

LMC Update Email

14 December 2018

Dear Colleagues,

LMC Secretaries Conference

I (and many of you) attended the LMC Secretaries Conference today, chaired by Dr Mark Corcoran and Dr Katie Bramall-Stainer, which focused on supporting GPs when things go wrong. We heard a presentation by Charlie Massey, GMC Chief Executive, about what the GMC is doing to reduce the number cases they deal with as well as trying to provide better support to doctors in difficulty. Dr Andrew Tresidder, a GP and founder member of the Somerset Clinician Support Service, spoke about how to improve health and self-care for health professionals and the valuable help offered by the NHS GP health service (www.gphealth.nhs.uk; 0300 030 3300; gp.health@nhs.net). Andrew also highlighted a freely available local resource he has been involved in developing www.healthandself.care

We also had an update from the chair of the Sessional GPs subcommittee, Dr Zoe Norris, a pensions update by the deputy chair of the Sessional GPs subcommittee, Dr Krishan Aggarwal and BMA Pensions manager, Jackey Brodey, www.bma.org.uk/advice/employment/pensions, and information about the recent premises survey provided by Dr Krishna Kasaraneni.

I provided an update about contract negotiations in England. These are linked to NHS England's Long Term Plan. This was intended to have been published in the autumn but has been repeatedly delayed as a result of the problems created by the Brexit debate. It is possible the Long Term Plan will now be published next week but we are not certain about this.

We are continuing to progress discussion about the introduction of a state backed indemnity scheme in England as part of an overall contract agreement and there are parallel discussions on indemnity taking place in Wales. We are building on the work of the QOF review done earlier this year which suggested an evolution of QOF, with a modest removal of indicators and modifications to others where the clinical evidence requires this. It also recommended a greater focus on personalisation of care and improvements to exception reporting, which are being considered as part of this contract negotiation.

NHS England have emphasised the importance that they place on the development of Primary Care Networks and we are discussing how this can be done in a way that supports practices, helps to manage workload pressures and provides a basis to rebuild the primary healthcare team led by GPs. Similarly there is a strong emphasis on enabling practices to use digital technology to a greater extent which if implemented properly could help to reduce practice workload. Much of this will be highlighted once the Long Term Plan is published. The hope is to conclude negotiations in advance of the GPC England meeting in January.

Capita statement on cervical screening correspondence

Following the announcement last month about a delay in issuing cervical screening correspondence in 2018, Primary Care Support England (PCSE) conducted a review of correspondence prior to 2018 and found that 3,591 items of correspondence were not sent in 2017. Capita has written to all affected patients and their GPs, advising what action needs to be taken, and apologised to the patients affected. It was only a few weeks ago that it was revealed that almost 48,000 women had not received important correspondence relating to cervical screening this year due to Capita's failure, and this latest revelation shows this was not an isolated incident.

This is just the latest in a long line of failures since Capita took over a number of GP services in 2015, leaving practices and GPs with a wholly inadequate service, and yet NHS England have not demonstrated to the profession that they are serious at addressing what they are ultimately responsible for. We have repeated our demand that NHS England strip the company of its contract and return this service to an in-house delivered activity that can regain the confidence of practices and patients. Read our full statement [here](#). Read Capita's statement [here](#). This was reported in the [Guardian](#), [MailOnline](#) and [Pulse](#).

It's notable that the BBC are today reporting problems with Army recruitment since the contract to do this was awarded to Capita. A spokesman is reported as saying that they had "underestimated the complexity of this project". <https://www.bbc.co.uk/news/uk-46567134>

Rationing of drugs in no-deal Brexit

The Secretary of State for Health and Social Care, Matt Hancock, [wrote to practices](#) last week to provide information about the supply of medicines and vaccines in the event of a no-deal Brexit. In response to this letter, we issued [a statement](#) saying that their admission that medicine supply chains could be disrupted for up to six months shows that it is starting to take seriously the consistent warnings from the BMA and others over the risk a no-deal poses to healthcare in Britain.

The Department of Health and Social Care are also consulting on changes to the Human Medicines Regulation 2012 to ensure the continuity of supply of medicines in preparation for when the UK leaves the EU, including in a 'no deal' scenario. The proposals in the consultation are in line with what many practices already experience with current specific drug shortages or unavailability. This would formalise the ability of pharmacists to be able to switch to a product that is available, such as from branded to generic medicines or if necessary to similar drugs.

I wrote a letter about this to the Yorkshire Post and my comments were also reported on Friday's 10 O'clock news on BBC1, across BBC regional news and on London Live.

Subject access requests to GP practices increase by a third since GDPR legislation came in

The number of subject access requests (SARs) GP practices are receiving each month from patients and their representatives have increased by more than 30 per cent since the introduction of GDPR legislation, according to a survey of GPs that we did earlier this year. The

survey of more than 1,500 GPs found that the average number of SARs went up from around 8 per month before May to 11 per month since GDPR was introduced. Please see the attached document to read the full results.

