Suffolk LMC

Serving General Practice in Suffolk

Newsletter January 2024

Committee Members:

Dr Richard West (Chair - richard.west5@nhs.net)	Dr Rahil Siddique	Dr Ian Hume (GPC Representative)
Dr Sven Brode (Vice-chair)	Dr Neil Macey	Dr Melissa Williams
Dr Sarah Caston (Treasurer)	Dr Ben Solway	Dr. Ruth Holdstock
Dr Jordan Nye	Dr Harriet Harrison	Dr Edward Allen
Dr Ruth Bushaway	Dr John Oates	Dr Lydia Yates
Dr Christopher Browning	Dr Sarah Hughes	Dr Balaji Donepudi

Suffolk LMC Office:

Primary Contact	**support@suffolklmc.co.uk**
Aimee Longfoot (Executive Officer)	aimee.longfoot@nhs.net
Dr Peter Smye (Medical Director)	p.smye@nhs.net

Support for attending Coroner's Inquests

The LMC has been made aware of several Suffolk clinicians (primary care) attending Coroner's Court alone and looking visibly distressed. **This is not acceptable.** Please ensure any clinicians from your teams who are called to an inquest contact the LMC or, at the very least, attend with another person in support.

Alongside in-house staff, the LMC office has access to offers of support from experienced teams at the acute trust and the GP federation (both of whom are well used to supporting in such scenarios).

Practice Managers Conference

This year's Suffolk LMC Practice Managers Conference is being held in Bury St Edmunds on 25th April. The agenda, which will be released shortly, has been specifically designed for our Practice Managers, with direction from our dedicated Suffolk LMC PM group and The PMA on the nationwide topics. It promises to deliver practical support and advice for all levels of experience, the essential opportunity to network with peers, and the chance to engage with suppliers offering solutions to commonly held frustrations in general practice.

Places are limited, so please sign up now to secure your ticket: Suffolk LMC Practice Managers Conference 2024 Registration Site

Suffolk LMC

Follow-up from Private Bariatric Surgery (including abroad)

One of the most frequent clinical queries received by the LMC is around how practitioners should approach the patient who has undergone surgical intervention for obesity via a non-NHS route.

Following lobbying from the LMC, the ICB have provided the following policy statement (found here) which provides helpful clarity in such scenarios.

The LMC & ICB are clear that the intent behind the statement is not to provoke multiple IFRs, but to place the onus firmly back on the private provider. Where this is not occurring or where practitioners are finding they need to complete IFRs regularly please do let us know via the contact details above.

