



Supporting General Practice
to be the best for our communities

Your News Update

from the LMC team...

Issue: 20th March 2024



Dear Colleagues

Wessex LMCs Introduction



Dr Laura Edwards
Joint CEO
Wessex Local Medical Committees Ltd

This week has allowed us to reflect on the effects of the imposed contract a little more. An uplift of around 2% is woefully inadequate for what we need to be staffing our services in a sustainable way. We are already hearing back from practices who are putting the budgets together for the year ahead and combining this with the impact of the rise in the National Living Wage. I can tell you now that what we are hearing is that the numbers simply don't stack up.

We are hearing everywhere how Primary Care is the solution and the way forward; that each ICB wants more care closer to home. And yet...we are looking at a reduction in real terms investment, a contracting sector. We would advise you that you and your practice need to do the sums. You need to reflect. What work is your practice doing that isn't in your contract? If the system wants you and your practice to do it then they need to resource it properly.

Your responsibility is to meet the reasonable needs of all your patients. There is only so far you can stretch that is reasonable. Many of you are at or beyond breaking point. There are many who would identify with hamsters in wheels that are spinning too fast. You can choose the speed of your hamster wheel.

Think about safety. Look at our safer working guidance, think about shared care arrangements and review your enhanced services and what they cost you as starting points for discussions. These are discussions that need to happen at a practice or even PCN level. Find some headspace to make proactive decisions or the hamster wheel is likely to spin off its axis – that is bad for General Practice and bad for our patients. As your LMC we will continue to advocate strongly for you to get the resources that you need to be able to care for your patients.

[Understanding Shared Care – NHS, Right to Choose and Private Providers - Wessex LMCs](#)
[Quality First: Managing Workload to Deliver Safe Patient Care \(Safer Working\) - Wessex LMCs](#) or listen to our podcasts on this: [Safe Working in General Practice – Inspiration for Change](#)

Contract Changes Podcast

[In this podcast](#) our joint CEOs Dr Laura Edwards and Dr Andy Purbrick discuss the 2024-25 GP contract that

has just been imposed on the profession. Listen as they go through everything you need to know for this year.

[LMC Summary of the 24-25 Contract and DES](#)
[GP Contract Changes Slides](#)

2024-25 GP Contract Referendum England – BMA Catch Up

GPC England has rejected the 2024/25 GP contract changes. The contract will now be put to BMA members in a referendum. The referendum cannot prevent the Government from choosing to impose their changes to the contract, but it will send a strong signal as to how the profession feels about a potential third successive contractual imposition by Government and where we collectively go next.

Find out more about the current contract changes [here](#).

The BMA are holding a national catch up webinar and have published a set of iterative [FAQs](#) so you can read and reflect with your practice colleagues.

National Catch-Up: Thursday 21st March

12.30 - 14.00 [Microsoft Teams link](#)

19.30 - 21.00 [Microsoft Teams link](#)

The referendum opens on Thursday 7th March and closes midday Wednesday 27th March.

How BMA members vote will determine our next steps as a profession.

To take part in the referendum you must be a GP and a BMA member. You will then receive an email with a unique voting link. New members must join by 24th March to vote and have their say on this contract imposition in England.

Join the BMA if you wish to vote – [join](#).

To find out more about the current contract changes and why GPC England requested further changes, click [here](#).

General practice is in crisis. These figures are very revealing...

- 1.9% (£178m) - national GP contract uplift for 2024/25 on offer from Government
- £800m – value lost from the contract since 2019 due to cost inflation
- 31% - average drop in GP contractor earnings before tax for 2022/23 compared with the previous year
- 1,900 - fewer full time, qualified GPs since September 2015 when....
- 6,000 - additional GPs were promised by this government in 2019
- 1.39 million - average daily appointments delivered in general practice across England
- 6.25 million - extra NHS general practice patients in Jan 2024 compared to 2015
- £107 – practice payment per patient per year (excluding PCN and COVID payments)
- 5-6% - of the overall NHS budget spent on general practice-level contracts in England in 2022/23
- £0 – this is the deficit accrued by GP surgeries in 2023/24. We are a very efficient part of the NHS trying to cope with limited resources

Here is what Katie Bramall-Stainer, Chair of GPC England, had to say about the NHSE contract letter on 1st February <https://youtu.be/BOXv9qb-Kog?si=NlrJdB9u2Z3gzdHN> and her video launching the GP Referendum: <https://youtu.be/5hdRdEO1yzA>

GP Workforce – January 2024 BMA Analysis

There are 48 more fully qualified, full-time equivalent GPs in January 2024 than in December 2023, marking seven months of sustained increases. However, we have the equivalent of 1,830 fewer fully qualified full time GPs than we did in September 2015. During this time, there has been a rise in the number of patients registered at practices, with January 2024 seeing another record-breaking rise. GPs are now responsible for

18% more patients than in 2015, creating ever mounting workload pressures.

