HEARTBEAT

SEPTEMBER 2021

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PCN plans for 2021/22 and 2022/23

Wellbeing for GPs: Advice for newly qualified GPs

Sessional GPs

DELEGATION OF NHS ENGLAND COMMISSIONING FUNCTIONS TO INTEGRATED CARE SYSTEMS FROM APRIL 2022

NHSE/I has written to ICS (integrated care system) leads and CCGs to outline their plans to delegate some of NHSE/I’s direct commissioning functions to integrated care boards within each ICS as soon as operationally feasible from April 2022. The letter outlines that subject to the will of Parliament relating to the Health and Care Bill, NHSE/I’s expectation is that from April 2022 ICBs will assume delegated responsibility for primary medical services currently delegated to all CCGs (and continuing to exclude Section 7A Public Health functions).

NHS DIGITAL GP WORKFORCE DATA RELEASES SWITCH TO MONTHLY FROM QUARTERLY (ENGLAND)

The quarterly GP workforce data for England was released by NHS Digital a few weeks ago. The methodology NHSD uses no longer includes estimated data to accommodate for the small proportion of practices that have historically uploaded no or partial workforce data. From July 2021, the new way of collecting data suggests that the fully-qualified full-time equivalent GP workforce has shrunk by 253 since June 2021 and 616 since September 2015 respectively. In reality, when reinstateing previous historical estimates, fully-qualified FTE GP numbers have actually shrunk by 1,904 and GP partner numbers have also decreased by 18% since 2015.

GUIDANCE TO SUPPORT GP PRACTICES OBTAIN A SPONSORSHIP LICENCE

The BMA and NHS England and NHS Improvement have published guidance to support GP practices obtain a sponsorship licence to recruit a GP from outside of the UK or a UK medical graduate switching from a Tier 4 visa. After hearing from GP practices, it will address the questions that are often raised and is designed to support GP practices to complete the online registration process and identify the right documents to send to the Home Office. Please note this does not replace the official Home Office guidance.
MESSAGE FROM THE VICE CHAIR

Dear colleagues,

In this issue we hope to provide you with a range of updates for practices and some ‘hot topic’ news items. We have also added some notices of national and local events.

General Practice has never been busier than it is now. I know that we are all working far beyond normal limits to deliver the highest possible care to our population across Cheshire. We have worked tirelessly though the pandemic, continuing to see patients face to face when appropriate and dealing with the challenges of remote consultations as directed by NHS England. We delivered a Vaccine Programme to be proud of which has saved countless lives. We have all be appalled by the negative and soul-destroying attacks on our profession by a section of our media. We are now hearing about some horrific and unacceptable physical assaults on our colleagues in Manchester. Although it is always difficult to directly link the actions of individuals to specific campaigns in the media, there is no doubt that the atmosphere we work in has never been more toxic.

What has been particularly galling is the failure of senior figures within NHS England and Central Government to stand up and defend us in the face of these attacks. The GPC and BMAs most senior colleagues are articulating the betrayal of general practice to senior figures in NHSE and Central Government. They should be left under no illusion their handling of this is a grave mistake, particularly following on from the GPCE vote to restart negotiations that now must surely be in danger again.

Clearly there is confusion and dismay with some in the population about changes in General Practice. Some concerns are legitimate and some are not but we shouldn't dismiss this and we need to work with our patient populations to understand concerns when appropriate. However we need to be firm on the reasons why some services have been delivered differently including the historic under funding of general practice. The question is how should we as individual GPs, Practices, PCNs, Federations and of course our LMC react to this challenge.

As far as the LMC goes we have debated this issue in some depth at the September County LMC meeting and have asked our CCG to issue an initial joint statement on the matter to the press and public. We are also looking at how we can work with other LMCs to address this issue.

We all as practices can engage with our local MPs as well as our Patient Participation Groups and possibly our local press to continue to press home the true message regarding the extraordinary work of our General Practice Teams locally. Above all we can continue to work, as we have done for many years, to fight for our patients despite the inadequate central funding which has always been afforded to General Practice. I have never been prouder to call myself a GP than I have over the last 18 months.

Dr David Ward

UPDATED IR35 RULES FROM APRIL

Although we have flagged this item before this is by way of a reminder that updated IR35 rules come into force in April and the General Practitioners’ Committee (GPC) has been made aware that some providers are making new requirements for locums to protect against potential IR35 implications. These include:

• charging locums administration fees to process invoices • insisting that a locum’s limited company has a website and business cards • requesting evidence of the locum’s diary to see which other providers they have been booked in with • requesting copies of invoices issued to other providers.

