



23rd January 2023

Dear Colleague

Welcome to this week's edition of the LMC Express. The local updates for this week include:

- GPAS Weekly SitRep
- General Practice in Crisis - Demand Management Webinar 8th February 2023
- QOF
- Kent LMC Elections 2023-2026: Call for Nominations
- Energy Bills Discount Scheme for Businesses
- Reinforced Autoclaved Aerated Concrete (RAAC)

This week we also have the **national update from the BMA** and we draw your attention particularly to the following important announcements in **bold** therein:

- Backing the independent contractor model
- **Junior doctors' ballot on strike action – guidance and webinar for GP trainees**
- Update on the Digital Firearms Flag
- **Health Education England education contract**
- Communication between DWP and GP practices
- GPC upcoming regional elections
- Wellbeing
- GPC England committee pages and guidance for practices

GPAS Weekly SitRep

In anticipation of the increasing pressures on general practice, in September 2022, Kent LMC launched its first version of the General Practice Alert State known as GPAS.

Hospital trusts use Operating Pressures Escalation Level (OPEL) to communicate their demand and capacity to the NHS systems. OPEL is used by the NHS system to identify where support is required in the short term, and where transformation is required in the long term. However, to date there has been no way of highlighting in a consistent way the pressures faced by general practice. GPAS was implemented to allow General Practice to report the state of resilience across Kent & Medway so that system leaders can understand the pressures being experienced and compare them to those in the rest of Primary and Secondary Care.

Every week Practices submit their assessment of their current state into a central database using data from an EMIS report. Submissions are completely anonymised; the LMC is not able to identify individual practices from the submissions. The only data that is shared with either the ICB or other stakeholders is aggregated at HCP or Kent and Medway level.

The more practices that take part in GPAS, the more robust the evidence will be. Collecting this data is assisting the LMC in illustrating practice pressures – as described above in the press release and resulting press interviews.

We would encourage every practice to submit a report on weekly basis and the LMC is able to assist with getting practices started on reporting. Information can be found on our website at [Kent LMC - General Practice Alert State \(GPAS\)](#) or please email the LMC at info@kentlmc.org

To view the latest GPAS SitRep please [click here](#)

General Practice in Crisis - Demand Management Webinar

The LMC will be hosting a webinar on at 6.30pm on 8th February, to discuss the pressures on general practice and the steps practices can take to help manage demand.

Dr Richard Van Mellaerts, Deputy Chair of GPC England at the BMA, will join the webinar to discuss the [BMA safe working guidelines](#) which is designed to help GP practices make decisions to deprioritise certain aspects of daily activities which fall outside of core requirements, whilst staying within the constraints of the GMS contract.

To register for the webinar please click [HERE](#)

QOF

The ICB has been unable to secure NHSE support for their proposed QOF tolerance scheme to support practices. We await further details of how practices in difficulty can apply to the ICB on a case by case basis for some support. We are continuing to work with the ICB on what else they can do to support general practice during these very difficult times. The ICB comms will come out in due course.

REMINDER: Kent LMC Elections 2023-2026: Call for Nominations

As the NHS emerges from the pandemic, and now faces unprecedented demand and backlogs alongside transformation, arguably it has never been more important that the views and insights of grass roots GPs are heard in discussions that will impact on patients, practices and practice staff.

With the changes of the commissioning landscape and the greater powers for Integrated Care Boards this demands a strong frontline GP voice. LMCs are perfectly placed to coordinate and advocate for the consistent and authentic voice of general practice, bringing together individuals, practices, Primary Care Networks, and federations alongside other providers.

The current term of office of the members of the Local Medical Committee comes to an end on 31st March 2023, and we are now commencing the Election process for members to the new Committee for the term of office from 1st April 2023 – 31st March 2026.

Whether you are an experienced LMC member who knows the system well, returning to work from maternity leave or a career break, recently qualified, or a long qualified GP with no previous experience in a medical leadership role, your expertise is welcome and we encourage you to stand. Your perspective and ideas are valuable to your LMC. If you are a new LMC member, you will be supported by colleagues to develop your knowledge of the wider healthcare landscape. A copy of the application pack containing an introduction to the LMC, a copy of the job description, details of remuneration, frequency of meetings, and the election process is [available on our website](#)

Please note the closing date for submission of a nomination is 6th February 2023.

Energy Bills Discount Scheme for Businesses

The government announced on 9th January that the Energy Bills discount scheme for business has been extended and run from 1st April 2023 to 31st March 2024. Energy suppliers will automatically apply reductions to the bills of all eligible businesses.

Further information can be found at the following government websites:

[Energy Bills Discount Scheme - GOV.UK \(www.gov.uk\)](#)

[The government unveils new "Energy Bills Discount Scheme" for businesses - GOV.UK \(www.gov.uk\)](#)

Reinforced Autoclaved Aerated Concrete (RAAC), Rosemary Jones, Invicta Chartered Surveyors

Many of you will have read the advisory note from the ICB Estates Team regarding identification of RAAC in premises. We have had a number of enquiries from concerned practices asking for advice on what to do. Hopefully this article will be of use. For any of you who are in leased premises, you should contact your Landlord to obtain confirmation or otherwise that RAAC exists. For those of you who own your premises, unfortunately there is more work to do.

RAAC was most common as a building material from 1955 to the mid-1990s and may have been used to construct the original building or in any alterations and extensions that were carried out during that period. However, Government recommendations are that checks are carried out on any buildings built or altered as far back as the 1930s.

RAAC typically has a useful life of 30 years but can be shorter if affected by water saturation from, eg, roof leaks. There have been reports in recent years of sudden failure of RAAC in buildings, leading to sudden roof collapse and obviously injury or worse to building occupants. It was typically used in the construction of flat and pitched roofs as well as floors, eaves, walls and cladding systems. These parts of a building may not be easily visible or accessible if hidden by suspended ceilings or plasterboard.

Failure to identify its presence and any resulting damage caused by failure may well lead to a claim for negligence and it is therefore recommended that practices take action to identify whether RAAC is present or not.

This flow chart (taken from DfE Guidance) is a helpful tool to set out what action needs to be taken:

I suspect that many will not feel qualified to undertake steps to initially identify whether RAAC is present or not and, from experience, many practices may not have record drawings of the building and full plans of any alterations carried out. The recommendation therefore is to engage a suitable qualified Chartered Surveyor (www.ricsfirms.com/findasurveyor) or Structural Engineer (www.istructe.org/find-an-engineer).

Before any intrusive work is carried out, you must ensure that you have your asbestos register available for inspection.

The Surveyor or Engineer will work with you, if RAAC is found, to produce a remediation strategy, risk register and management plan. This might range from physical remedial works, if the condition of the RAAC is found to be "Critical" to regular monitoring if identified as "Low Risk".

If RAAC is identified in your premises, you must inform the ICB.

Kind regards
Kent Local Medical Committee