

LMC Update Email

14 September 2018

Dear Colleagues,

Pension earnings discrepancies

NHS England have sent the attached letter to practices today regarding their sample review of pension scheme records, which has shown discrepancies between some of the pensionable earnings and contributions data which has been provided to NHS BSA. They are now going to carry out a larger review, focusing on those nearing retirement age, to identify and resolve these issues.

GPs, who pay their contributions into the NHS Pensions Scheme in good faith and use these to plan for the future, will understandably be very concerned to learn that they may have been affected by this administration error. Although NHS England have reassured us that they will deal with this problem, this is yet another issue that GPs and practices have to contend with and we have insisted that NHS England needs to ensure that hard-working family doctors are not negatively affected by what appears to be a longstanding error. If, as part of this review, GPs are asked for additional financial advice we have said that it is imperative that they are reimbursed for any expenses incurred through no fault of their own.

Docman incident - patient records transfer issue

Following our report recently that there was a record transfer safety breach by the Docman software (version 7), where documents received by practices using NHS mail are not being reliably transferred into patients' electronic records, Pulse has reported on this issue. In response to this I commented: "This is clearly the latest in a number of examples of patients and GPs bearing the brunt of technological failings. It is obviously a seriously concerning situation and we are pressing NHS England to urgently ascertain the scale of the problem, and crucially establish whether patients have been put at risk. While plans to immediately address the issue have been put in place, NHS England must further ensure practices are adequately resourced to manage the additional workload involved and recognise both the disruption this may have to service delivery and the anxiety it may cause for patients." Read the full article in [Pulse](#)

If practices using this software have not received information or have any concerns, they should contact their CCG in the first instance or email NHS England (england.PCDT-Management@nhs.net)

We continue to feed in examples and highlighting the impact this is having on practices to NHS England. We have had a good response to our survey so far – thank you to those who have already responded. If you still would like to provide feedback, you can access the [survey here](#)

Video consultations between patients and their GP

The Secretary of State for Health and Social Care, Matt Hancock, has said that every patient should be able to Skype their GP on a smartphone, whilst at the same time accusing the NHS for blocking progress and vowing to end a "postcode lottery" in access to care. I responded to his speech saying: "We recognise the benefits smartphone consultations can offer to many patients in terms of access and convenience. In reality, most GPs would offer these appointments to their own patients living in their local area in the same way they currently do telephone consultations. But funding, resources and training need to be made available to make this happen. Providing online consultations is not as simple as picking up the phone and making a video call as you would to a friend or family member. There are issues of ethics, confidentiality and accountability that must seriously be considered before systems are put in place. We support innovation and development, but this cannot come at the cost of basic, face-to-face, holistic care for patients who rely on their GP the most."

Read my full BMA statement [here](#). This was also reported in [Pulse, The Daily Telegraph](#) and I was interviewed on [BBC Radio 4's The Today Programme](#) (Thursday 13 September, 8.53am)

Public Health England (PHE) heart health checker concerns

Concerns have been raised about PHE's heart health checker campaign, after it was found that it advises those over 30 to go to their GP if their cholesterol level or blood pressure is unknown. I commented: "Improving a population's heart health requires public health initiatives to encourage healthy eating, regular exercise and a change of lifestyle, including help to quit smoking and reduce alcohol intake. However, with these services stretched, it is GPs and their staff, as the first point of contact for many patients, who bear the workload brunt when their local area's health suffers."

PHE are also asking GPs to measure and record patients' BMI routinely as part of a future strategy to reduce the prevalence of adult obesity, to which Dr Andrew Green, GPC clinical and prescribing lead expressed his concerns that this would become a 'screening programme' without being agreed nationally. Read the full articles in [Pulse](#) and [Pulse](#).

VAT information

GPC understands that practices are being asked to provide NHS England with VAT information associated with each practice. It is our view under the Premises Cost Directions, the information practices are required to provide is:

- Are you registered for VAT? If so, what is the VAT registration number?
- Do you intend to claim a refund or allowance in respect of any element of the costs that you received financial assistance from NHS England/CCG?

