



Nottinghamshire
Local Medical Committee

Representing and supporting GPs

FOCUS ON...

ISSUE 1: SEPTEMBER 2022

**SUPPORTING GENERAL PRACTICE, PRIMARY
CARE NETWORKS AND THEIR TEAMS
THROUGH WINTER AND BEYOND**

OUR EASY TO READ
SUMMARY OF CURRENT
ISSUES FOR GENERAL
PRACTICE

NHS England Support for Winter 2022

NHS England has written to the profession this week to outline its plans to help the sector cope with what is anticipated to be another very busy winter. Below you'll find the headlines, read the full 12-page document to expand on the must-know points.

WHAT DO YOU NEED TO KNOW?

- Extra ARRS roles to become available – GP assistants and digital transformation leads
- Reallocation of IIF funds from four indicators to PCNs to pay for additional clinical services or workforce to increase access to core services this winter
- Templates issued to ICBs to help identify where money is best spent in practices/PCNs to improve resilience and potential for additional capital monies to be made available later in the year
- Changing four IIF indicators to make them easier to achieve
- Removal of requirement for all clinical staff to undertake the Personalised Care Institute's e-learning refresher training for shared decision making (SDM) conversations
- Changes to the anticipatory care requirements to support PCN capacity over the winter
- Encouragement to offer permanent contracts to ARRS staff as part of the NHS's vision for the future



For any further support on this or anything else please email us at liaison@nottslmc.co.uk or call on 0115 977 1341.

NHS England Support for Winter 2022

WHAT DOES THE LMC THINK ABOUT THIS?

Anything that helps general practice to cope with the demands placed on them is welcome, in winter and all year round if it is achievable and useful without adding more pressure and strain on practices/PCNs.

As ever, ideas are often sound but the delivery of said initiatives is key. We can see that extra ARRS staff is useful in some ways but also requires support and training from already busy practices/PCNs. In some areas it is difficult to find space for ARRS roles to work from so this isn't a simple workforce and capacity boost as it may be intended to be.

Our call to the ICS/ICB is to ensure that any resources are delivered as close to the patient as possible with the minimum of fuss and box-ticking trusting our professionals to use it responsibly. We note the *'Potential key lines of enquiry for ICS to assess where immediate investment and support may be required'* and so it will clearly come down to how well the system understands the needs of general practice/PCNs within this framework.

Interesting to note that the strategic directions is again being overtly pushed as part of this, *'Dr Claire Fuller's Next Steps for Integrating Primary Care outlines our ambition for driving towards integrated neighbourhood teams (INTs) that move beyond PCNs as a fundamental building block of an integrated care system (ICS).'*

The government is intent on investing in the integration of neighbourhood teams through the development of PCNs. We will continue to press for individual practices to be better funded as the building blocks of the PCNs. This is the first point of entry for most patients to this integrated landscape and so we believe that for a system to serve its community well it needs strong general practice. We do feel that the investment going into ARRS staff could be better spent on practices directly, but there is a wider agenda at stake here.



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