

Dear Colleagues

Wessex LMCs News Update from the Team. . .

Wessex LMCs Intro...



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2023/24 DDRB General Practice Salaried Staff Pay Award

It is finally a pleasure to be able to bring what feels like some good news to practices which is in relation to the 6% pay uplift.

The BMA have been working extensively over the last couple of months to reach agreement with NHSE on how practices will receive the agreed pay uplift.

The article below from the BMA provides the details of what this means for practices along with how and when practices can expect to receive payment.

Whilst we recognise this is a positive step to help assist practices to fund staff adequately, there is still a long way to go to meet the significant underfunding of General Practice that has occurred over a period of several years. Also noting the increase next year of the living wage and the impact of what this will mean for practices next year.

"We are writing to update all colleagues to share [the outcome of negotiations relating to this issue](#).

Colleagues will recall that for this year, 2023/24, the Doctors' and Dentists' Pay Review Body (DDRB) recommended a 6% award to Salaried GPs, and indeed other branch of practice doctors such as consultants and junior doctor colleagues. The latter groups have received this salary uplift, but in the context of continuing industrial action. This communication focuses on the outcome for general practice.

The general practice salaried GP uplift recommendation of 6% was higher than the 2.1% uplift already included in the contract funding for 2023/24; [the Government were also pressed to announce a more general uplift to the GP Contract to provide funding for all salaried general practice staff, not just salaried GPs.](#)

Colleagues should note this is separate to the Agenda for Change (AfC) 5% uplift, which has already been agreed and has been incorporated into the average Additional Roles Reimbursement Scheme (ARRS) funding for those staff roles resourced under the ARRS Scheme in 2023/24.

The GP contract is notionally divided into three elements: GP contractor income, other staff expenses and other expenses. As part of the five year contract investment framework, the other staff expenses element was agreed to be 44% of Global Sum (GS), and NHS England have agreed to apply the 6% uplift to this part of GS, as this reflects the NHS income practices receive to cover these costs. NHS England has confirmed that this element of funding is calculated to contribute to both the costs of salary, and on-costs, such as Employers' National Insurance

contributions, Employers' Superannuation payments – into their employees' pensions – and other staff benefits.

GP employers will continue to pay 14.38% of pensionable pay to the NHS Business Service Authority with the remaining 6.3% funded centrally.

Given that the other staff expenses element has already been uplifted by 2.1% [actually 2.064%], which provided an £80.21 million from April 2023, this element of the GS will now have a further additional 3.9% [actually 3.936%] uplift, representing £152.93 million. **This means the 2023/24 uplift will be a total of £233.14 million.**

The capitated GS for 2023/24, which was £102.28, therefore rises to £104.73. It will be backdated to April 2023, and a seven-month payment should be made in October 2023 (April – October inclusive).

GPC England (GPCE) also requested that the Trainers' Grant, which did not form part of the DDRB recommendations this year, was uplifted by 6% – this has been agreed. A further GPCE request to uplift the SFE payment levels for sickness and parental leave was not agreed.

Clarification on these arrangements

GPCE and the Sessional GPs Committee have received a number of requests to clarify these arrangements:

Salaried GPs should have a contract of employment reflecting the [BMA Model Contract](#), which should be used by GMS and (since 2015) PMS (primary medical services) contract holders. The BMA Model Contract specifies an annual salary uplift linked to annual DDRB awards and a date at which the uplift should be applied. If no such date is stated in the Salaried GP employee's contract, both committees believe the default uplift date should be 1 April. If the BMA Model Contract has been amended by the practice and employee by mutual consent, for example, where different terms are stated, contractors should comply with the terms of the employment contract. If no uplifts are referenced within an employee's contract, then the employer has discretion, but we encourage practices to pass on the uplift they receive for the purpose it is intended.

Both committees agree that it is highly unlikely that any employee's contract will reference any date of central NHS payment to contractors. Indeed, until this year, the contract GS uplifts within the multi-year 2019-24 contract investment framework were not linked to DDRB award figures at all.

