

CONTENT

1. HOT TOPICS

[This Month's Hot Topics *includes Online Consultations Guidance*](#)

2. TRAINING, EVENTS & OPPORTUNITIES

[Humberside LMC Leadership Programme for GPs from Black, Asian and Minority Ethnic backgrounds](#)

[Macmillan Online Palliative Care Conference](#)

[Free Mentoring Delivered by GPMplus](#)

3. PRACTICE MANAGEMENT

[Central Procurement for Pneumovax®23 from 1 June](#)

[Medicine Supply Issues Update May 2021](#)

[Extension to Shingles Immunisation Programme](#)

[Majority of GP Receptionists Face Unprecedented Levels of Abuse at Work, New Research Shows](#)

4. GUIDANCE & RESOURCES

[The Cameron Fund – 10 Top Tips for Financial Wellbeing](#)

[NHS Standard Contract 2021/22](#)

[Humberside LMCs Website – Humber, Coast and Vale Pages](#)

[LMC Podcast](#)

5. CONSULTATIONS

[Your Chance to Improve Staff Training in Primary Care](#)

[Appraisal 2020 Survey](#)

6. GENERAL NEWS

[CQC Update](#)

[Microsoft N365 Licences for Locum GPs](#)

[NHS Digital Weight Management Programme](#)

Items marked * in orange on the content list are highlighted either because of their

importance or because they contain information you may not have seen elsewhere.

HOT TOPICS

This Month's Hot Topics

Online Consultations Guidance for Practices – Contractual Position

The LMC continues to receive queries from practices about the contractual position around online consultations. Along with other LMCs, we have sought clarification from the GPC England team. While NHS England refers to online consultations in the latest SOP dated 4th May, the contractual position has been outlined by the BMA - see [LMC UK conference | COVID vaccination | online consultations – contractual requirements \(bma-mail.org.uk\)](#) (scroll down to the **Online consultations – contractual requirements**

heading). This is an extract from the GPC advice:

The contractual position

Before the pandemic, as part of the [2019 GP contract deal](#) (paragraph 5.10 (i)) GPC England agreed that it would eventually become contractual for practices to offer online consultations during core hours. This agreement has not yet been added to the contract regulations, so is not currently a contractual requirement. However, GPCE also agreed that practices should offer online consultations as early as possible, provided that the necessary infrastructure is in place, but it would not become a requirement until it is entered into the contract regulations. It is therefore for practices to determine how best they use online consultation systems, including what hours they are available, and they should try to use them in such a way that helps with triage and workload management, enabling the delivery of a safer and more accessible service to all their patients.

The LMC wishes to reassure practices that they are under **no contractual obligation** to provide access to any online consulting platforms outside their core contracted hours of 8am-6:30pm (or 6pm if local arrangements are in place), Monday to Friday. We know that some practices find online platforms useful, however where a practice feels they are not helpful in the delivery of their services, or they are not yet fully ready for their implementation they may request that the provider deactivates them outside core hours or completely. Where deactivating these platforms is technically difficult (e.g. from the provider end), practices may wish to simply remove the link on their website as a temporary measure – you do not need to seek permission to do so but should

inform the CCG so they are aware. Please feel free to copy the LMC in if you wish. With thanks to BBO LMC for sharing their statement on this matter.

Humber Primary Care Collaborative

Our work to establish this new body, which will provide a strong voice for primary care in the Humber region's new Integrated Care System (ICS), has continued. All providers are now represented on the group's membership - you can find a list [here](#). The first meeting will be on 2nd June 2021 and we'll be publishing meeting agendas and minutes on our [Humber Primary Care Collaborative page](#). You can find more information on the role and purpose of the group on the [project initiation document](#). Any feedback is welcome - please email us at humbertside.lmcgroup@nhs.net.

NHSE Standard Operating Procedure Letter

Along with many other LMCs, we voiced [our concerns regarding the NHSE letter regarding restoration of GP services](#). We will continue to work closely with system leaders to ensure that the reality of the pressures general practice is dealing with is understood. GPC chair Richard Vautrey has issued a [statement addressed to all GPs](#) and in an update said:

“Instead of knee-jerk responses to press headlines there needs to be proper acknowledgement from the Government and NHSE/I that practices are under huge pressure at the moment, that you are doing the right thing by working in line with national infection protection and control guidance as set out by the CMO and that you have been using telephone and online consultations appropriately to both keep patients and staff safe. This also needs to be much more clearly explained to the public.”

Racism and Discrimination Report

Our report highlighting discrimination faced by staff and patients in general practice, published earlier this month, has attracted a considerable amount of interest and was reported on by [Pulse](#) and [GP Online](#). A motion on a zero tolerance approach to racism we submitted to the UK LMC Conference, proposed by Dr Gina Palumbo, was carried unanimously. You can read all the motions from this year's event [here](#).