However, the GPC does not believe that such measures are likely to protect the provider as all the above requests could easily be met by an engaged party that still falls within IR35.

The GPC asks locums to report any similar requests to sessionalgps@bma.org.uk or info.gpc@bma.org.uk and recommend that locums read the British Medical Association’s (BMA) IR35 guidance to understand the potential implications of the IR35 rules and how they apply.

PRIMARY CARE NETWORKS PLANS FOR 2021/22 AND 2022/23

NHSE/I has published guidance outlining the changes to, and support for, practices working in PCNs as part of the wider GP contract agreement. The key points are:

• £43m new funding for PCN leadership and management in 2021/22
• PCNs to decide how their IIF achieved money is spent – not CCGs
• While CVD and Tackling Neighbourhood Health Inequalities services will commence from October 2021, these will be much reduced allowing practices and PCNs to focus on managing pressures over the winter period.

The anticipatory care or personalised care, which was due to be implemented from April 2020, has now been deferred again until April 2022 - allowing practices and PCNs to focus on managing Pressures over the winter period

• Significantly reduced requirements for all four service specifications from April 2022
• PCNs will deliver a single, combined extended access offer funded through the Network Contract DES from April 2022
• Full details of the IIF indicators for 2021/22 and 2022/23, providing advanced information for PCNs and practices to be able to prepare.

Practices will be auto enrolled into the revised PCN DES, but with an option to opt-out for one month from 1 October – which is what GPC England had previously stipulated should happen when there are any changes to the PCN DES and which NHSE/I has chosen to implement.
NEWSFLASH: Funding options available for surgery improvements

If you have identified a need to invest in your surgery premises, whether it be for general improvements, extension plans to accommodate a growing local community or a move into newly built fit-for-purpose premises, the next step is to weigh up the potential funding options available to you.

Each have their own merits and often works are funded by a combination of options:

* Bank Financing – The traditional method of raising finance on owner-occupied surgeries, secured by a legal charge over the practice premises. The healthcare sector remains attractive to both high street and secondary lenders with a guaranteed income stream typically reflected in more favourable terms.

* NHS Funding Agreements – Depending on the type of scheme, different funding options are available under the Premises Costs Directions, whereby commissioners can award funding up to 100% of the project value. However, there may be conditions attached to that funding which need to be understood at the outset, such as potential clawback linked to restrictions on use and requirement for a legal charge and/or other guarantee. Grant documentation is complex and it is important you instruct a professional team who fully understand the legal and practical implications.

* CIL/Section 106 Funding Agreements – This is an option we are seeing more of following the introduction of the ‘Community Infrastructure Levy’, whereby developers are asked to contribute to a pot of money to invest back into the community. Surgeries with close proximity to new developments may qualify for a contribution from the local Council towards surgery extensions/improvement works. Again, the documentation is complex and may also involve clawback linked to restrictions on use.

* Third Party Development Schemes ‘3PD Schemes’ – Given the guaranteed income stream through rent reimbursement, the healthcare sector is also attractive to investors. You may be offered a ‘rack rent’ lease in return for a new purpose-built premises. Such a lease is often for a fixed period of 20/25 years in order for the investor to make a return on their capital investment.

FUNDING OPTIONS CONT’

It is important to understand the conditions attached to each of the funding options and common pitfalls to avoid.

It is not only to look at the immediate requirements of the practice and its partners but also future proofing the practice for the long term with flexible options for future investment whilst ensuring the business remains attractive to new partners.

It is also important to ensure any funding options are accounted for in the constitutional documents for the practice – such as the Partnership Deed, any Declaration of Trust and Deeds of Retirement for outgoing partners.

It is advisable to use a specialist lawyer for advice if you are looking to find out more about funding agreements.

INSTITUTE OF GENERAL PRACTICE MANAGEMENT

Hello everyone, I am pleased to introduce myself as the Northwest Representative for Cheshire and Merseyside for the Institute of General Practice Management. More information on the IGPM can be found at www.IGPM.org.uk and it aims to be recognised as the professional body that represents all managers working within general practice.

One of my roles as an IGPM representative is to understand the pressures, issues and concerns that practices and PCNs are facing on the ground and raise these with the IGPM board to drive change as a single voice for general practice.