- In January 2024, the NHS had the equivalent of 27,534 fully qualified full-time GPs. This is an increase (48 FTE) from the previous month. January 2024 marks seven months of, albeit small, increases in full-time equivalent fully qualified GPs, with an additional 382 fully qualified GPs joining the workforce during this time.
- However, the NHS has been losing fully qualified GPs at an alarming rate since 2015, with GP partners making up a substantial part of this shortfall (when this data set began). We now have the equivalent of 1,830 fewer fully qualified full time GPs than we did in September 2015.
- The GP Partner workforce in particular has been shrinking since 2015. There were 16,579 FTE GP partners in January 2023 but 16,176 in January 2024: a total loss of 403 FTE GP partners in the past 12 months alone.
- The number of GP practices in England has decreased by 106 over the past year – reflecting a long-term trend of closures and mergers.
- This fall in both staff numbers and GP practice coincides with a rise in patients: as of January 2024, there was another record-high of 63.15 million patients registered with practices in England – an average of 10,005 patients registered per practice.
- As a result, each full-time equivalent GP is now responsible for an average of 2,294 patients. This is an increase of 356 patients per GP, or 18%, since 2015, creating an ever-mounting workload in general practice.

Read more in this BMA analysis - [“Pressures in General Practice”](#)

The Pharmacy First Service - Podcast



[In this podcast](#), Laura Edwards and Sarah Cotton discuss Pharmacy First a new initiative that has been rolled out across the country. They discuss how the new service is going including what conditions are covered, the funding and some of the myths surrounding it. There are also some top tips of how to get the most from this service for your patients and what future developments there might be.

Find out more here: <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

Inclisiran Administration

We have updated our [webpage](#) that aims to enhance practice understanding of prescribing and administering Inclisiran. We particularly wish to draw your attention to two pieces of information.

- From April 2024 we understand that the £5 per injection that could have been generated by purchasing and personally administering the medication will cease.
- Wessex LMCs has seen a current Locally Enhanced Service specification from a neighbouring Integrated Care System that provides additional funding to practices for administering Inclisiran.

We advise you to read our [updated information](#) and consider as a practice how you wish to proceed from the start of April.

National Flu Immunisation Programme 2024 to 2025 Letter

[The letter](#) confirms that there are **no changes to the eligible cohorts for the coming year**, although providers should read the section on the [timing](#) of the programme carefully.

Based on evidence from the previous year, the effectiveness of the flu vaccine can wane in adults' overtime, therefore vaccination of adults will commence from **October (exact start date to be confirmed in due course)**, with the view that a majority of vaccinations will be completed by the end of November, closer to the time the flu virus is likely to be in circulation (typically peaking in December or January).

Protection from the vaccine lasts much longer in children, therefore the priority is start vaccinating them from **1st**

September or as soon as vaccines become available, inclusive of pregnant women, to provide early protection to children and reduce transmission to the wider population.

Full summary of eligibility / timing can be found [here](#). We have provided a summary of key points we know so far below-

Healthcare staff

All frontline health care workers, including both clinical and non-clinical staff who have contact with patients, should be offered flu vaccine **from October**, as a vital part of the organisations' policy for the prevention of the transmission of flu.

With the exception of frontline workers in certain social care settings (see paragraphs above on [eligibility](#)), **please be aware the vaccination of all other frontline health care staff** (for example, those working in NHS Trusts, **Primary Care organisations**, and private sector health care organisations) **will not be reimbursed and does not qualify for a payment under the NHS flu programme.**

Last year the seasonal Flu Enhanced Service Specification (ESS) included the provision to allow practices to fulfil their occupational health activity, under a Written Instruction and within the provision of the Clinical Negligence Scheme for General Practice (CNSGP). At this time, we are awaiting the release of this year's ESS and further guidance on whether this provision will be available for the 2024/25 season.

Recommended vaccines and ordering

No changes were recommended by JCVI for **adult flu vaccines for 2024 to 2025**. Providers should ensure that they have ordered adequate supplies of the recommended vaccines to vaccinate all eligible individuals included within this letter.