Support from the LMC

Read our [updated June 2021 summary](#) of resources and services you can access for support.

TRAINING, EVENTS & OPPORTUNITIES

Humberside LMC Leadership Programme for GPs from Black, Asian and Minority Ethnic backgrounds

Colleagues who experience racism and discrimination are often absent from senior roles and management structures within the NHS. We want to make a small step towards addressing this by offering a programme designed to support you in accelerating your career and personal development as part of the Humberside LMCs' Wellbeing Strategy, funded by NHSEI.

The programme is available to GP colleagues from Black, Asian and Minority Ethnic backgrounds to support personal and professional development, taking into account the additional barriers you may face due to ethnicity, race and discrimination.

This programme is fully funded, but limited in places due to this. We would welcome expressions of interest from individuals who meet the above description and are able to commit to attend all of the course dates. This is a unique opportunity to help you carve out your own career path, become more empowered in pursuing your aspirations and be supported in embracing your background as a positive tool for progression.

The programme will be delivered by a team of [executive coaches](#) from diverse backgrounds, working as a partnership between The Hobbs Consultancy and the Good Business Initiative arm of Executive Coaching Company.

During the programme you should expect to:

- Examine the myths and realities of confidence and how to use neuroscience and self-belief to build confidence levels.
- Examine common derailers for your talent and learn practical tools to maximise energy, resilience and impact.
- Use Strengths theory to bring more of your natural, rather than learned, strengths to your career, leveraging both performance levels and resilience.
- Use a combination of diagnostics, feedback and discussion to increase self-awareness.

The programme comprises three full-day modules to be delivered virtually and three follow up one-to-one coaching sessions.

The modules will be delivered in same sex groups over 3 separate days on the following dates:

Day 1: Tuesday, 21st September, 2021

Day 2: Tuesday, 28th September, 2021

Day 3: Thursday, 7th October, 2021

The 1:1 coaching sessions following on from the programme will support you in deepening the learning and forwarding the action.

To apply, please e-mail humbertside.lmcgroup@nhs.net for the attention of Dr Zoe Norris, Wellbeing Lead. Places will be allocated on a first come, first served basis to those colleagues who meet the criteria described above and are able to confirm their availability at all 3 of the training dates. A waiting list will be held for applications over the number of places available.

Macmillan Online Palliative Care Conference

Thursday 17th June 2021, 09:00-16:30

This one-day event, run by the Macmillan team for Hull and East Riding, is directed specifically at GPs, is free to attend, and will cover the key Palliative Care topics. There will be a number of very experienced speakers from the Palliative Care and Elderly Medicine teams, as well as a talk from the Clinical Lead for Practitioner Health in Yorkshire and the Humber. In addition there will be a live online performance of a play written by award-winning playwright Brian Daniels.

Please see the [event agenda](#) for more details. To reserve a place please email chcp.macmillangpfacilitators@nhs.net and you will be sent the link prior to the event.

Free Mentoring Delivered by GPMplus

GPs, Practice Managers, Nurses and senior practice staff with leadership/decision making responsibilities in the Humber area are able to access eight hours of free, 1:1, mentoring support via the GPMplus mentoring service.

Mentoring can help you to:

- Work through any problem or potential opportunity you feel you have
- 

- Manage transitions positively
- Build confidence
- Improve your work life balance
- Build your resilience
- Achieve your aspirations

The service launched earlier this year following a pilot. Clients who took part in the pilot said:

‘Helped me raise concerns in my working life and understand how to manage my workload. I was able to understand how to recognise and manage stress levels.’

‘I feel more comfortable with where I am in my career currently and how to approach opportunities that arise in the future.’

‘I feel more confident in my abilities and what it is that I actually want to achieve. I think every GP should have a mentor.’

To book, complete the [online contact form](#) or for further information visit [GPMplus](#).

PRACTICE MANAGEMENT

Central Procurement for Pneumovax®23 from 1 June

From 1 June 2021 the Pneumococcal Polysaccharide Vaccine (PPV 23) will be centrally procured. In line with other national immunisation programmes, Public Health England will supply this vaccine for the routine immunisation programme and immunisation of those with underlying medical conditions, rather than providers locally procuring the vaccine. The vaccine will be available to order from PHE’s [ImmForm website](#). Read more [here](#).

Medicine Supply Issues Update May 2021

This is the regular report from the Department of Health and Social Care (DHSC) Medicine Supply Team. Please note the information is confidential to the NHS; please do not upload to websites in the public domain. Please do share with relevant colleagues and networks. Download the latest update and associated individual notifications



below.

