

LLR LMC Communications sent to LLR GPs and Practice Managers on 21.06.2022

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a. LLR LMC ELECTIONS

As practices will be aware the Leicester, Leicestershire and Rutland Local Medical Committee current governing body will be soon coming to the end of its 4-year electoral term.

Our elections are currently open which allows all levy paying members to one vote. If you are a levy paying member in a County and City practice, you should make the decision in whether you wish to use your vote for a County or City representative.

Voting closes Thursday 23rd June 2022, 5.00pm - any votes submitted after this time will not be counted.

If you have not received the email, please contact the LMC office and we would be happy to send it to you.

b. PRIMARY CARE FUNDING MODEL

We continue to receive questions from practices in relation to clarity which we have reviewed with the CCG and anticipate the CCG developing a FAQ for practices shortly.

c. GMS CONTRACT VARIATION (OCTOBER 21)

NHSE/I have released the new contract variation to practices, the LMC has been asked by practices for any comments or concerns before signing. As the LMC, we don't have any particular concerns and practices have limited option on whether they sign if wish to continue delivering the GMS contract.

d. GP INCOME DECLARATION

The new GMS contract declaration includes 'disclosure of information about NHS earnings: contractors and sub-contractors'. 16.8A of the variation provides the relevant details.

The LMC has sought clarity from the GPC on how far back practices need to go in regards to declaration. As things stand, declarations will be required for 2019/20 and 2020/21. The deadline is yet to be announced but we are expecting that it is likely to be a date in September.

As stated within the contract variation; “*relevant threshold*” means:

- i. for the financial year ending on 31 March 2020, £150,000;
- ii. for the financial year ending on 31 March 2021, £153,000;
- iii. for the financial year ending on 31 March 2022, £156,000;
- iv. for the financial year ending on 31 March 2023, £159,000;
- v. for the financial year ending on 31 March 2024, £163,000.

e. Online appointment booking

We have received several queries in relation to the current requirement for online appointment bookings. The 22/23 contract amendment for online appointment bookings, states ‘removal of 25% minimum, to be replaced with all directly bookable appointments that do not require triage; this is a new contractual requirement which goes beyond the five-year framework. This change will allow practices to determine what is most appropriate to make available for online booking; an example of this is flu vaccination or COVID vaccination appointments.

This in essence means the minimum has been removed and it is for practices to decide how they plan and schedule online bookings.

f. FIT NOTES

From 1 July, new legislation will be enacted which will allow nurses, occupational therapists, pharmacists, and physiotherapists to legally certify fit notes, in addition to doctors who are currently the only profession able to do so.

Non-statutory guidance has been developed to help individuals identify if this task is within their scope of practice as well as a new training module which should be completed before taking up this task. These new products will be available from 1 July. There will be a rollout period from this date where GP IT systems will be updated to reflect the change.

g. ACCESS TO MEDICAL RECORDS

The proposed requirement for all patients to have prospective access to their full records has been postponed. The revised date is 1st November 2022, but there are still some significant concerns that need to be resolved first.

h. UPDATE ON NHS PROPERTY SERVICES (NHSPS) LEGAL CASE

The High Court has released its long-awaited [judgment](#) in five “test cases” where GP practices, with the support of the BMA, have challenged service charges demanded by NHS Property Services Ltd.

The judgement will be of interest and concern to many GP practices that occupy NHSPS premises up and down the country. Whilst it is complex and the ramifications will take time to become clear, key points to note are:

- NHSPS successfully argued that it was entitled to claim service charges notwithstanding the absence, in some cases, of written agreements with the practices;
- The precise amounts recoverable from each practice are subject to a second trial possibly taking place 12 to 18 months from now;
- The judge expressed hope that the judgment will assist NHSPS and other GP practices in resolving disputes over services charges without the need for expensive litigation, but he cautioned that he would be wary of classifying these as test cases given that each case depends upon evidence and arguments in that case; and

- The BMA has stressed that these particular cases are not over and it is considering next steps.

i. PRIMARY MEDICAL CARE POLICY AND GUIDANCE MANUAL (PGM)

We are concerned to hear the increasing number of threats and violence towards people working in General Practice. We are pleased to report that the chapter and guidance on the management of inappropriate behaviours by patients (including but not limited to discrimination, harassment, victimisation and micro aggression) has been published.

