time out for you to step back and reflect

Following this session, you will have a better understanding of the importance of creating 'space' for yourself to think

Please note this session will NOT be recorded

Helpful Education & Events User Guides

Our helpful user guides have been created to assist you with the events process and purchasing education resources.

[How to Book a Wessex LMCs Event](#)

[How to Download Event Materials](#)

[How to Complete Event Feedback](#)

[How to Download your Event Certificate](#)

[How to Purchase a Lunch & Learn Package](#)

[How to Purchase a Video Resource](#)

Regards

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