



Dear Colleague

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

- Online Access to Records - BMA updated guidance
- 6% pay uplift: Message from the Chair of GPC England
- Kent LMC Annual Conference: Innovation In Practice, 5th October 2023
- Reminder: Kent LMC Election: Call for Nominations - Closing Date 11th October
- General Practice Alert State (GPAS) National Reporting Dashboard
- Reminder: Workforce and Wellbeing Programmes
- Lantum system-wide multidisciplinary staff bank
- Useful Links
- Upcoming LMC Interface Meetings

Online Access to Records - BMA updated guidance

The BMA has written to members with updated guidance about online access records and asked LMCs to share the attached letter.

Additionally, the BMA has created an FAQ for practices about accelerated access to records. Practices are advised to read this FAQ and to complete a DPIA to assure themselves as data controllers, that steps have been taken to identify and mitigate risks. The BMA has created a DPIA that practices can use to evaluate their risks. Both can be found at [BMA general practitioners committee England](#)

Please also see the ICO press release from last week: <https://ico.org.uk/about-the-ico/media-centre/news-and-blogs/2023/09/data-breaches-put-domestic-abuse-victims-lives-at-risk-uk-information-commissioner-warns> on the back of their unequivocal advice from 2018 here: <https://ico.org.uk/media/about-the-ico/consultation-responses/2259736/ico-response-to-consultation-on-transforming-the-response-to-domestic-abuse-bill.pdf>

We appreciate this is a lot of information to absorb in a short period of time and a significant amount of work for practices to undertake. We have attached a flow chart, shared by Avon LMC, which summarises the key steps.

6% pay uplift: Message from the Chair of GPC England

It is not enough, we appreciate that. It was never going to be enough - as it was never going to be a "pay rise". It was always going to be a % contractual uplift.

DDRB can only opine on doctors and dentists - no other staff group which is what DDRB intended, and perhaps what NHSE expected. But the clumsily worded NHSE press release which referenced "all Salaried GP staff" raised expectations. In fact it was helpful, as it raised funds from the Treasury.

We might of course wonder if the press statement was actually intended to mean "all Salaried GPs" we shall never know.

The uplift received is intended to be passed on to salaried GP staff. That is clear in our detailed guidance to members, which I would urge LMCs to share with constituents. If a salaried GP has a clause in their contract honouring DDRB uplifts, then the practice needs to follow their own contract.

If the contract is silent then it would be wise for the practice to certainly pass on the entirety of its uplift to employed staff. How and when they do that will be determined by the practice.

Yesterday Amanda Doyle and James Kent advised David Wrigley and myself on a call that due to "technical errors" the payment in arrears would not be processed until the November payrun. The October payrun would be the uplifted amount for this month only.

The key for practices with cash flow issues and very tight margins is that of honesty and transparency. I might further suggest that where practices actively seek to frustrate or refuse to pass on any uplift may be considered a probity issue. I would urge LMCs to advise practices that the funds negotiated (initial budgets were in the region of £150m, final agreement was £233.14m) were done so with the intention that the investment in the global sun would be passed on. If it transpired this does not occur, it will make it much harder to negotiate in the future.

I like the old Red Book contract's ringfenced staff allocation of funds. This may increasingly be a way forward to drive investment into the core contract. So politically too, practices would be advised to be transparent with their staff around the uplift. It is not a guaranteed 6% pay rise for non-GP staff. It may be that some practices will have already decided to give an uplift, and that varies from practice to practice of course. If funds are woefully insufficient at a practice level then I'd be honest and demonstrate the figures, explaining the relevance of the on costs too.

At least it's locked into the GS so remains there and will be recurrent, but it was never going to cover everything in a capitated contract. Also I appreciate the frustrations around the assumption of 44% for staff expenses. In my own practice that is actually closer to 100% of our GS.

Negotiations took place at the same time as the national GP Earnings data was released. In 2022 a 20% rise was demonstrated (due of course to the exceptional hours undertaken to deliver

the vaccination programme in the pandemic). This year it was an 8% rise for contractors. We are very alive to the fact the data is two years in arrears and we made it clear that we anticipate next year's figures to fall. But this is the wider context for NHSE and DHSC.

In better news, yesterday Alex Ottley (head of BMA's independent contractor doctors team) and I met with the RCN's Heather Randle (U.K. professional lead for primary care) and Leigh Murray (national officer for industrial relations) to discuss the events of the summer, the conclusions of negotiations, and the practical details for employing practices of passing on the uplift.

It was a pleasure to meet them, and it was a fruitful and productive meeting, where we agreed to work closely in upcoming practice contract negotiations. We are looking at how we might set out a joint message to describe how the expenses uplift does not translate into a 6% payrise within a capitated contract; the importance of further recurrent uplifts into core practice funding to ensure fair remuneration and attractive working conditions to recruit and retain our amazing practice nurse colleagues; and the importance of sharing knowledge around mutual contractual details to make shared progress and support GP contractor employers and their PN employees alike. We were also able to inform RCN colleagues of the delay to practice payments to the November payrun which they will cascade internally.