- [Medicine Supply Issues Update May 2021](#)
- [Lorazepam Macure 4 mg per ml solution for injection](#)
- [Human normal Immunoglobulin \(IVIg 10%\)](#)
- [Diamorphine hydrochloride powder for reconstitution and injection 5mg and 10mg ampoules](#)
- [Estradot® \(estradiol hemihydrate\) 75micrograms/24 hours patches](#)
- [Elleste Solo MX® 40 transdermal patches & Elleste Solo MX® 80 transdermal patches](#)
- [Rifinah® 300mg/150mg \(rifampicin 300mg/isoniazid 150mg\) tablets](#)
- [Syner-KINASE® \(urokinase\) 25,000IU vial impending out of stock period](#)
- [23- valent polysaccharide pneumococcal vaccine \(Pneumovax 23®\) pre-filled syringes \(Merck Sharp and Dohme Limited\)](#)

Extension to Shingles Immunisation Programme

Individuals become eligible for routine vaccination against shingles when they reach age 70, and all those aged up to and including 79, are now eligible to receive the vaccine until they reach age 80. Individuals who are eligible for the shingles vaccination programme who turned 80 years during the pandemic and missed the opportunity to be vaccinated can now be vaccinated until 31 July. There are no contractual changes to this programme, the offer of vaccination is opportunistic or if requested for the catch-up cohort. GPs will continue to be reimbursed via the standard item of service fee, which should be claimed manually.

Majority of GP Receptionists Face Unprecedented Levels of Abuse at Work, New Research Shows

“If I die, it will be your fault,” is just one of the abusive comments heard by GP reception staff, as a new survey shows 75% report experiencing daily abuse from patients.

With the majority (78%) facing threatening behaviour, racist or sexist abuse from patients, and 83% reporting having called the police for help, the [Institute of General Practice Management \(IGPM\)](#) have launched their campaign to end all abuse towards general practice staff.



IGPM members have responded to the increase in physical, verbal, and written abuse towards practice staff over the Covid-19 pandemic, with [a video of real-life examples of patient interactions](#) from practices across the UK. These include:

- GP staff whose tyres were slashed by a patient who had not been able to get an appointment that day;
- A receptionist with Chinese heritage, who received racist abuse and was spat on in relation to the Covid-19 virus;
- Daily verbal threats including the common phrase: "If I die, it will be your fault".

Robyn Clark, a practice manager in South Gloucestershire and one of the founders of the IGPM commented: "As demand for GP services has increased dramatically over the last year, sadly so has the amount of abuse practice staff have faced.

"The aim of our campaign is to highlight the good work practices are doing, and make a plea to the public to be patient with our staff, instead of attacking them. GP staff have worked throughout the pandemic and have done their absolute best to support patients. We're calling for the abuse to end now."

The survey of 571 GP practice managers showed that 83% have had to remove a patient from the surgery due to multiple incidents towards their team. Other recent research from an [NHS Staff Survey](#) showed that 14.9% of respondents had been subjected to physical violence while in work. Much abuse goes unreported and national annual data on physical assaults against NHS staff are no longer published. The 'If I die it will be your fault' campaign aims to raise awareness of the zero-tolerance approach to abuse and encourage all practice staff to feel confident about reporting incidents.

Nicola Davies, a practice manager in Cornwall and founding member of the IGPM said: "We hope that by raising the personal effect of abuse on staff, we can encourage patients to be tolerant and understanding. Our staff are doing their job. It is never a personal vendetta to stop a patient from accessing healthcare."

The 'If I die it will be your fault' campaign video can be found [here](#), with practices up and down the country joining forces to share the message that abuse towards practice staff must stop.

GUIDANCE & RESOURCES

The Cameron Fund - 10 Top Tips for Financial Wellbeing

The Cameron Fund has published guidance to help newly-qualified GPs when they start their career in primary care. Those who chose to start working on a self-employed basis for the first time need to be aware of the financial implications of this. Doctors about to sign a new GP job contract – particularly when considering a partnership – need to keep their wits about them.

[10 Top Tips for Financial Wellbeing](#) has been written with the help of Money Advisor, Jeff Brown of Adviceworks. Over the years he has spoken to the many doctors referred to him by the Cameron Fund, offering support and guidance to try and improve a doctor's financial situation. He has a specialist knowledge of the financial aspects that can affect doctors.

The guide highlights some of the pitfalls that might be avoided in a career going forward. This is not financial advice, but practical tips on everyday money management. Find out more about the work of The Cameron Fund at www.cameronfund.org.uk.

NHS Standard Contract 2021/22

We have just published a new advice sheet [The NHS Standard Contract – Key Points for Primary Care](#), which summarises the main changes introduced in the latest version of the contract.

Following reports from GPs regarding inconsistent implementation of NHS Standard Contract requirements on secondary care providers relating to the interface with local primary care teams, a new provision in the contract to improve collaboration between clinical teams has been introduced.