Medical Examiner and Changes to Death Certification

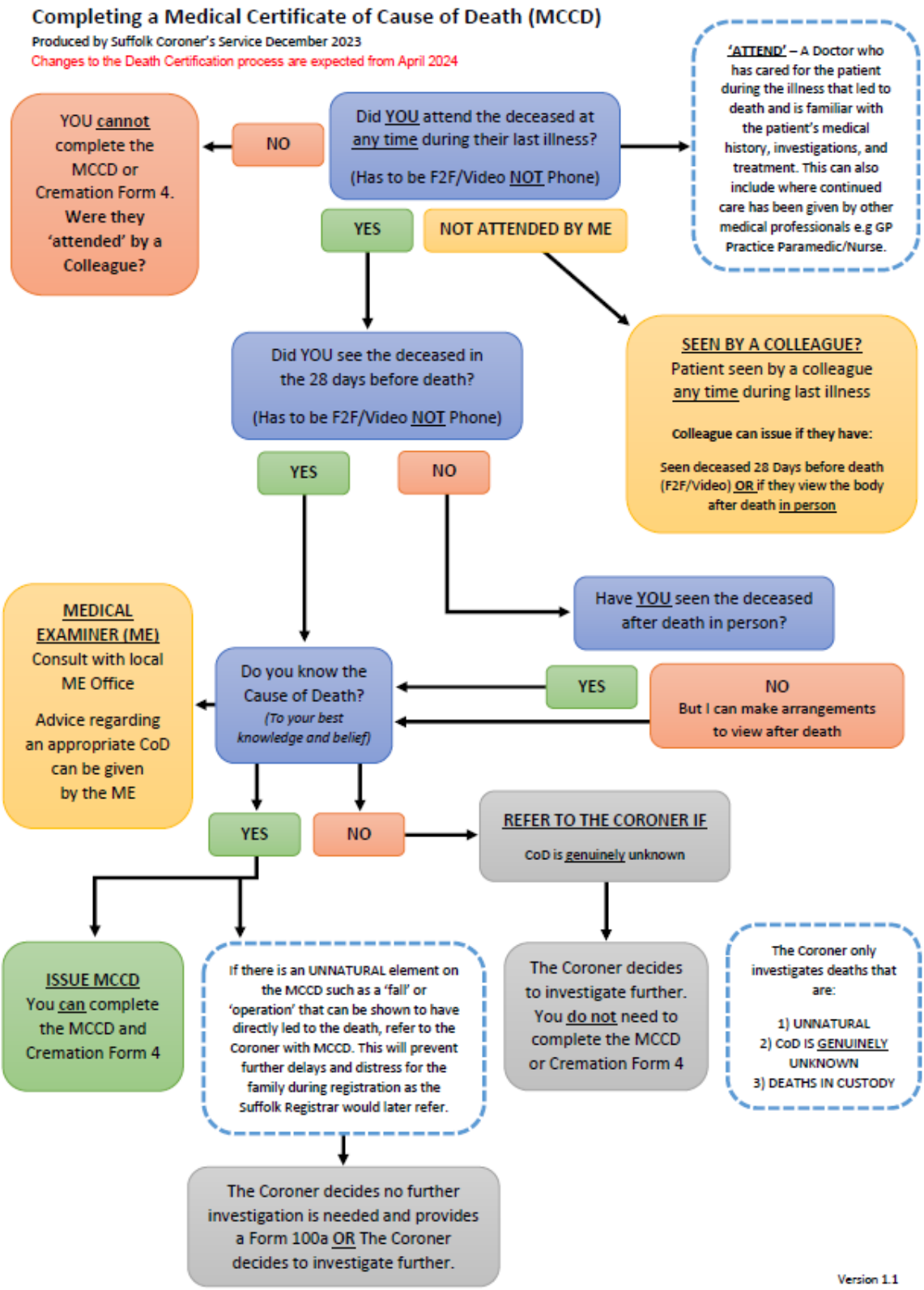
From April 2024 the current processes of completing medical certification of cause of death (MCCD) and the cremation form will change. It will no longer be possible for a GP to complete an MCCD without external discussion, the format of the MCCD will change, and the cremation form (and fees) will disappear altogether. A flowchart illustrating this process is included below and practitioners would do well to note the helpful clarification around terms such as 'attend' contained within. It is anticipated that a minor deviation from the standard process will be used for deaths in care homes – details to follow. Furthermore, encouraging discussions are taking place at a local level around verification of death by care staff as a standard procedure (a potential time saver for busy clinicians).

As the chart illustrates, when a patient known to you dies and there is a legitimate requirement for you to complete a certificate of cause of death it will be necessary for you to discuss the patient history and the proposed cause of death with a medical examiner. The medical examiners are experienced doctors who have been trained for the role. They will be based within the acute trusts.

The cause of death you write on the certificate will be that agreed with the medical examiner, who will also offer guidance in cases where you are pondering a referral to the coroner. Initially there may be some to-ing and fro-ing as a cause of death is reached, but in time this will settle down and the service should ultimately be supportive.

1st April is a 'hard start' for these changes and you are advised to open channels of communication **now** with your local medical examiners – for west communityMCCD@wsh.nhs.uk and for east IpswichME.GPreviews@esneft.nhs.uk so that you are ready to start on that date as the 'old' process will have gone. As time progresses it is expected that communication processes will become more sophisticated from an IT point of view and even that the medical examiners rather than yourselves may write the MCCD, but to start with it is a matter of e-mail and telephone to come to an agreed conclusion.

Suffolk LMC



Sources of Further Information:

https://www.england.nhs.uk/patient-safety/patient-safety-insight/national-medical-examiner-system/non-coronial-deaths-in-the-community/

Both Medical Examiner Teams (emails above).

Suffolk LMC

DNAR/RESPECT Forms

The LMC has been made of aware of incidents in which EEAST (Ambulance) crews consider black and white/photocopied forms invalid. Although the preference is for colour/original forms, it has been confirmed that the above scenario reflects a misunderstanding on behalf of individual crews and is not in line with EEAST policy (which is that such forms are valid).

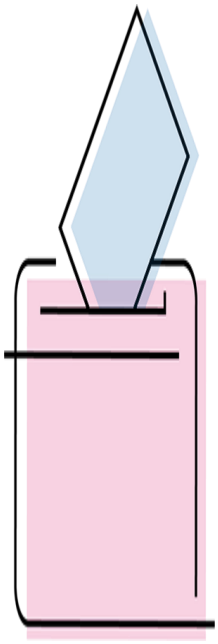
Right Care, Right Person

We continue to raise concerns that implementation of RCRP policies in Suffolk have created a considerable gap where concern for a patient's welfare have been raised and that patient is not easily located. To date, there have been several incidents resulting in patient harm and no adequate mitigation.

