



Cleveland LMC Bulletin Tuesday 23 April 2024

GPC England writes to NHS England and ICB leads

We have now [written to NHS England](#), confirming that we are in dispute regarding the 2024/25 general medical services contract for general practice, and warning that steps that may ultimately lead to GP action will follow, unless urgent improvements are made to the contract.

The decision by NHSE and the Government to impose the 2024/25 contract on the profession on 1 April, comes despite a unanimous rejection by the BMA GPs committee England, and by [99.2% of over](#) 19,000 GPs and GP Registrars across England who took part in our referendum. Of note, the turnout for BMA members who identify as GP principals, partners or contractors was almost 75%.

We have also [written to integrated care board chairs and CEOs](#), advising that the potential threat of GP action be placed on system risk registers if not already there, and inviting them to meet with their Local Medical Committee representatives to discuss the potential implications of such action, as well as better understanding local general practice pressures specific to individual systems.

The Chair of GPC England, Dr Katie Bramall-Stainer said: “GPs and their patients want the same thing. We want patients to be able to see their family doctor, quickly and easily, in a practice that is local to them, well-staffed and resourced, and safe.

“This contract imposition will do untold damage to our profession, making it harder for surgeries to stay open and give the care our patients need.

“We don’t want to take any kind of industrial action and hope it can be avoided, but the further NHS England and the Government get from working with us on solutions, the closer GPs get to taking action.”

Read more here: [GPs in England go into dispute with NHS England over contract](#)

PCSE Seniority Payment Reconciliation process

Colleagues will recall that last Autumn many practices were contacted by PCSE, which was undertaking a reconciliation exercise for seniority payments made in financial years 2017/18, 2018/19 and 2019/20. Not all practices will be affected by this exercise.

This process was then delayed because of the need for further validation exercise. This has now been undertaken for all but a very small number of practices. As a result of the validation, the figure your practice (if affected) will now receive (which may be either positive or negative) may be different to the figure sent in October 2023.

The intention is to balance practice payments in the June contract payment run. Across England approximately 1,500 practices are due a deduction, and just under 1000 practices will receive a positive adjustment. PCSE are making special arrangements for practices who believe a one-off financial deduction in June would place their practice at risk of financial hardship. If this is the case, you should complete the request for a payment plan via the email you have received from PCSE.

There is a short window to complete this, as it should be sent to PCSE by 23 April 2024. PCSE will set up a payment plan for the remaining ten months of the financial year (June 2024 to March 2025) in

which the total deduction will be subdivided into ten equal monthly deductions. GPC England (GPCE) understand from PCSE that this payment plan will be forwarded to the practice's ICB and practices contacted if the ICB considers such a repayment plan is unnecessary. However, it is difficult to understand any ICB drawing this conclusion. LMCs are recommended to advise ICBs that if they have any queries about an individual practice's repayment plan, they should urgently contact the practice and their LMC.

PCSE have also confirmed they will not make a June deduction if a dispute has been raised.

There is further information regarding seniority payments in my previous update letter of 23 October 2023 and also via the PCSE website at [Seniority payments | PCSE \(england.nhs.uk\)](https://www.pcse.org.uk/seniority-payments)

PCSE and NHSE both recognise that, having initiated this exercise and then withdrawn it for further validation, there may be some scepticism about the revised figures. This is a complicated exercise as the total figure sent to practices is an aggregate one, covering all partners at the practice entitled to receive seniority payments during the three years involved, and this may include both positive and negative adjustments. Practices can request further information from PCSE via the link above.

Due to the time that has elapsed, these adjustments may relate to GP partners who have now retired, resigned from the practice, or who are even deceased. They may also relate to practices which have now merged or closed. GPCE does not believe current practices should be contacted about practices that have closed, and patients dispensed to re-register elsewhere, as opposed to mergers, which have brought together previous existing practices. Practices may find that, because seniority payment reconciliations were always made some years in arrears, there is reference to such arrangements on retirement or resignation within a Partnership Agreement. There may also be similar arrangements detailed in Merger Agreement when this has occurred.

However, this exercise is undoubtedly going to create some work for practices: GPCE recommends that in the first instance, practice accountants are informed of the information received from PCSE. Obviously, past partners can be contacted, but this needs to be a value-for-money exercise as some adjustments (whether positive or negative) are small, in absolute terms, and may not justify a complicated accountancy exercise. Current partners can certainly inform previous partners (including partners of a then different practice if a merger has occurred) of the information they have received from PCSE. If a partner has died, then this may be a more sensitive exercise in terms of contracting the beneficiaries of their estate. If this isn't possible, PCSE should be informed.