This supplementary uplift is being paid via the Global Sum and is not, therefore, tailored to the individual staff expenses of each practice. These will be dependent on their own staffing structures. There is no England-wide GP contractual option that allows an individualised practice uplift; however, increasing investment in GS is a key GPCE policy, which ensures this in-year uplift is recurrent and locked-in for future years.

GPCE have also accepted an uplift proposal to the dispensing fee scale. NHS England will apply an increase of 4.24% to the profit element of the fee scale. This funding is reflected in the October release.

GPCE believes the decision to further uplift this year's GMS GS, providing an additional contribution towards practice staff costs, is helpful: we know investment in staff is a key priority for GP Contractors. This is the last year of the agreed 2019-24 contract investment framework, and the first in which a supplementary uplift has been agreed in-year. It further increases GS by £2.45 per weighted patient (£104.73 compared to £102.28) and means that the payment per weighted patient (PPWP) has risen by 5% in 2023/24 compared to the previous year (**£104.73 compared to £99.70**). As a reminder, this uplift is now embedded for future years.

It is also the first time in recent memory that a proposed staff pay uplift has been directly linked to Pay Body recommendations, which GPCE believe signals a recognition of both the cost pressures on practices, and also the key value of rewarding all members of the practice team for their hard work in maintaining high-quality patient care as patient demand and workload continue to rise."

Read a [summary of the changes](#)

Dr Katie Bramall-Stainer, Chair, GPC England
Dr Mark Steggles, Chair, Sessional GPs Committee
Dr Julius Parker, Deputy Chair, GPC England

The BMA is a trade union representing and negotiating on behalf of all doctors and medical students in the UK. A leading voice advocating for outstanding health care and a healthy population. An association providing members with excellent individual services and support throughout their lives.

Biobank

In a communication to practices dated 13 September requesting GPs provide Biobank UK with access to consented patient data, the BMA was listed as endorsing the programme. The chief executive of Biobank UK has written to the BMA to apologise that this communication was issued in error and a redaction, correction and clarification has been requested accordingly. The BMA's position remains unchanged – they appreciate the pressure many practices are under and support them, as data controllers, to take the time they feel necessary to fully consider all requests to share patient data, taking into account the need to balance these with pressing clinical priorities. This is especially pertinent given the pressures of the accelerated vaccination schedule, and the impending accelerated access to records programme.

Accelerated Access to Records Programme Update

The 31 October 2023 is the date by which practices must have provided their patients with the facility to access their prospective GP record online. GPC England remains concerned about the potential risks of providing the facility to all patients irrespective of patients' preferences. The BMA remain in discussion with NHS England about how the programme can be rolled out safely.

The BMA plan to issue comprehensive guidance for practices shortly outlining the steps that practices can take to prepare before 1 November. NHSE and the DHSC have assured that commissioners will be expected to implement this programme in a supportive way.

The BMA is undertaking a Data Protection Impact Assessment (DPIA) relating to this programme and will be providing guidance for practices needing to undertake their own. A DPIA can be used by practices to assess the risks potentially posed by the new requirements, and support decisions they may wish to make about how to provide the facility in the safest possible way.

There are a number of on-line resources already available, including the [RCGP toolkit](#).

GP Pressures – Workforce Data

The latest [GP workforce data](#) has been published showing that the number of fully qualified GPs continue to decline and in August 2023, the NHS in England had the equivalent of 27,246 fully qualified full-time GPs, 2,118 fewer than in September 2015.

The longer-term trend is that the NHS continues to lose GPs at an alarming rate: over the past year we have lost the equivalent of 269 fully qualified full-time GPs. The number of practices in England has also decreased by 110 over the past year – and as of August 2023, there was another recordhigh of almost 63 million patients registered in England, with another record-high average of 9,872 patients registered per practice. This is an increase of 363 patients per GP, or almost 20% since 2015, demonstrating the ever-mounting workload in general practice. Read more about GP pressures [here](#).

Inform your PPG, and engage your local media by using the BMA's [press release here](#).

The BMA urge practices to continue to use their [safe working guidance](#) to limit contacts to 25 per day in order to prioritise safe patient care, within the present bounds of the GMS contract.

