

**May
2022**

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

10, Westgate House, Westgate Business Park, The island, Westgate Street, Gloucester GL1 2RU

Tel: 01452 310706 Fax: 01452 386503

Our website: <http://www.gloslmc.com>

Twitter: @Glos LMC

Dr Tom Yerburgh – LMC Chairman

tom.yerburgh1@nhs.net

Mrs Lesley Mansfield-Office administrator

lesley@gloslmc.com

Mrs Nicola Wright- Operations Manager

nicwright@gloslmc.com

PCN DES AND EXTENDED ACCESS

The updated [PCN DES specification](#) was published at the start of April. As previously noted the new contract was not agreed by the BMA/GPC England. Whilst they continue to support the principle of the DES – independently contracted practices collaborating, alongside other local NHS providers, to provide services which are designed to support local communities – and given the realities of the unagreed [contract changes](#) brought in by NHSE/I for 2022/23, practices should be aware of their options relating to the DES.

The newly added demands within the PCN DES could be a risk to patient and practice staff safety in terms of potentially unmanageable/unsafe workload and burnout. Worryingly, the recent [GP Worklife Survey](#) confirmed that GPs are overworking, with around 33% likely to quit direct patient care within the next five years. This rises to over 60% for GPs over 50, which is a worrying statistic given over 44% of the GP workforce is over 45.

Practices will need to carefully consider the DES changes for 2022/23 and how this may impact them going forward. In particular, the incoming Enhanced Access requirements from October 2022 and the expanded service offer. There is a real danger that NHS England will attempt to further extend not just the hours but the workforce to a point where staff welfare and patient safety are at risk. Networks should continue to prioritise the sustainability of general practice and the provision of high-quality, safe services to patients and not be pressurised into undeliverable working patterns by micro-management from any source.

PCN Enhanced Access

1. The planned transfer of current CCG-commissioned enhanced access services was delayed as a result of the COVID-19 pandemic and delivery will now start from October 2022, with preparatory work from April 2022.
2. PCNs will be expected to provide a range of general practice services during enhanced access network standard hours (6.30-8pm weekday evenings and 9am-5pm on Saturdays), including vaccinations.

3. There is no additional requirement to deliver services on Sundays, however PCNs will be able to provide a proportion of enhanced access outside of these hours, for example early morning or on a Sunday, where agreed with the commissioner.
4. PCNs will be required to provide 60 minutes per week per 1,000 patients, weighted using CCG primary medical care weighted populations.
5. Funding will be £7.46 per weighted patient based on new "adjusted" weightings.

PCN DES opt out window

Practices who do not wish to continue participating in the PCN DES have until 30 April 2022 as part of the current annual opt-out window, with additional 30-day windows following any in-year changes to the enhanced service specification. Practices must inform the local commissioner if this is their decision **before** the stated deadline. It's important to note that opting out during a specified window is not a breach of contract.

The LMC has had discussions with the CCG around their understanding of the requirements for Extended Access, which practices must plan for and submit to the CCG by July. The CCG were clear that whatever PCN's do needs to be driven by the needs of the patients, if there is no need/demand on a Saturday afternoon and Networks have evidence to support this then this can be used to guide when the clinics are run. There is added complexity in that there can now be clinics including additional roles, or specific care/clinically related clinics. The CCG confirmed there is some local flexibility. We have clarified specifically with the CCG that where practices are doing early morning appointments already, and these are being filled, this is evidence of need. The LMC also queried the new "weighted practice list" The CCG feels that there are some winners with this new figure, typically inner-city practices/Networks however they have confirmed that in every case practices will receive more money than previously based on the £6 per patient historical payment.

LMC Advice on this issue

It is for PCNs to prepare a coherent plan for enhanced access, which takes into account the needs of their population and the available workforce. PCNs have a key role to play in the coming reorganisation of the NHS in England and so it does not make sense for commissioners to attempt to micro-manage this service and all parties need to accept that flexibility at PCN level, as highlighted in point 3 above, is essential for the success of network service provision.

- A GP should be available either remotely or on site to provide advice and support during enhanced access.
- Services should be clinically appropriate, set by clinicians in discussion with patients where this is required.
- The PCN should decide on the type of appointment offered, based on historic clinical need, and there is no fixed percentage or level of face to face consultation.

We believe that the CCG will support PCN's with their plans however will be happy to support any conversations if required.

Practices should take into account safe working levels from both a workload/staffing and patient perspective, bearing in mind the [BMA's safe working guidance](#).

There is also BMA [guidance about the contract changes](#) to support practices in their decision making and next steps.