We would strongly advise practices involved in such incidents to contact the police in the usual fashion and clearly outline the level of concern. Recording the time and date of the call (rather than NHS number as the principle identifier) is helpful if subsequent review is required. Again, please let the LMC office know of such events as concrete examples of difficulties or harm greatly assist our ongoing discussions.

National GPC/BMA Updates

Preparation for any future ballot



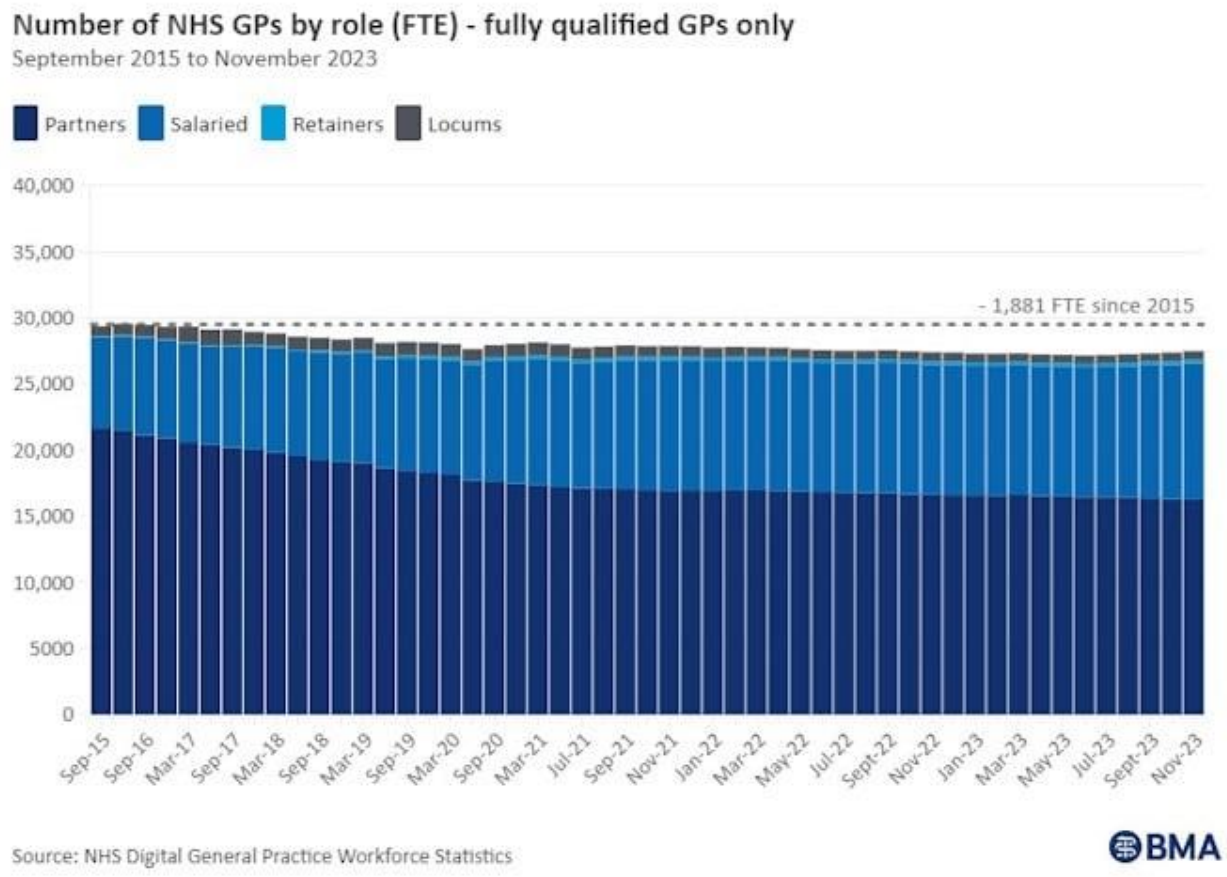
We need our GP contract to feel safe to sustain services and deliver for our patients. We need our workload to feel safe to retain and recruit GPs and the wider practice workforce. We have been clear with DHSC and NHSE that 2024/25 must bring hope for the future of our profession. This is also the will of your nationally elected body – GPC England voted in April 2023 to prepare to ballot GPs on taking collective action if the Government does not 'drastically improve the contract' in 2024/25 negotiations.

At the LMC England conference 2023, the conference voted to take the outcome of future contract negotiations to the profession. Tell your colleagues and partners to **join the BMA today**.