The new [Primary Medical Care Policy and Guidance Manual \(PGM\)](#) guidance from NHSE explicitly includes a position on not tolerating any form of discrimination, harassment or victimisation, racial abuse and micro aggression. As well as including warning letters, and when a patient can be removed from a list if displaying such behaviours.

j. Update from CQC

The LMC regularly meets with the local CQC inspectors to discuss themes and any new processes or guidance which would be useful for us to share with our members. At our recent meeting it was commented the following areas were becoming themes within inspections which practices should be aware of:

- High risk medicines review (remote searches)
- Training and appraisals
- Staff immunisations
- Standard of Pharmacists medication reviews
- Medical prescriber audits and governance

If there is any areas of clarity or questions you wish for us to raise to the CQC, please contact the LMC office.

k. Rebuild General Practice campaign

In our April comms, we informed members about the [‘Rebuild General Practice’ campaign](#) which was launched by GPDF and BMA.

As we all know GPs and their teams faced an extremely challenging time during the COVID-19 pandemic. At the same time, general practice in England continues to face a worsening workforce crisis. BMA research published last year showed that the

NHS has lost nearly 2,000 full-time equivalent GPs in England since 2015.

To coincide with the launch, the campaign released the findings of a survey of GPs in England, Wales, and Scotland, which showed that:

- nearly nine in 10 GPs fear patients aren't always safe at their surgeries
- 7 out of 10 GPs feel the risk to ‘patient safety’ is increasing
- staff shortages and too little time for appointments were main factors putting patients at risk
- 86% of GPs stated they didn't have enough time with patients
- 77% of GPs said GP shortages were putting patient safety at risk.

It is vital that we build as much support for the campaign as possible and you can read more on the link above, and you can also follow and share content, news and updates on the campaign [Twitter page](#)

Have you signed the ‘Letter to my patients’?

The campaign is asking GPs across the nation to sign an open letter to our patients - showing them that GPs are on their side. Over 250 GPs have already signed. To add your signature, simply email hello@rebuildgp.co.uk with your full name. You can [read the letter](#) on the campaign website.

I. IMPORTANT INFORMATION ON THE GP PENSION SCHEME – NEW CPI MODELLER

The recent soaring rate of inflation will have significant tax implications for some GPs' pensions. This applies to those

who are active members of the scheme contributing at any point of the current 2022/23 tax year, as you could have very large Annual Allowance charges, when such charges become due, depending on your accounting/pensions administration.

The BMA Pensions Committee have launched a new [CPI modeller for the GP pension scheme](#) for GPs to look at their pension growth in 2022/23 and 2023/24 tax years, and to explain the problems with poor design of the Annual Allowance and how it will interact with the 1995 / 2015 GP pension scheme, and Annual Allowance taxation. It is important that you urgently take steps to at least understand your position and the potential impact this may have on future Annual Allowance charges. Entering your own data and numbers in the tool will only take a few minutes and will enable you to see how this might affect you personally – for many members they may need to estimate the value of their current pension based on their most recently available pension savings statements, subsequent contribution history and pensionable earnings.

The Pensions Committee continue to lobby Government on this significant issue and encourage members to raise this with their local MPs, and help increase awareness with fellow GPs.

m. LLR PRACTICE MANAGERS CONFERENCE

The LMC is pleased to confirm that we will be sponsoring the Practice Manager Conference again this year. We look forward to hearing how plans develop for this year's conference.

n. RECRUITMENT

We continue to provide the opportunity for practices to advertise any vacancies within your practice to help spread the word! Simply send us a copy of the advert and job description to enquiries@llrlmc.co.uk. The vacancies will then be listed on our website - [LLR LMC: Job](#)

o. CONTACTS

Did you receive this newsletter directly? If not, we could potentially not have your correct contact details. Please keep us informed of your contact details by emailing enquiries@llrlmc.co.uk