If you would like me to talk to you, your practice or PCN, about the IGPM and how we can support you please drop me an email on timothy.goldsbrough@nhs.net

Managing Associate Partner – Hope Farm Medical Centre

BLOOD BOTTLE SUPPLY UPDATE

NHSE/I has sent a letter to practices updating on the supply disruption of BD blood bottles. The availability of alternative products and improvement in BD’s production capabilities, alongside the efforts of NHS staff to manage use, mean that the supply situation is no longer as constrained as it was. However, the issue has not yet been completely resolved.

The letter advises that testing activity in primary and community care, in line with the best practice guidance, can resume, stocks permitting from 17 September. Practices are advised to work through any backlog of tests over a period of at least eight weeks, prioritising as required, in order to spread out demand for tubes. All organisations are asked to regularly review their stock holding and upcoming planned care requirements and aim not to re-stock to more than one week’s worth of tubes based on demand from June and July 2021.

Blood tests in hospital will still be more limited and we have asked NHSE/I to send messaging to hospitals to stop them shifting blood test requests to general practice.
FIREARMS CERTIFICATION

Following the recent tragic events in Plymouth, the government has pledged to bring forward new statutory guidance to improve how people applying for a firearms licence are assessed in future. The BMA has called for further clarity on any new procedures to be issued without delay, highlighting a number of practical issues that need resolving. For guidance on the current system for GPs on what to do when someone applies for a firearms licence, visit the BMA website guidance.

END OF THE SHIELING PROGRAMME AND CLOSURE OF THE SHIELDED PATIENT LIST (SPL)

The [Government has announced](https://www.gov.uk/government/news/shielding-programme-end-and-closure-of-shielded-patient-list-spl) that the shielding programme has now ended and patients will no longer be advised to shield. The Shielded Patient List will also be closed, and NHS Digital will retain the capability to identify high-risk patients in the future. Relevant patients will be written to inform them of this change and that support still available. Practice do not need to inform patients themselves, and any future changes to the COVID-19 risk status for patients will no longer be captured on the national list.

CHESHIRE LMC EDUCATION DEVELOPMENT

Hello, my name is Dr Shana Tam and I have taken on the role of CLMC Sessional GP Support since 1st April 2021. I'm also leading the wider remit of educational development for the wider Cheshire GP community, and will be guided by our newly formed Education Steering Group.

As a bit of background, I grew up in Chester, and am a married mum of two teens plus a boisterous dog. I qualified as a GP in 2003 and currently work as a Sessional GP in West Cheshire. I have 10 years experience of GP Partnership, in Wrexham and Chester, as well as salaried and locum roles. I've also benefitted from the experiences of being a board member of Primary Care Cheshire Federation, co-opted fed rep at LMC County Board and Clinical Lead for Chester East’s successful PCN funding bid in 2018. I have always enjoyed a portfolio career, and run a private practice two days a week, alongside my GP work.

This new opportunity to identify and develop yours and your colleagues’ educational needs is exciting! So over to you now – how can we help you progress your knowledge through your career as a GP? What skills do you want to develop? How could we help your practice team? What would you like to see on our education agenda? Are you interested in joining our education steering group? Do get in touch – we welcome all suggestions and comments!

Please feel free to contact me directly shana.tam@nhs.net or via Julie Hughes at the LMC office jhughes@cheshirelmc.org.uk.

RACISM AND DISCRIMINATION IN GENERAL PRACTICE

Following on from work done by Humberside LMC, we have initiated a programme of work to look into this important subject across general practice in Cheshire. Dr Shukti Bharadwaj and Dr Lieke Spee–Horsu will be helping lead this work and more details will follow shortly. We will be contacting practices and we would encourage you to feed in your experiences. Contact our Chief Executive WGreenwood@cheshirelmc.org.uk
SUPPORT FROM THE LMC

Please remember that a wide range of support is available via the LMC, including pastoral care, assistance with partnership disputes, individual advice on contract issues and support in disputes with the CCG. Some services are aimed at GPs but many others can be accessed by anyone working in general practice. You can find out more by visiting our website or calling the LMC office 01244 313 483.

PRACTICE RECORDED PHONE MESSAGES

Practices are urged to check their recorded phone messages to ensure that they are up to date following the withdrawal of the standard operating procedure for Covid-19.

WELLBEING FOR GPS: ADVICE FOR NEWLY QUALIFIED GPs

Dr Anish Kotecha offers new GPs some practical tips on how to ensure their wellbeing during the transition from training to independent practice.