Make sure the details we hold for you are up to date to ensure your vote counts. **Update your details >**

Suffolk LMC

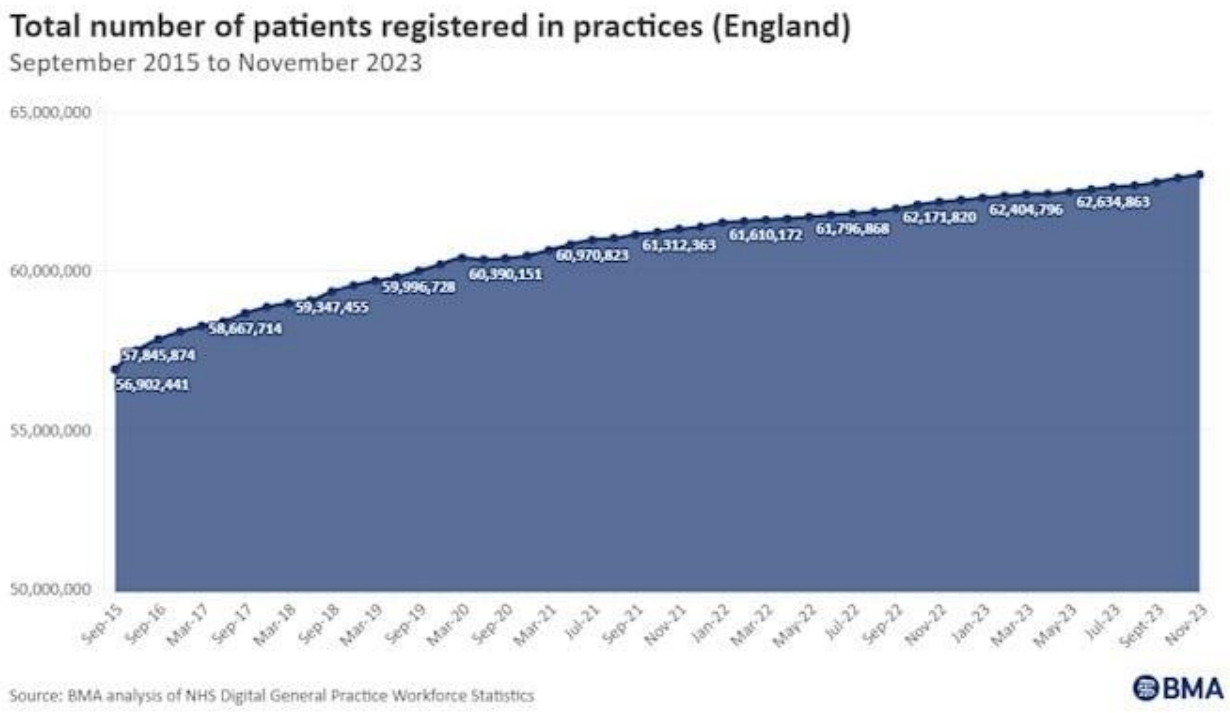
GP pressures and workforce data



Our BMA teams collate monthly **appointment** and **workforce data** onto our **website**, which is a great resource for signposting PPGs, local press and MPs. November 2023's data shows that the NHS in England has 1,881 fewer fully qualified FTE GPs than we did in September 2015. The number of GP practices in England has also decreased by 112 over the past year – reflecting a continued trend of closures as well as mergers primarily due to a lack of workforce that coincides with a rise in patients.

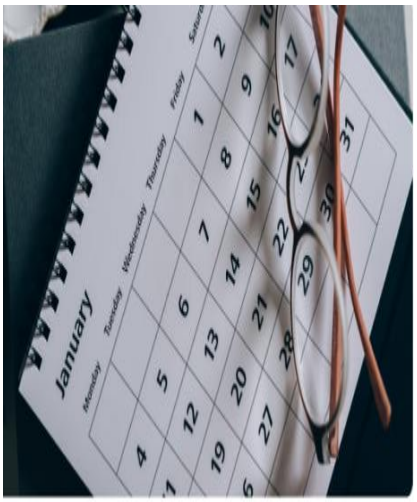
Around 31.5m appointments were booked in November 2023, with an average of 1.43m appointments being delivered per working day, which is above the average of 1.39m per day for the past year. In addition, as of November 2023, there was another record-high of 63.03 million patients registered in England, with an average of 9,977 patients registered per practice. A single full-time GP is now responsible for around 2,300 patients – an increase of 18% since September 2015, demonstrating the ever-mounting workload in general practice. **View more infographics and data about the pressures in general practice >**

Suffolk LMC



We urge practices to use our **safe working guidance** to limit contacts to 25 per day to prioritise safe patient care, within the present bounds of the GMS contract.