The new provision requires that secondary care providers work with their local commissioners to assess by the end of September, and annually thereafter, their compliance to the interface requirements of the contract. The commissioners and providers will have to agree an action plan to address any deficiencies identified by their assessment and ensure that this action plan is informed by discussion with and feedback from the relevant LMCs, and they also need to ensure that the action plan is adopted in public by their Governing bodies, and that progress on its implementation is



shared with the relevant LMCs.

Humberside LMCs Website – Humber, Coast and Vale Pages

Our website now includes a number of new pages under the heading [Humber, Coast and Vale](#). This new section is split into different areas: Our Places, Our People, Our Practices, Our Partners, and Humber Coast and Vale ICS. It brings over to our site revised and updated material formerly accessed through the now discontinued general practice jobs website. You may find it useful to refer to this information when recruiting for vacancies or generally publicising the region.

We'll be using the new [Humber, Coast and Vale ICS page](#) to publish updates as the ICS develops and have launched a page within it on the [Humber Primary Care Collaborative](#) where we will post information, meeting dates and minutes.

LMC Podcast

We have just released the first edition of the new Humberside LMCs podcast. Join Dr Zoe Norris, Medical Director, and Jonathan Appleton, Communications Manager, for a short overview of some key aspects of general practice including:

- How does funding for general practice work?
- How do Primary Care Networks work?
- What is the NHS Standard Contract and why is it important?
- What help and resources are available to find out more?



Listen to our podcast online via our page on [PodBean](#). You can also download the [PodBean Podcast app](#). Our podcast will soon be available on Apple and Google podcasts.

CONSULTATIONS

Your Chance to Improve Staff Training in Primary Care

Health Education England and NHS England and NHS Improvement would like to hear

from GPs, practice nurses, practice/PCN pharmacists, practice managers and administrative staff about their experiences of delivering remote triage (navigating patients to the right person at the right time), online, telephone and video consultations in general practice. Your input will be crucial in designing effective training to support all primary care staff and trainees to confidently work with these approaches.

Virtual focus groups will be run in the coming weeks. [Find out more about the study and how you can participate.](#)

Appraisal 2020 Survey

NHS England and Improvement is conducting a survey on Appraisal 2020. If you've used the new, streamlined format, which was introduced following concerns about workload pressures and the impact on wellbeing during the pandemic, then your thoughts will be valuable to help develop the format and make appraisal more useful for all doctors. Everyone who has used the new format is encouraged to take part, especially if you're a Responsible Officer. To take part please email lily.tomkins1@nhs.net who will share a survey link according to your designated body.

GENERAL NEWS

CQC Update

The LMC meets with the local CQC team on a quarterly basis. During the pandemic, the national CQC team has piloted remote inspections using audits from clinical systems to benchmark "safe and effective" care. These have been designed following input from the RCGP. The indicators that are reviewed are detailed here [Nigel's surgery 12: Accessing medical records during inspections | Care Quality Commission \(cqc.org.uk\)](#) Inspections are restarting with those in special measures first, then those practices who are rated as "Requires Improvement." A face-to-face visit of approximately two hours completes the inspection.

The CQC has completed an internal evaluation of this approach and we have asked them to share this. They are keen to benchmark what good or outstanding practices achieve in these remote inspections and as the criteria for these searches is freely available on their website link above, the LMC are encouraging practices to review these as part of their general preparation for future inspections. We are keen to hear feedback from practices who choose to run some or all of these searches proactively, to

understand what “normal” results are. The time pressures of the pandemic meant that while CQC has piloted these audits, it has not done so in good or outstanding practices. We are keen to try and ensure there is a realistic expectation of what practices should achieve, and any feedback would be helpful to us. All information would be kept confidential with only summary themes shared with the CQC and no practice identifiers. If you are interested in this, please email humbertside.lmcgroup@nhs.net FAO Dr Zoe Norris.

Microsoft N365 Licences for Locum GPs

As a result of work by the BMA, the Royal College of GPs, and NHSX, the “apps for enterprise” Microsoft N365 licences will now be allocated for Locum GPs who are currently a member of the nationally managed NHS Mail Locum group for a period of 12 months. During this time, work will continue within NHSX and NHS Digital to find a sustainable long term solution. It is expected the licences will be live over the coming weeks.

NHS Digital Weight Management Programme

The new NHS Digital Weight Management Programme (DWMP) will offer remote access to weight management services for those with obesity plus either diabetes, or hypertension, or both. The DWMP will be accessible by e-referral from all general practices in England.

The service is now beginning to welcome referrals during an early adopter phase, which provides an opportunity for practices to engage with the programme and become accustomed to making referrals, ahead of a full launch in the summer, which is expected to coincide with a proposed GP incentive. Importantly, the new services are commissioned centrally by NHS England and available at no cost to local systems.

Comprehensive information on the programme and how practices can become early adopters and start referring is all available at: <https://www.england.nhs.uk/digital-weight-management/>.

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