CNSGP Indemnity Guidance for General Practice

In response to queries regarding the scope of CNSGP cover, please use the following link [CNSGP Indemnity Scheme for General Practice](#). Colleagues will need additional cover from their medical defence organisations for performance issues (such as those relating to NHS England and the GMC) together with support with coroners' queries, and matters referred to the Ombudsman.

Colleagues should also confirm that their medical defence organisation also covers them for non-NHS services delivered individually, or by their practice. Non-NHS clinical services (e.g. DVLA, local authority safeguarding etc) are not covered by CNSGP

Best Practice Show, 11-12 October 2023, NEC Birmingham

The BMA and GPC England will be at [Best Practice Show](#), UK's number one event for the primary care and the general practice community, on 11-12 October 2023. They will have a dedicated theatre at the conference, with a programme focussed on the most pressing issues facing sessional GPs and GP partners, including safe working and workload management, patient access to records, the future of general practice, GP contracts and more.

It is free for healthcare professionals and will provide up to 12 hours of CPD certified training, tailored to meet the training requirements of healthcare professionals. You can find more information, including the programme [here](#) and register [here](#).

Sessional GPs Conference

Congratulations to Dr Mark Steggles and the Sessional GPs Committee on their sold-out Sessional GPs conference held last week at BMA House, where the focus was on respect, reward, retain. Attendees were given a whole host of tools and advice including how to set boundaries, considering the importance of the gender pay gap and understanding pensions as a sessional GP. There were also breakout sessions, which looked at knowing your contract, negotiation skills, working as a portfolio doctor and navigating professional regulations and complaints. The Sessional GPs Committee outlined the development of a workload toolkit that would soon be launched, together with the developments of the 'Dr Diary' app. Which will be shared with sessional members imminently.

Undergraduate GP Placement Survey

Medical Schools are currently struggling to identify adequate placement providers in general practice. University of Liverpool is running a [survey](#) which aims to identify the factors which affect a practice's decision to host undergraduate medical students. The data will be used by medical schools to identify drivers and barriers to medical student placements in general practice, to allow tailoring placement requirements appropriately and identify strategies to help practices overcome potential barriers. If you are interested in participating, please read the [Participant Information](#) sheet and complete the online survey [here](#) (it is fully anonymous and should take no longer than 5 minutes to complete). Please contact Dr Kathryn J Harrison (docthark@liverpool.ac.uk) for any queries.

Flu Vaccinations

Read Wessex LMCs latest top tips guidance [here](#)

Can vaccines be moved between providers?

Vaccine purchased by one provider cannot normally be distributed to another provider without a legal basis for doing so – usually this is limited to providers that have wholesale distribution authorisation (wholesale dealer's licence).

The exemption that was put into place in 2020 in accordance with regulation 19 (4A) of the Human Medicines Act 2012 has been extended by Statutory Instrument No. 350 – the Human Medicines (Coronavirus and Influenza) [\(Amendment\) Regulations](#). The new exemption started on 1 April 2022 and expires on 1 April 2024.

Under the exemption, vaccine stock may be supplied by one GP practice/ community to other providers in the area, as long as:

- it is from excess stock that the supplying practice/community pharmacy ordered, which resulted from forecasting demand that did not materialise.
- it was not a result of deliberate over ordering
- the supply is specifically approved by NHS England; and
- that the vaccine supplied will not be used for onward supply.

The following guidance is from the NHS England central team on the movement/sharing of flu vaccines.

Movement of vaccines between GP practices must only be done where there is a collaboration agreement in place.

This could be either a seasonal [flu collaboration agreement](#), which can be between any group of GP practices, or a

Covid/Flu collaboration agreement as part of a PCN grouping. Further information on collaboration arrangements is set out in the Enhanced Service specification and associated guidance.

Practices collaborating under either of the above arrangements will be deemed a temporary single medical practice for the purpose of regulation 3(5), (8) and (9) of the Human Medicines Regulations 2012 (as amended). This means they can supply a proportion of their flu vaccine to their temporary single medical practice under Regulation 19(4A) of the Human Medicines Regulations 2012 (as amended).