No changes were recommended by JCVI for **children's flu vaccines for 2024 to 2025**. The UK Health Security Agency (UKHSA) supplies all flu vaccines for the children's programme and these will be available to order through [ImmForm](#) and **are not reimbursable**.

As in previous seasons, **ordering controls will be in place for LAIV in 2024 to 2025** to enable UKHSA to balance vaccine availability and demand appropriately across the programme. The latest information on ordering controls and other ordering advice for UKHSA supplied flu vaccines will be featured on the ImmForm news page, both prior to and during the flu vaccination period. Information will also be featured in [Vaccine Update](#) and disseminated via the National Immunisation Network as appropriate. **It is strongly advised that all parties involved in the provision of flu vaccines to children ensure they remain up to date with this information at all times.**

Summary table of influenza vaccines for 2024/25

Source – [JCVI Statement on Influenza Vaccines 2024-25](#)

Programme	Age/Risk group	Preference	If the preferred vaccine is not available
Routine	≥65 years	aQIV, QIVr, QIV-HD	QIVc
	18-64 years in risk groups	QIVc or QIVr	QIVe
	2-17 years	LAIV	
	2-17 years in risk groups but unable to have LAIV [†]	QIVc	QIVe
	6 months-2 years in risk groups	QIVc (off label)	QIVe

[†] LAIV the vaccine of choice for the children's programme 2- to 17-year-olds

Contractual

requirements for all commissioned NHS flu vaccination providers will state that to receive payment for flu vaccination and reimbursement of flu vaccine they will need to use the specific flu vaccines outlined above for the appropriate cohort and administer vaccines in line with the announced and authorised cohorts. **Please note that commissioners will actively reclaim any payments made for the incorrect vaccine administered.**

[The GP](#) and [Community Pharmacy](#) service specifications will be updated and published in due course following usual engagement with relevant representative bodies.

Due to manufacturing processes and commissioning arrangements, some vaccines may only be available in limited quantities or batches of vaccine may be subject to delay. Therefore, **it is recommended that orders are placed with more than one manufacturer to ensure providers receive sufficient stock.** Providers should remain flexible when scheduling vaccination sessions and be prepared to reschedule if necessary.

Where possible, staggering your delivery of vaccine stock to prevent storage and cold chain issues is advised.

HRT Guidance Updates

An updated HRT PPC guidance document has been published by DHSC. This is to reflect changes to the definition of products in scope of the HRT PPC, following the launch of new products onto the market, and an agreed process for managing discontinuations. The latest version can be found here: [HRT PPC guidance | NHSBSA](#).

Preparing for the Spring 2024 COVID-19 Vaccination Campaign

Preparations are underway for the Spring 2024 COVID-19 vaccination campaign, following the achievements of the 2023 Autumn campaigns. The NHS is focusing on delivering a seasonal COVID-19 vaccine dose, aligning with government recommendations.

Eligible cohorts include adults aged 75 and over, care home residents, and immunosuppressed individuals. Efforts are being made to ensure equity in access and address variations in uptake. Funding and contract arrangements are extended to support vaccination activities, with plans for supply and delivery to be finalised soon. The commitment of healthcare professionals is crucial for the campaign's success.

Read more [here](#)

Professional Record Standards Body

The PRSB is aligning its standards to the new Pathology standard ([DAPB4101](#)) going through approval at the [DAPB](#) in March. The current components used in PRSB standards were developed before the recent pathology standards. The PRSB need to ensure that test results and reports that clinicians receive can be shared digitally with their colleagues and can be incorporated into shared care records. The PRSB are asking clinical informaticians with an interest in pathology to review PRSB standards in light of the new standards to ensure that they align. To support this work, the PRSB are holding a webinar on **Thursday 21 March, 11am - 1pm**, to register click [here](#).

NIHR In-Practice Fellowship

The NIHR In-Practice Fellowship (IPF) initially offered academic training to fully qualified general practitioners, general dental practitioners, and community dentists, who are in NHS practice in England.

The eligibility for this scheme has been broadened in 2024 to cover all other health and care professionals working in a primary care setting, including (but not restricted to) nurses, midwives, pharmacists and health visitors. This enhanced offer will enable a larger cohort of health and care professionals to access research training and development, to advance their academic research careers. [In-Practice Fellowship \(IPF\) Round 18 | NIHR](#)

The Nursing and Midwifery Council's Covid-19 Temporary Register

The Nursing and Midwifery Council's [Covid-19 temporary register](#) will close permanently on 31 March 2024. Thousands of people stepped forward to support essential health and care services during the pandemic by returning to nursing and midwifery practice with temporary registration. Their contribution made a vital difference to people's lives.