We are working with NHSE to ensure they capture the right information from practices. If you are being asked to provide any other information, please let us know by emailing info.gpc@bma.org.uk

GP Retention Scheme (England)

We understand that some CCGs may not be investing in the GP retention scheme due to funding pressures. It is important to note there was never an allocation of posts per head of population because everyone acknowledged at the time that it's more costly to the NHS to lose a GP from the workforce rather than allowing them to join this scheme. The fact that the scheme is in the SFE (Statement of Financial Entitlements) means the funding is recurrent, but CCGs have to keep money back for this scheme and not spend it elsewhere. In 2016/17, NHS England invested an extra £5 million in the scheme to improve national / regional infrastructure and top up the existing funding for scheme members and practices available through the SFE.

The scheme was then reviewed and relaunched in 2017/18 with the major difference being that the SFE was updated to include the new funding amounts. Because it's in the SFE, CCGs have to consider all applications and pay at the rates specified. Naturally, they can only approve a limited number of new scheme members per year because resources are finite. Scheme resources do, however, already exist in CCGs' primary care funding allocations.

CCGs need to consider the impact of not having enough GPs in the local area, reduced patient access to GP services and how much more this is likely to cost in unnecessary A&E attendances, avoidable hospital admissions and failure to provide appropriate preventative treatment / care before patients reach much more costly crisis stages of illness. The knock on effects of retaining GPs in the workforce are also significant too, e.g. whole practices not handing contracts back and leaving patients without any access to primary care.

If your CCG is not offering places to GPs in your area, please inform our Workforce and Innovation team via aottley@bma.org.uk. We continue to work with NHSE and they are committed to exploring any additional support CCGs may need to ensure they can offer places on this vital scheme. [BMA video interviews on and step by step guidance](#); [NHS England / national guidance on the scheme](#)

GDPR Survey on Subject Access Requests

As we reported last week, we are surveying all GP practices in the UK about the financial and resource implications of the increased number of subject access request (SARs) following the introduction of the GDPR in May this year. We have received a large number of responses so far but if your practice hasn't already filled in the survey, we would be grateful if you could, in order to accurately quantify the full scale of this problem. Please click [here](#) to access the survey.

State-backed indemnity scheme

We have had further meetings with NHS England and the DHSC about their plans for a state backed indemnity scheme which is still planned for April 2019. Our medical indemnity guidance has been updated to give some more information about the scheme and how it will impact on GPs. Read our indemnity guidance [here](#). We will provide further details shortly.

Conference of England LMCs - reminder of motion deadline 21 September

This is a reminder to English LMCs that you have only a week to submit your motions for the LMC England Conference (23 November 2018) with the deadline being midday Friday 21 September. The motions database will be closed at noon and any motions submitted after that time will not be accepted. If you have forgotten your username and / or password, please e-mail info.lmconference@bma.org.uk for a reminder, or for help in setting up a new account.

GP Career Support Pack (England)

A reminder about the [guide for GPs](#) to help in their career journey, jointly developed by GPC, NHSE and RCGP. The document sets out the various types of support available to GPs throughout their career in England and focuses on support for individual GPs rather than practices and the wider system. The guide will be updated every 3-6 months, with the next version being published in October, and will also be disseminated by regional workforce leads with local information included. If you have any feedback about the guidance, please contact Alex Ottley at aottley@bma.org.uk

New GMC guidance to help doctors with reflective practice

New guidance to help doctors and medical students with reflection has been jointly published this week by the Academy of Medical Royal Colleges, Conference of Postgraduate Medical Deans, GMC and Medical Schools Council. Access the guidance on the [GMC website](#).

NHS Digital Academy - Cohort 2 applications now open

The NHS Digital Academy is a virtual organisation set up to support the digital leaders who can drive the information and technology transformation of the NHS. Through a partnership with Imperial College London, University of Edinburgh and Harvard Medical School, it provides a [year-long learning programme \(Post Graduate Diploma in Digital Health Leadership\)](#) for digital change leaders. Applications for cohort 2, commencing April 2019, are open and more info can be found [here](#).

Read the latest GP newsletter [here](#)

Read the latest sessional GP newsletter [here](#)

Have a good weekend

Richard