INFECTION PREVENTION CONTROL IN HEALTHCARE SETTINGS

The UKHSA has revised the [Infection Prevention Control \(IPC\) guidance](#) for healthcare workers, and now advises returning to pre-pandemic physical distancing in all healthcare settings, including primary care, and returning to pre-pandemic cleaning protocols outside of COVID-19 areas, with enhanced cleaning only required in areas where patients with suspected or known infection are being managed.

The guidance continues to recommend all healthcare organisations should undertake local risk assessments to ensure safe systems of work in the context of the wider impact of COVID-19 on health services. Practices should assess the risk to patients and staff using this guidance, and make decisions based on the needs and risks of everyone entering their practice building. Practices should also continue to triage patients and cohort people with respiratory illnesses. Read the [BMA guidance on risk assessments for practices](#). The guidance still advises that all patients, visitors and staff should continue to practise good hand and respiratory hygiene, including the continued use of face masks by staff and face masks / coverings by visitors and patients where clinically tolerated.

NHSE/I has published a [letter setting out these changes](#)

Read also the [BMA's briefing](#) in response to the Government's 'Living with COVID-19' strategy which sets out the plans for managing COVID-19 going forward.

The BMA has produced a [poster for practices to download](#) about using face coverings in practices

DWP CHANGE TO FIT NOTE FROM 6TH APRIL

On 6 April DWP changed regulations so that fit notes do not require a signature in ink to authorise them. Instead, a new template is being delivered that is authorised by the name of the doctor being included in the form. This means fit notes can be completed, authorised and sent digitally from 6 April.

The main points:

- GPs' names will be automatically captured by their IT systems from their user login
- The exact date the system will be updated depends on your system supplier
- Until the new template is delivered, continue to use the current version, which still requires a signature in ink to be valid
- Until the systems are fully updated both the previous and new versions are legally compliant and employers have been told they must accept both
- If patients are not able to receive the fit note digitally or require a paper copy, then this must be provided (but does not require an ink signature)
- If there are issues then the form can still be completed by hand and authorised by the doctor writing their name, or signing the fit note in the relevant place and will still be legally compliant
- Hospitals will still be using paper fit notes ordered from DWP, but from 6 April this should be on the new template

REBUILD GENERAL PRACTICE- SUPPORT THE CAMPAIGN

The [Rebuild general practice campaign](#) continues to tackle the crisis facing general practice. The aim is to support GPs and their teams at an extremely challenging time to deliver the service that patients and staff deserve. Over the coming weeks, the campaign will build awareness of the key issues in the media, with the public and with politicians.

The campaign is calling for:

1. **Recruitment:** the UK Government delivering on its commitment to an additional 6,000 GPs in England by 2024

2. **Retention:** tackling the factors driving GPs out of the profession such as burnout
3. **Safety:** a plan to reduce GP workload and in turn improve patient safety.

Please see the LMC website, facebook page and Twitter feed for campaign resources that you can share.

ARRIVALS FROM UKRAINE- ADVICE FOR PRIMARY CARE

The UK government has published guidance [Arrivals from Ukraine: advice for primary care](#) to help primary care professionals assess and address the health needs of patients ordinarily resident in Ukraine who have arrived in the UK. Arrivals will usually be under the government visa schemes [Ukraine Family Scheme](#) and the [Ukraine Sponsorship Scheme \(Homes for Ukraine\)](#).

The guidance notes that it is important to adopt a [trauma-informed approach](#) that offers clear information and choice, supporting individuals to feel in control. Doctors of the World has produced the [Safe Surgeries initiative](#) (endorsed by the BMA) to tackle the barriers faced by many migrants in accessing healthcare, with GP registration being the first hurdle that this vulnerable group needs to overcome.

NATIONAL FLU IMMUNISATION PROGRAMME 2022/23

UKHSA has published the annual [National flu immunisation programme 2022/23 letter](#) which sets out which groups are eligible for flu vaccination for the 2022/23 flu season.

NHSE/I will be publishing the specifications shortly, and have advised that suppliers have committed to flexibility if the reimbursement letter has impacted current orders. Therefore, if practices are having trouble amending orders, they should contact the contact the NHSE/I flu inbox phco.fluops@nhs.net.

The LMC have discussed the changes in eligibility with the CCG, in particular that the 50-64 year old population are not eligible this year. We have requested that they produce communications for patients in August/September to support practices and ensure patients are aware this is an NHS Public Health decision.

The LMC also joined the SW Flu review call to feedback on positives and negatives from the 21/22 flu season. We raised concerns around the limited options for suppliers providing the reimbursable vaccines and also the impact of the delays to flu deliveries on the 21/22 season.

