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## [The NHS Constitution](#)

The [DHSC](#) has recently published its [consultation on the NHS Constitution](#). The NHS Constitution is updated at least every 10 years by the Secretary of State for Health and Social Care and was last changed in 2015. The DHSC states that "...*The [NHS Constitution](#) sets out the principles, values, rights and pledges underpinning the NHS as a comprehensive health service...It empowers patients, staff and the public to know and exercise their rights in order to help drive improvements in quality, efficiency and responsiveness throughout the NHS...During this consultation exercise, we want to hear from people across this broad spectrum, to help us define and enshrine the values of the NHS for years to come.*"

**The consultation closes on Tuesday 25 June at 11.59pm.** See also, the [proposed changes to the NHS constitution](#), this [easy read version](#) and a [summary](#) from [Healthwatch](#).

Whilst the format of the survey requires a response to a set of proposed changes there is sufficient flexibility to get across your particular views in a number of the sections and there is also a "*Is there anything else you want to tell us....*" section.

This is an opportunity for PPGs to help further improve this fundamental document. As a reminder the constitution states that "...*all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions **are required by law to take account of this Constitution in their decisions and action...***" (my highlighting).

An example that requires change is the recent debacle around the [same day access hubs](#) in North West London ([February and March newsletters](#)) where the absence of any consultation led to an outcry from the local GP and patient communities. This suggests there is a need for more robust language in the constitution to help focus the attention of ICBs across the country on this basic right when looking to implement changes in the future, particularly if any updated wording can at least give a sense of the consequences for non-compliance.

This, combined with an obligation by ICBs to clearly demonstrate where they will apply the principles of the constitution when delivering service changes, is the minimum the patient community expects. In other words it always forms an integral part in shaping their service delivery plans. As their financial circumstances continue to deteriorate (see article below) the temptation for ICBs to try to fast track service changes without proper engagement and consultation will prove very tempting. So, PPGs may feel they need to play their part to ensure the constitution is fit for purpose for the future.

Email [ppguknews@gmail.com](mailto:ppguknews@gmail.com) to subscribe and please include your PPG name, location and role.

## [News in Brief](#)

[Rethinking access in general practice](#) (gponline podcast)

["Improving access" with core hours same day hubs misses the point](#) (Londonwide LMCs)

[GP surgeries can incorporate women's health hubs says NHSE](#) (Management in Practice)

[Help your GP help Veterans](#) (nhsnetworks blog)

[Selected PCNs to play key role in testing new ways of working within general practice](#) (Pulse)

[Medicine shortages - The manufacturers & suppliers view](#) (nuffieldtrust blog)

[Pharmacy: What people want](#) (healthwatch)

[Primary care services in a nutshell](#) (The King's fund)

[Pharmacists accuse GPs in England of scuppering Pharmacy First scheme](#) (The Guardian)

[QOF funding in Northern Ireland moved to core GP services and indemnity cover](#) (pulse)

[Healthy Hearts Grants](#)

## [ICB Finances - Is it all going pear-shaped?](#)

[The Lowdown](#) has produced an updated article on the financial woes of 23 of the 42 ICBs across the country, based on their analysis of published board papers. It makes for grim reading and some of the headlines are set out below.

✚ “18 out of the 23 ICBs surveyed finished the financial year in deficit. and 10 already forecast bigger deficits for 2024-25.”

✚ “Ten out of the 23 ICBs.... set for **deficits totalling up to £1.24 billion**”

✚ **Greater Manchester** - “...the ICS finds itself starting (for 2024/25) from a significant underlying financial deficit position of £610m”

✚ **North West London** - Plans to “...limit its deficit to £80m in 2024/25” on the assumption that it can “...reduce the number of whole time equivalent jobs by 3,000”

✚ **West Yorkshire** - Faces “financial challenges “in the region of £400m” in 2024/25”

To make matters worse “....few of the ICBs have published any clear information on the financial situation in the new financial year that began last month. Only ten of the 23 ICBs have published any form of forecast – with many of these being only the first submission of plans to NHS England – and all ten are looking at deficits, raging (sic) from £37.5m to £298m”

Click [here](#) for the full article.

## [Guidance for supervision of MAPs](#)

Earlier this month the [BMA](#) issued their guidance on the supervision of Medical Associate Professions (MAPs), which also covers physician associates. The recommendations include: “...Map’s must have an immediately available, named supervisor.... there should be a readily available register of supervisors. The full document can be found [here](#).

## [Cambridge GP practice placed into special measures](#)

[Nursing in Practice](#) reports that a Cambridgeshire GP practice has been placed into “special measures”. The CQC said that “...it identified ‘a risk to service users’ where nurses and non-clinical staff with no prescribing qualifications were completing medicine reviews.” Click [here](#) for the full story.

## [GMC “complicit in replacing GPs with PAs”](#)

[Pulse](#) reports that [LMC](#) conference delegates in Newport, Wales have accused the GMC of being “....”*complicit*” in the government’s “agenda” to create a “cheaper model of primary care” by supporting the use of Physician Associates... in place of GPs” The full story can be found [here](#).

## [Federated Data Platform](#)

If you are interested in keeping up to date with the progress of the Federated Data Platform, which has generated a lot of [controversy](#) recently, there are a number of ways to do this:

- ✚ At the FDP [home page](#) you can use links to:
  - Register your interest in future FDP engagement sessions.
  - Ask a question about the FDP.
  - Provide feedback about the FDP.

- ✚ You can [subscribe](#) to the new FDP newsletter by accessing the FDP page on FutureNHS (see bottom of that page, FutureNHS log-in required)
  - A copy of the first FDP newsletter (15 May) can be viewed [here](#).

You can also search the PPGukNews newsletter index (see top of first page) for articles in previous newsletters.

## [Recovering Access to Primary Care](#)

As part of the Delivery Plan for Recovering Access to Primary Care, NHS England has published [four ‘how to’ guides to support general practice teams](#) to:

- ✚ [better align capacity with need](#)
- ✚ [improve care navigation](#)
- ✚ [improve telephony journeys](#)
- ✚ [improve care-related processes](#)

The guides “... provide know-how and learning from practices and primary care networks (PCNs) across the country about tested new systems, processes.”

PPG’s may find these resources useful to read as part of their collaboration with their local practice, particularly the examples quoted in the documents and how they compare with their own local arrangements.

## [ICBs pilot new GP models](#)

and [Are PCNs here to stay?](#)

Two podcasts from [gponline](#)

## [Didn’t we mention it...?](#)

The [Ham & High](#) reports that the US owners of St Ann’s Road surgery in south Tottenham transferred ownership to another US company in December, only informing the NHS at the end of March. The full article is [here](#).