INVIATION

Cheshire LMC Sessional GP Virtual Education Meeting

Wednesday 6th October 7:00pm to 8:15pm via MS Teams

NICE Guidelines 2021 Artrial Fibrillation and Anticoagulation

Guest speaker - Dr Ravi Mineni, Cheshire GP with special interest in Cardiology.

RSVP to shana.tam@nhs.net

This will register your attendance; MS Teams link will be sent 48hrs prior to the meeting.

Please email shana.tam@nhs.net with clinical queries/challenging cases to help Ravi tailor the meeting to your needs.

Bristol Myers Squibb is sponsoring the meeting in exchange of a ten minute symposium slot before the meeting start.

THE MIDDLEWOOD PARTNERSHIP

General Practice Redefined

Video promoting some of the positive changes that are being done in Primary Care.

ABUSE OF COLLEAGUES IN GENERAL PRACTICE

The BMA has written a joint letter to the Secretary of State for Health and Social Care, Sajid Javid, to express grave concern with the lack of central support, or clear public challenge by government.

We are working with Cheshire CCG on this important issue.

We would remind you that the Support Your Surgery campaign provides GP practices with the tools to both manage expectations and to provide patients with the reality of issues facing general practice.

There is a suite of resource materials available on the Support Your Surgery campaign page (on the BMA website) including Support Your Surgery poster, as well as a poster and twitter versions explaining why practices are having to work differently during the pandemic.

CHESHIRE LMC TRAINING PROGRAMMES / EVENTS 2021 / 2022

Further details will become available over the next couple of weeks and how to register.

- LMC Annual Conference 2021. Our last Annual Conference was held virtually in 2020.
- NextGen GP Programme (2) 2022. We completed our first programme earlier this year with lots of positive feedback from the GP delegates. We are just finalising the proposal for the agenda to run another programme of 7 evening sessions starting February 2022. FREE to attend for all GP Trainees and new GPs.
BLUE BADGE SCHEME

We have had a few questions about the Blue Badge Scheme of late. This whole thing relates to change in national guidance which was introduced last year. From last August there was a change in the guidance to Councils to include people with nonvisible disabilities to have the same rights for blue badges as people with visible disabilities.

This opens it up to people with fibromyalgia or anxiety, dementia, autism, Crohns etc etc. Although there is a clear mechanism for people with mobility problems they have struggled as the OTs who they generally use for assessments are unable to assess the truthfulness of a lot of this and they are looking for information from health professionals who know the patient. The process is that if people are already in receipt of a whole variety of benefits then they need no more assessment as they have already been assessed. If they don’t and they can’t satisfy the assessors that they genuinely do have an issue which requires a blue badge they are then asked to provide supplementary medical information. The GP could be one of the sources.

Interestingly it is reported that in many areas the majority of cases have been with children with very bad autism and the information has been provided by their autism team. GP practices may charge for the completion of this form and it would seem very sensible to do so. It costs approximately £10 to get a blue badge but obviously practices may well charge £100 plus to fill in this form. The numbers going to GPs to fill out seem really small to date but there was a surge of applications following the change in advice in the summer 2020.

So in summary the concern from GPs who had received this form was that we might be receiving lots of them and there was no funding attached. The answer appears that it is only a tiny percentage of people applying for blue badges and GPs are entitled to charge for completion of the form or suggest they get their supporting medical information elsewhere.

GENERAL PRACTICE CAPACITY: A LMC GUIDE TO GMS CONTRACT REQUIREMENTS

An LMC Guide to contractual requirements in relation to any internal discussions you may be planning about your overall capacity to work safely.

There is also a BMA document which is relevant to this important discussion topic.

Both of these documents can be found on the Cheshire LMC website under ‘Guidance and Support’

SEASONAL GPs

CHESTER SESSIONAL GP GROUP

Quarterly Journal clubs

Occasional speaker meetings

Opportunity for networking and peer support

Proposed Journal Club meeting dates for 2021/22:-

17 November (also AGM), and 10th February 2022

Location:– face-to-face meetings held centrally in Chester (COVID guidance permitting), or virtually via Microsoft Teams, usually from 7 pm.

Contact:- Dr Sarah Lazarowicz via email s.martys@nhs.net

SESSIONAL GPs NEWSLETTER

For news, opinion and updates from the sessional GPs Committee, read the latest newsletter