Sessional GPs locum work challenges



The sessional GPs committee continues to hear reports from constituents that they are struggling to find locum work in practices. Practice finance pressures, as highlighted in our recent GP finance survey, and the need to use ARRS funded roles, (which exclude GPs) have resulted in a huge reduction in available locum shifts, leaving many GPs unable to work.

We have raised these concerns face-to-face with NHSE and DHSC and, via the **GP-wide survey**, are gathering increasing evidence on this issue. We will continue to lobby for the inclusion of GPs (and practice nurses) in the ARRS. Patients want and deserve to see a GP, and at a time when we have a supposed shortage of GPs it is unconscionable that anyone should be struggling to find employment or that patients are denied the benefits of the skills and expertise those GPs have spent their entire careers developing.

Suffolk LMC

It is GPC England's view that it would be appropriate to include GPs (and practice nurses) as reimbursable roles within the ARRS programme. Had the considerable financial support associated with the ARRS programme over the past five years been directly available to GPs for use within their practices, without the constraints on recruitment associated with the PCN DES specification, this would have created a far more flexible, responsive and sustainable solution to the workforce crisis facing general practice. We also believe this would have resulted in better value for money from ARRS funding in terms of patient care.

Without the necessary support that general practice so desperately needs from NHSE/DHSC to provide safe, effective, and efficient care to its patients, we can expect to see further losses of GPs from the NHS, and from England to elsewhere with a consequent continued erosion in the standards and quality of care provided.

Online access to records – data breaches from misfiling of records

There is ongoing work continuing behind the scenes focusing on making the online access to records project safer. **Read more about our concerns regarding how this was imposed on the profession >**

If you have any examples of potential or actual harm that has arisen, for example: the accidental misfiling of data/letters in the wrong patient's record, or when information should have been withheld from online view in order to prevent harm, but wasn't, and which has only come to light now more patients have access to their records, please pass on details to **info.gpc@bma.org.uk**.

NHS vaccination strategy

In December NHS England announced its long delayed **vaccination strategy** following an initial consultation in 2022. The strategy aims to set out a national strategy to support and boost vaccination rates in England. GPC England will be discussing its approach to this and what it means for general practice over the coming months when it meets on 1 February. We shall respond in the coming weeks once 2024-25 contract negotiations have concluded.

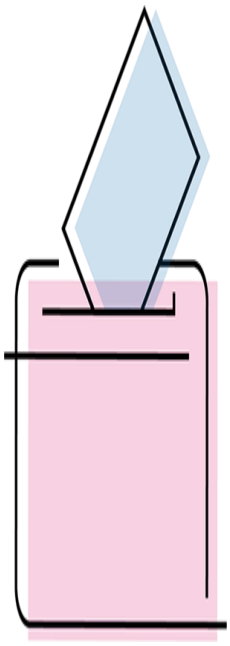
DDRB evidence submission for GPs across England

BMA council decided in November to undertake a referendum of divisions on ARM policy following a motion from GPC England chair and BMA council member for the Eastern region, Katie Bramall-Stainer. This led to BMA divisions being invited to hold division meetings and vote afresh on the policy in line with Articles 69 and 70 of the articles and by-laws of the association.

Suffolk LMC

22 divisions participated in the referendum and a total of 135 votes were received. There was an overwhelming vote to overturn the existing policy, which has now been removed from the policy book, and all committees, including GPC England, can now submit evidence to the DDRB. Our thanks to all the honorary secretaries of those divisions who went out of their way to arrange meetings. Thanks to all those who participated.

Last chance to nominate yourself to attend ARM 2024



Calling all GPs to self-nominate for the **ARM (annual representative meeting)**, which considers important policy that affects the whole profession.

The representative body is made up of constituent bodies that sends elected representatives to the ARM each year to debate on and pass new BMA policies. It also conducts various elections, considers reports from council, the board, and committees.

We'd like a strong GP presence, so please put yourself forward!

Nominations close on **19 January** at midday. **Nominate yourself now >**

Wellbeing resources

As we continue to face overwhelming pressures in general practice, we encourage practices to focus on their team's wellbeing and take some time to meet and reflect on what they can do to protect it. This will meet the requirements of the new QOF targets in the GP contract to do your **quality improvement project on staff wellbeing**.

A range of wellbeing and support services are available, from our 24/7 confidential **counselling and peer support services** to networking groups and wellbeing hubs with peers, the **NHS practitioner health service** and non-medical support services such as **Samaritans**.

The organisation **Doctors in Distress** provides mental health support for health workers in the UK, providing confidential peer support group sessions.