Professionals will not be able to practise with temporary registration after the end of March 2024. The NMC is encouraging everyone on the temporary register who wishes to continue practising as a nurse or midwife after 31 March to [apply to move to the permanent register](#) – the deadline for this is 14 March.




Reminder on GP retention schemes: General Practice Fellowships and Supporting Mentors

The current national GP retention schemes [General Practice Fellowships](#) and [Supporting Mentors](#) will close on 31 March 2024. GPs and nurses who join the scheme before that date will continue to be supported, until they complete their two-year programme. NHS England will continue to invest in GP Retention in 2024/25. More information and guidance will follow in early 2024.

Talking to patients about Rebuild General Practice

Negative press narratives and a toxic political environment have damaged relationships with patients and public perceptions of general practice.





What we know:

-  6 million more patients on the books
-  400 million annual appointments
-  90% of NHS contact is in primary care

That's why the Rebuild General Practice Campaign have launched a patient engagement toolkit – a collection of materials that will help GPs to convey the crisis in general practice to their patients.

Over to you

Find all the materials here: <https://rebuildgp.co.uk/campaign-assets/patient-engagement-toolkit>

1.  Ask your patients and/or friends to join Rebuild General Practice in calling on government to fix the crisis, using the templates in the toolkit (MP letter, social posts, etc.)
2.  Display the patient engagement animation on the screens in your surgery to show patients the reality of the crisis and let them know how they can help.
3.  Share the Rebuild General Practice social media thread – and post your own.
4.  Encourage your constituent GPs and colleagues in general practice to do the same by sharing this WhatsApp and the materials with them.

Rebuild General Practice is all about unity. That's unity within the profession, unity within the NHS, and, crucially, unity with the wider public.

GPs and patients want the same thing – to give and receive the best care. No longer will we let the media and government pit us against each other.



Patient Choice Materials

Patient facing materials have now been produced to promote the benefits of patient choice. Patients have a legal right to choose which hospital they are referred to for their first outpatient appointment when they are being referred for treatment by a healthcare professional.

Materials include posters, graphics, an explainer video and information leaflet that outline how choice works and the potential benefits. Primary care colleagues can use these materials with patients and display in their practices or other care settings. They can be downloaded [here](#)

Wessex LMCs Education & Events

Do you know what is happening with flexible working, holiday pay and maternity entitlements in 2024? Do you find safer recruitment boring? Our trainers think it's quite spicy really!

Join us for our forthcoming webinars with HR Specialists from Kraft HR Consulting to help you to be more confident about these areas of HR in Primary Care.

HR Bite Size - Employment Law & Contracts

Thursday, 25th April, 10:00 - 11:00
Wessex LMC Members £20pp

BOOK NOW



During the session we will be looking at:

- Employment law - what's new for 2024 things to know and action
- Importance of good contracts
- Maternity entitlements
- Holiday pay worked example
- Difference between holiday entitlement and holiday pay (people are getting very mixed up on this)
- Setting up for success – what should and shouldn't be in an employment contract

HR Bite Size – Safer Recruitment

Tuesday, 7th May, 10:00 - 11:30
Wessex LMC Members £20pp

BOOK NOW



Kraft HR will explain to you how to manage a situation when a candidate who appears amazing comes back with a disclosure on their DBS check or what happens if one of your current employees gets a conviction during employment.

During this session we will be looking at:

- What is safer recruitment?
- Underpinning employment law
- Key safeguarding elements of the practice recruitment and selection policy statement
- Risk assessment of convictions
- Conviction in employment

We are recording these webinars and they will be available to purchase afterwards [here](#)

Paediatric Remote Consulting for Clinicians



Wednesday 24th April 2024 12:30 – 14:00
All members of staff working within GP practices in Wessex £30pp

BOOK NOW



This is a practical skills workshop for all clinicians who undertake paediatric remote consulting.

Most clinicians feel a little nervous at times when consulting with parents about their children, and spotting the sick child remotely can feel like looking for the needle in a haystack. This session aims to increase clinicians confidence in these situations

The learning objectives for the session will be

- Develop strategies so that we feel we end up seeing the children we need to see, and not seeing those we don't need to.
- Appreciate some of the pitfalls of telephone triage when it comes to potentially sick children and how they can be avoided.
- To consider how the pandemic has affected the way children with respiratory tract infections are treated different now by both professionals and their parents.

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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