GPCE also understands that PCSE will eventually be in touch with practices affected by the 2013/14, 2014/15 and 2015/16 and 2016/17 financial years, although any adjustments related to these years are likely to be smaller in absolute terms, but we do not have a date for this exercise.

Updated version of GMC Good Medical Practice

All colleagues should note the recent update to the GMC's Good Medical Practice (GMP), which sets out expected standards for all doctors in the UK; this came into effect on 30 January 2024 and replaces the 2013 version.

The GMP update is designed to rephrase some of the guidance to achieve the following five aims:

- Creating respectful, fair and compassionate workplaces for colleagues and patient
- Promoting patient-centred care
- Tackling discrimination
- Championing fair and inclusive leadership

- Supporting continuity of care and safe delegation

These aims are described in more details at: [Key changes to Good medical practice 2024](#)

There is also a very helpful side by side comparison of the GMP 2013 guidance and the updated 2024 version, with a commentary about these changes, available [here](#)

It is clear that the NHS has a long way to go to create a working environment in which all colleagues feel supported and valued, despite the aspirations of the NHS England Long Term Workforce Plan.

This means that part of the contribution all colleagues can make within their working environment is to encourage respectful, positive, and supportive relationships amongst all those working within practices, regardless of their role and job title.

Update: Medical Examiner Arrangements

Colleagues may feel that writing a further update regarding the Medical Examiner [ME] system represents something of a hostage to fortune.

As colleagues will recall, the original date for implementing these arrangements was April 2023, after many concerns were raised, this was ultimately postponed until April 2024, but as this date approached it became clear that reliable arrangements to ensure all community deaths were covered by local Medical Examiner Units were not in place.

The Health Minister has now announced that the statutory introduction of these changes will be delayed until 9 September, to allow “time to prepare for implementation”. This presumably represents a euphemism for “still not ready”. This means the use of the Medical Examiner system by GP practices will not be universal, and the current unsatisfactory hybrid process will continue. If your practice has been “on-boarded” by local ME Units, you can continue to refer draft MCCDs and accompanying information about the deceased to the Unit.

If your practice continues to refer all, or a proportion, of deaths to local Medical Referees, then colleagues can continue to do so over the coming months. ME units should be contacting practices not linked to their service to set up arrangements for GP referral of deaths within the community.

GPC England has contacted the National Medical Examiner, and is hoping to be able to pass on a further update shortly.

COVID therapeutics

We have updated the GPC England COVID Therapeutics guidance. NICE and NHS England are increasing the eligible cohorts this June 2024 and some ICBs are considering decommissioning services with an expectation that GPs prescribe. This is not core general practice work and there are significant interactions between the first line treatment and many common medications. We therefore recommend that GPs do not agree to prescribe this unless as part of an appropriately commissioned service. Read the guidance [here](#).

NHSE Delivery plan for recovering access to primary care

NHS England has published an [update on the Delivery Plan for Recovering Access to Primary Care and outlined next steps for the year ahead in 2024/25](#).

Continuing to “improve timely access to primary care” and “reducing pressure on staff” remains a continuing aspiration for NHSE for the second year, and their [letter](#) sets out some key areas, such as taking further steps to improve the primary / secondary care interface, increase the number of people self-referring, implementing core elements of modern general practice, and increasing the number of people viewing their health information and ordering repeat prescriptions via the NHS App. Clearly GPCE has proposed alternative approaches which have not yet been adopted by NHSE.

Agenda For Change DHSC Payment - practice nurses

There have been articles published in the past month in some Nursing journals regarding a ‘pay boost’ for practice nurses being funded by the Department of Health and Social Care. This relates to an initiative last year, where the Government offered staff on Agenda for Change pay scales a cash boost - information can be found [here](#).

We appreciate that the vast majority of practice nurses working in general practices are not working on Agenda for Change contracts which align with AfC pay scales, terms and conditions - those practices will *not* be eligible to receive the payment.

GP referral pathway to Pharmacy First

Community Pharmacy England has developed an [animation and infographic](#) to help describe the GP referral pathway into the CPCS (Community Pharmacist Consultation Service), primarily aimed at GP practice teams. The animation outlines how referrals work and what pharmacies do with those referrals, as well as the success of NHS 111 referrals into the CPCS.

Read more about Pharmacy First on [this information page for GPs](#)

Update on CQC registration and portal

Due to issues with CQC’s new provider portal, some providers are still unable to use it to undertake notification and registration activity. CQC is working to resolve these issues and will provide an update as soon as they are in place.

Until fixes to the portal are in place, CQC is implementing a temporary process for providers who urgently need to undertake registration activity and cannot use the portal.

Providers can continue to submit notifications via [email](#) if you are unable to use the portal.

See more information here: <https://content.govdelivery.com/accounts/UKCQC/bulletins/396c1fa>