Please feel free to share this message with your constituents.

Many thanks

Katie

Dr Katie Bramall-Stainer
Chair, GPC England

Kent LMC Annual Conference: Innovation In Practice, 5th October 2023

Thank you to all who attended the annual Kent LMC Conference.

We were delighted to welcome Dr Rachel Morris, host of the 'You Are Not A Frog' podcast, a former GP and executive coach Rachel is aware of the challenges faced by colleagues and what it is like to feel overwhelmed and one crisis away from not coping. Rachel spoke eloquently to the audience to explain how you do not need to dramatically change careers to thrive in your current role but by thinking differently, you can make deliberate choices to feel calmer and get some time and headspace and love what you do again. I would encourage anyone who didn't attend to have a look at Rachel's [podcast](#).

Dr Mayur Vibhuti followed with a discussion around the many digital offerings that currently exist. How we can use them in practice, and how as organisations the path to innovation is not always

smooth, how do you manage setbacks (which we learnt are to be expected)? We thought about how we use digital innovation to suit our needs and the criteria we need to apply before using new tools.

Next Generation GP, which the LMC have funded in Kent and Medway, we have so far run 3 programmes, all with positive feedback, attendees have gone on to take up Clinical Director Roles, ICB clinical lead roles, Education and GP partnership roles. We plan to run further programmes in the future. Dr Alicia Watts presented the work the LMC and Training Hub have undertaken to look at the needs of mid-career GPs (anyone between the first and last five years from qualification). We heard the outcomes of the qualitative work we have done with our mid-career GPs and the outcomes which are currently underway. There are Peer Network Learning Sets which can be accessed [here](#).

Kent and Medway Medical School attended with their second-year medical students. It was delightful to hear from our students of their experience so far, and we are pleased the Medical School is going from strength to strength, continued support with placements is needed. For more information on KMMS and to hear directly from some of the students click [HERE](#).

Kent LMC General Practice Survey 2023 and General Practice Alert State, we presented our survey findings, and we will be sending these out as a separate email. General Practice Alert State has been running for a year, we looked at the trends over that year, the only time we declared a Black status was in March when Kent and Medway had the IT failure, we were able to use this data to present the impact on General Practices which helped us to negotiate the compensation for the hours of additional work this created. GPAS has now gone national, with many LMCs feeding in the weekly data to a national dashboard, all this information assists us to demonstrate our current pressures to NHSE and will assist with future contract negotiations. We encourage all practices to sign up and submit we are in discussion with the ICB around what support packages can be developed to support practices declaring Red and Black status on their returns.

The ICB Deputy Chief Medical Officer, Dr Steve Fenlon, presented the work the ICB are undertaking with the Acute Trusts to address the interface and secondary care. Acute Trusts are developing plans to address the recognised volume of work which is transferring into General Practice as we all face NHS pressures. The ICB are developing plans for how they will monitor the impact of the changes.

We closed with a talk from the Chief Medical Officer Kate Langford, the ICB are developing a Primary Care Strategy and following their listening events remain open to more comments. You are welcome to contact the ICB Chief Delivery Officer directly with your ideas before the end of October – please reference your emails with 'Primary care strategy development' so we can ensure they are reviewed and included in the consultation – lee.martin@nhs.net

Following the conference, Dr Gaurav Gupta commented 'Kent LMC conference this year was a great event with some fantastic, engaging and invigorating speakers. I am sure, like me, all

attendees enjoyed the day and left with useful insights which we can use in our work and personal lives. Thank you to all the LMC team for organising another successful conference'.

Thank you again to all who were able to attend: we will be reviewing your feedback to help us shape future conferences.

Reminder: Kent LMC Election: Call for Nominations - closing date 11th October

A reminder that the LMC are running an election for the remaining seats for the 2023-2026 term of office.

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 can also be found [HERE](#)

General Practice Alert State (GPAS) National Reporting Dashboard

The national GPAS reporting dashboard has been published and shows the pressure general practice is under. Kent & Medway practices continue to report the highest alert level, Opel 4, consistent with the county having the lowest level of GPs per head of population in England.

Thank you to practices that continue to provide input into GPAS on a weekly basis. The information you provide is invaluable in evidencing the pressure general practice is operating under. The GPAS information from the national dashboard will be used by the BMA and feed into contract negotiations.

Submissions continue to be 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 operational pressures in general practice. The report takes less than 5 minutes to complete each week.**

We would encourage every practice to submit a report on weekly basis and to also provide comments and feedback.

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

Furthermore, if you are experiencing acute operational pressures please do get in touch. **If your GPAS contact person changes or leaves the practice, please update us with the new contact person at info@kentlmc.org**

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

Reminder: Workforce and Wellbeing Programmes

We would like to outline 2 separate offers the LMC working with the training hub have released this week for practices. The intention is that the offers enable practices to achieve the 'Workforce and Wellbeing Points Thresholds' in QOF: The contractor can demonstrate continuous quality improvement activity focused upon workforce and wellbeing as specified in the QOF guidance. The overarching aim of this QI module is to evidence support for improvements in wellbeing, resilience, and minimising the risk of workforce burnout.