In supplying their flu vaccine to the temporary single medical practice, practices must set out within the relevant collaboration agreement:

- the vaccine sharing arrangements, including details of the proportions of the flu vaccine shared;
- how collaborating practices will govern the supplied proportion of flu vaccine; and
- how collaborating practices will claim reimbursement for any administered flu vaccine supplied and any personal administration (PA) fee (where eligible).

For example, if Practice A received all of its flu stock early in the season, and Practice B is not receiving flu vaccine until October, the two practices may agree a flu collaboration agreement which states that the practices will create a stock of 2000 vaccines for the temporary practice with each practice contributing 50% (1000 vaccines); each practice would accept that they would be able to use 50% of the shared stock and each would claim reimbursement according to the proportion of their share that they used. In practical terms:

- Practice B would have access to 1000 vaccines early in the season using stock contributed by Practice A
- Practice A could use (get back) the 1000 vaccines from the stock delivered to Practice B in October.

N.B. Outside of the above arrangements, NHS England has stated that movement of influenza vaccine cannot take place under Regulation 19. In summary, the process widely known as 'mutual aid' in the COVID-19 vaccination programme cannot be used for movement of influenza vaccines

Going Live with Online Access to Medical Records

Lisa Harding, Director of Primary Care, talks with Matt Perkins, Business Manager at the Coastal Medical Partnership and Wessex LMCs PM Supporter, about his practice's experience of going live with online access to medical records. In particular, Matt describes how they approached:

- preparations to go live;
- communications with patients;
- staff training and awareness raising;
- reviewing vulnerable patients' access;
- managing the workload.



For more guidance on online access, go to [NHS Digital](#) or [Wessex LMCs](#)

Listen to the podcast [here](#)

Rebuild General Practice

This week, the GPDF funded campaign 'Rebuild General Practice' released new data showing that patients want their family doctor back.

A new survey carried out by YouGov found that most people in Britain want to see the same GP each time, in a surgery near where they live.

The poll also revealed the elements of general practice most valued by patients, including:

- Receiving long-term support for any medical condition (95%)
- GPs' ability to treat a wide range of medical issues (96%)



- Having concerns listened to (97%)
- Being seen in a friendly environment (90%)

Read Wessex LMCs Press Release [here](#)

Rebuild General Practice is calling for an end to decades of neglecting the profession - so that GPs can meet the public's desire for a return of the family doctor.

There is a crisis in general practice caused by a lack of funding and failure to retain doctors in the profession, leading to an inability to deliver the continuous, community centred care desired by patients.

The government must deliver a proper plan to retain the workforce, keep patients safe, and protect the NHS.

If you are interested in getting involved in the campaign, please email hello@rebuildgp.co.uk and follow [@RebuildGP](#) on social media.

Wessex Education & Events

Remote Consulting for Clinicians - A focus on safety netting

Wednesday 6th December 2023 12:00 – 14:00

Wessex LMC Members £40pp

Book Online: www.wessexlmcs.com/events/15046

This is a practical skills workshop for all clinicians who undertake remote consulting in hours or in the out of hours setting.

The course offers advice, examples, case scenarios and feedback to help you to become more confident in the skills needed for remote consulting. There will be a focus on using effective safety netting to prevent complaints.

The learning objectives for the session will be

- To develop strategies to elicit red flags remotely and to safety net safely
- To consider which worst case scenarios need to be excluded in any given presentation
- To explore ways to prioritise the gathering of important data
- To give you confidence in your work while consulting remotely and reduce the risk of complaints

Data Breaches in General Practice

Thursday 2nd November 2023 14:00 – 15:00

Wessex LMC Members £20pp

Book Online: <https://www.wessexlmcs.com/events/14750>

This webinar is suitable for anyone who already has a basic understanding of the concepts behind information governance in General Practice. It will also be suitable for all senior members of staff who want a greater understanding of this area.

Topics covered include:

- what are data breaches
- what processes are needed
- how to report a data breach
- scenarios to discuss
- broader data breaches i.e., not just patients but also those relating to staff/GPs and sharing of PID with external agencies, and when it should be anonymised

Regards

The LMC Team

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