LOCUM DECK FROM NASGP- FULLY FUNDED FOR GLOUCESTERSHIRE LOCUMS AND PRACTICES

We're pleased to share exciting news. [The National Association of Sessional GPs](#), in partnership with Gloucester CCG, is providing locums and practices with a range of free services including membership, a powerful booking platform [LocumDeck](#) plus training and support enabling both parties to advertise sessions, book easily and cut down on administrative paperwork.

In addition, locums are eligible to join the Gloucestershire [GP locum Chambers membership](#) with no charge.

All of the above will be free until April 2024 so to find out more, [please click here for further details.](#)

FIREARMS LICENCE REQUESTS TO GP'S

The process for the provision of medical information for Firearm Certificate (FAC) and Shotgun Certificate (SGC) applications by GPs has been changed, due to a [national process](#) imposed by the Government. The Home Office, in negotiation with the BMA, have designed a new single national form. The new statutory guidance on this change became effective on 1st November 2021, there was no prior notice to LMCs and therefore practices.

- The BMA has produced [guidance](#) on how the new system works
- The new national form appears to take longer to complete, and is embedded within the larger application form, which we are concerned will increase GP workload. Practices choosing to complete these should consider an appropriate fee for doing so, in recognition of the workload generated.
- The new process requires the entire medical record, including Lloyd-George notes, be checked for renewals of certificates and for grants of new certificates.
- The new process also now requires the placing of a "flag" on the medical record that the patient has applied for an FAC/SGC, and a different flag to say if this has been granted. (Note TPP SystemOne only codes for 'FAC/SCG granted'). LMCs have long opposed the use of such flags in GP records, which we believe would be better suited to a dedicated national database run by the Home Office. GPs lack the capacity, expertise, and time to coordinate a real-time monitoring and recall system.
- According to BMA guidance, where the GP indicates the presence of a "diagnosis of concern" the new process allows the Police to write back to the GP requesting a further report. BMA guidance says failing to respond to this request "*could put you at professional risk.*"
- Practices can decline to complete FAC/SGC applications and GP's can also conscientiously object to these however doing so will likely result in a Subject Access Requests (SARs) by third party private company who can complete these for applicants. This may result in the practice undertaking additional work, but not being funded to do so as practices are unable to charge for SARs requests.

New Process Summary:

- Applicant approaches GP requesting the new national form be completed.
- The GP should charge a fee, as per the previous process. The LMC advises payment of this fee in advance*.
- Completed form is returned to the applicant who will then submit it to the Police.
- The Police may then contact the GP for further information by way of a report. *The GP may then charge a further fee but must notify the Police as per BMA guidance, within 21 days.*
- The Police will contact the GP to request a flag be placed on the applicant's medical record if a licence is granted.

Practices should consider carefully the best policy in relation to these requests, from both a moral, financial and workload position. Should practices decide to complete these they should ensure they charge a fee appropriate to the workload generated. There is an Ardens Template available which may provide support to practices completing these requests. Practices should bear in mind that declining to complete these is likely to still generate additional workload without reimbursement

VISUAL GUIDE TO VACCINES- SPRING 2022

UKHSA (Previously PHE) has published an updated [visual guide to vaccines](#) which will be useful for practice teams.

Memorandum of Understanding's (MOU's)

The LMC are aware that there were a number of MOU's issued by the training HUB and the CCG in late March for various funding streams, with deadlines for return. If practices haven't already returned these there may still be an opportunity to receive the funding, contact the CCG to discuss.

Free training and webinars

Supporting Primary Care with Long Covid – the role of non-clinical staff. 1-2pm on the 11 May 2022, covering:

- What is long covid?
- How are patients presenting with the condition?
- Post-covid assessment services
- How can non-clinical teams support with long covid?
- Managing patient expectations

The webinar will be aimed at all non-clinical staff (and is also relevant for HCAs and social prescribers) within your practice.

If you would like to attend this informative webinar, please click [here](#) to complete the Microsoft application form

If you have any queries, please contact Stacey.burch@nhs.net

Pathway to Partnership programme

The next programme starts May 2022 and places are still available. It's open to experienced and new partners working in General Practice. Funding is available for new partners through the NHS England New to Partnership Scheme <https://www.england.nhs.uk/gp/the-best-place-to-work/new-to-partnership-payment-scheme/>. In addition, experienced partners (both clinical and non-clinical) may be able to access funding via their PCN from either the PCN Leadership and Management Payment or the IIF.

Full course details can be found here - <https://qualitasconsortium.uk/training-programmes/> including a video that should give interested partners a flavour of the programme and the benefits previous and current participants have shared.

JOB OPPORTUNITIES

A full list of current job adverts is at <http://www.gloslmc.com/blog-job-vacancies.asp> and available below.