The 2 programmes we are offering to practices are:

Manage Your Mind programme: these are in person, 1 day events, on the dates and locations found below. These are available to **GPs and all practice and PCN staff**. Sessions will focus on improving mental and emotional health using powerful breathing exercises and mindfulness techniques. The cost of attendance is £80 but the LMC will share the costs with practices, reducing the **cost per participant to £40**, this includes a delicious lunch at the venue and refreshments throughout the day.

Manage Your Mind offers individuals an opportunity to invest in themselves, to rest, to re-centre, to re-focus and to re-energise. Participants are likely to benefit from learning new skills, breathing techniques, guided meditations and processes that help calm the mind. Studies have shown that when practiced regularly, they help improve sleep, reduce stress, depression and anxiety and improve the quality of life. This is a great opportunity to connect with colleagues. There are no limits to numbers of staff registering per practice, but please be aware each event has a limit of 45 participants, and you can register to attend at the most convenient location to you.

Click on the required date to take you to the booking page:

[Friday 20 October. Riverside Church, Thanet Way, Whitstable](#)

[Friday 17 November. Aylesford Priory, The Friars, Aylesford](#)

Please note you can attend an event in area and not restricted to the event in your HCP area. If you have any questions about the programme then please email: Manage.yourmind@nhs.net

Mental Health First Aid (MHFA) – is a national training programme, which teaches people how to identify, understand and help someone who may be experiencing a mental health issue.

MHFA won't teach you to be a therapist, but it will teach you to listen, reassure and respond, even in a crisis – and even potentially stop a crisis from happening.

You'll learn to recognise warning signs of mental ill health and develop the skills and confidence to approach and support someone while keeping yourself safe. You'll also learn how to empower someone to access the support they might need for recovery or successful management of symptoms. This could include self-help books or websites, accessing therapy services through routes such as their school or place of work, online self-referral, support groups, and more. By becoming an MHFAider® you'll have access to continuous support – well beyond your initial certification – so you are confident, empowered and motivated to carry out your role. You will get three years' access to MHFAider® support and benefits which includes 24/7 digital support through the MHFAider Support App®. From there, you will find exclusive resources, ongoing learning opportunities and the benefit of joining England's largest community of trained MHFAiders®. The qualification is endorsed by the Royal Society For Public Health.

Our ambition is to have one Mental Health First Aider per practice, ideally this would not be a GP or staff member who has a HR role, but another approachable member of the team (clinical or non clinical) who is interested. We can then form a local peer network to share learning.

This offer is fully funded. To book a free place please follow the link:

<https://invictahealth.learningpool.com/course/view.php?id=1074>

Course dates – 6th November and 10th November, whole days 9-5pm, virtually delivered.

A course manual will be sent to participants prior. Each cohort has 8-16 participants, further dates will be rolled out as we fill up the course.

As you can see the courses offer separate benefits and we hope that you find them useful.

Lantum system-wide multidisciplinary staff bank

We have been asked to share this by the ICB. Clinical staff are able to join the Kent & Medway Flexible Staff Pool by [clicking here](#) to either create an account or link your existing Lantum account. Advantages are:

- Free next-day payments for sessions across Kent & Medway ICS
- Having more control over when and where you work, being able to negotiate directly with practices and with no minimum hours
- Automated invoicing and auto-signing of timesheets to cut down on your admin time
- The ability to connect and build lasting relationships with Kent & Medway practices

Becoming approved to work is quick and straightforward - all you need to do is upload your three core compliance documents, as detailed below:

CV:

- The last 3 years of work or education experience
- Your contact details and GMC number

Passport:

- A clear image showing all 4 corners of the identity page
- If you do not have a passport, you can upload your birth certificate and another form of ID such as a driver's licence instead of a passport

Enhanced DBS (*this can be the one you already have with your practice*)

- An Enhanced DBS with all 5 fields requested
- Dated within the last 3 years
- A clear image displaying all 4 corners of the first page

If you have any questions or need support with signing up and becoming approved to work, please contact clinician.operations@lantum.com.

Useful Links

[Subscribe to Kent & Medway ICB General Practice Updates](#)

[Previous issues of the General Practice Update available online](#)

[Subscribe to NHSE Primary Care Bulletin](#)

[Email Newsletters from CQC](#)

[Kent and Medway Primary Care Training Hub](#)

[Sign up to Primary Care News](#)

Upcoming LMC Interface Meetings

The following meetings are taking place over the next couple of weeks. If you have any issues that you would like us to raise please email info@kentlmc.org with the title of the meeting and details of your request.

K&M ICB Interface Meeting – Thursday 19 October

Kind regards

Kent Local Medical Committee



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*Supporting list based personalised care,
the partnership model and meaningful collaboration*