GLOUCESTERSHIRE			Date posted	Closing Date
Frampton & Stonehouse Practice Group	Frampton/Stonehouse	Clinical Lead GP	23 Nov 21	Open
Coleford Family Doctors	Coleford	Salaried GP	16 July 21	Open
Lechlade Medical Centre	Lechlade	Salaried GP	2 Feb 22	Open
Royal Crescent Surgery	Cheltenham	GP (4-6 Sessions)	28 Jul 21	Open
St Catherines Surgery	Cheltenham	Salaried GP	4.Aug 21	Open
Upper Thames Medical Group	Cirencester	GP Partner	2 Feb 22	Open

Mythe Medical Practice	Tewkesbury	Salaried GP	29 Mar 22	Open
Cam & Uley Family Surgery	Gloucestershire	GP Locum	7 Oct 21	Open
Hadwen Health	Gloucester	Salaried GP	28 Apr 22	29 May 22
Minchinhampton Surgery	Gloucestershire	GP Partnership	1 Nov 21	Open
Frithwood Surgery	Stroud	Salaried GP	12 Jan 22	Open
Forest of Dean	Forest Of Dean	Improved Access Sessions	12.11.21	Open
Calverhay Surgery	Wotton under Edge	Salaried GP	23 Nov 21	Open
West Cheltenham Surgery	Cheltenham	Salaried GP	23 Nov 21	Open
Brunston & Lydbrook Surgery	Coleford	GP Salaried/Partner	23 Nov 21	Open
Yorkleigh Surgery	Cheltenham	Salaried GP	29 Nov 21	Open
Drybrook Surgery	Gloucestershire	Salaried GP	16 Mar 21	Open
Cotswold Medical Practice	Bourton on the Water	Partner GP	21 Dec 21	Open
Cirencester Health Group	Gloucestershire	Salaried/Partner GP	18 Jan 22	Open
Hilary Cottage Surgery	Fairford Gloucestershire	GP Partner	18 Jan 22	Open
Prices Mill Surgery	Nailsworth	GP Locum	2 Feb 22	Open
Dockham Surgery	Cinderford	Salaried GP	24 Mar 22	Open
Corse & Staunton Surgery	Gloucestershire	Salaried GP	8 Feb 22	Open
Walnut Tree Surgery	Dursley	Salaried GP	16 Feb 22	Open
Upper Thames Medical Group	Cirencester	Partner/Salaried GPs	17 Feb 22	Open
Brockworth Surgery	Gloucester	Salaried GP	28 Apr 22	Open
Five Valleys Medical	Stroud	Salaried GP	7 Apr 22	Open
Leckhampton Surgery	Cheltenham	Salaried GP	23 Mar 22	June 22
Stow Surgery	Stow on the Wold Gloucestershire	Maternity Locum Vacancy	23 Mar 22	30 Apr 22
Sixways Clinic	Cheltenham	Salaried GP/Partner	5 Apr 22	Open
Hucclecote Surgery	Gloucester	Salaried GP	12 Apr 22	1 May 22
Hucclecote Surgery	Gloucester	Adv Nurse Practitioner	12 Apr 22	1 May 22
Western House Practice	Cheltenham	Lead Practice Nurse	12 Apr 22	Open
Five Valleys Medical	Stroud	Triage Practitioner	19 Apr 22	Open
Sevenside Medical Practice	Gloucester	Salaried GP	21 Apr 22	Open
Churchdown Surgery	Gloucester	Partner/Salaried GP	28 Apr 22	27 May 22
GHAC	Gloucester	Special Interest GP Fellowship	21 Apr 22	Open
Rendcomb Surgery	Cirencester	Salaried GP	28 Apr 22	Open
ELSEWHERE				
Hanham Health	Bristol	GP Opportunities	4 Aug 21	Open

Bampton Medical Practice	Oxford	GP Partner	5 Aug 21	Open
New Barn Surgery	Broadway	Maternity Locum/Salaried GP	22 Oct 21	Open
Broadshires Health Centre	Carterton Oxon	Salaried GP/Partner	2 Feb 22	Open
Newbury Street Practice	Oxford	Partner GP	24 Feb 22	Open
Newbury Street Practice	Oxford	Salaried GP	24 Feb 22	Open
GLOUCESTER ROAD MEDICAL CENTRE	Bristol	GP Associate	12 Apr 22	Open
Newbury Street Practice	Oxford	GP Locum	19 Apr 22	Open
The Family Practice	Bristol	GP Vacancy	28 Apr 22	29 May 22

REMINDER: If you are advertising with us and fill the vacancy, please let us know so we can take the advert down.