Commenting on the survey I said, “While patients have every right to access their own medical records, the majority of these requests are from companies potentially exploiting a system by which they no longer have to pay out of their own pocket and so the cost is transferred to the NHS – coming at a serious price for general practice. Work required to process records or produce reports is not part of the NHS contract, which means doctors and their teams are now having to cope with this growing workload at the expense of other important activities – and crucially, time spent on this is taken away from providing core services to patients. If practices are expected to meet the demand for these requests and practices are unable to charge a fee for reports to cover their costs, then the Government must provide funding, and we are actively pushing for this in ongoing contract negotiations.” The story was covered in [Pulse](#). You can read the full press release [here](#).

Joint guidance on e-RS

We have published joint guidance with NHS England on the electronic Referral System (e-RS). Use of e-RS for practices is now a contractual requirement; the joint guidance provides information about its use and utility. <https://digital.nhs.uk/services/nhs-e-referral-service/joint-guidance-on-the-use-of-the-nhs-e-referral-service-2018>

Government prescribing review

The Government has launched a review into overprescribing in the NHS, focusing on older patients taking multiple medicines. The review, led by Chief Pharmaceutical Officer Dr Keith Ridge, will also look to empower GPs to challenge prescriptions made by hospital colleagues. Dr Andrew Green, GPC prescribing lead, commented that the BMA would be working constructively with the Department of Health and Social Care on the review. He said: “It is vital that as GPs we receive the support required from allied professionals to help us de-prescribe where we can, we simply do not have sufficient workforce to do this on our own.” Read the story in [Pulse](#).

Pensions update on total rewards statements (TRS)

Pensions Total Rewards Statements were updated yesterday, 13 December 2018. The records should be updated to 31 March 2017. We have been informed that in order for the TRS statement to be updated, the records need to be sequential. Thus, if a previous year’s records are missing, TRS cannot be updated beyond that. If your TRS is not up-to-date, it does not mean that your pension record is not. There are many reasons why your TRS may not be up-to-date and the independent pension expert currently contracted to look into PCSE’s processes, PriceWaterCoopers(PwC), is carrying out an investigation to determine where gaps lie in members’ records. We have been informed they will contact members if these are incomplete.

This will hopefully help resolve them. A simple example would be that if you have added years, TRS will not be updated, in which case you can contact NHS pensions for a copy of your record.

Fax machine 'ban'

The Secretary of State for Health and Social Care, Matt Hancock, announced last weekend that NHS trusts will be banned from buying fax machines from next year, with the aim of phasing them out entirely by 2020. In response to this I said: "If the Government truly wants to overhaul IT to streamline communication in the NHS, it needs to ensure all systems across the health service are compatible and able to connect to each other properly. For this to happen in general practice, there must be real investment in IT infrastructure and support for practices as they seek to use new ways of working." (included in the Times, print version only, on Monday 10 December).

Flu vaccination take-up

Public Health England is encouraging eligible patients who are yet to get vaccinated against flu to book an appointment as soon as possible after supply issues hit uptake. This is something we strongly support. Figures from PHE show that flu vaccine uptake for over-65s has decreased from 69.1% at this time in 2018 to 65.4% in 2017, as well as there being a decreased uptake for pregnant women.

However, at an All-Party Parliamentary Group on Respiratory Health meeting that I spoke at last week, it was reported that the trajectory for uptake of flu vaccinations for those over 65 years is rising rapidly and would be expected to reach normal levels for December before Christmas. This is clearly down to the hard work of practices, despite the challenges created by this year's phased delivery of vaccine.

Last month the [Tripartite influenza letter](#) was issued and encouraged practices to now begin ordering the currently licensed vaccines. This is something practices should now be doing to avoid the problems seen this year.

GMC explores 'internationally-based' doctors to treat patients in UK

The GMC is exploring whether doctors based overseas could treat patients in the NHS using new technology. In its [State of Medical Education and Practice report](#), released last week, the GMC said: "With advances and developments in technology and telemedicine, we are exploring how to maximise the longer-term potential for internationally based doctors to treat UK patients, with the same assurance on standards as when the care is provided by UK based doctors. Some developments in this area may require legislative reform."

In response to this I said that "the reality is that with the internet there are no geographical boundaries in the way that was the case 10 years ago," but warned that all doctors treating NHS patients must be subject to the same high standards. This was reported in [GP Online](#) and [The Sun](#).

CPRD and UK BioBank

We are aware that practices may recently have had communications about sharing their patient records with either or both UK BioBank and CPRD. Both are highly respected research organisations.

UK BioBank is a genomic study following a cohort of patients recruited up to 2010. On average each practice is likely to have 60 patients in the scheme. The entire patient record is shared. It is consent based. CPRD's approach is to link large health data sources and then provide extracts for researchers in an anonymous or pseudonymous form. It currently has records on 35 million patients. It operates under an exemption for the common law duty of confidentiality and, for GDPR, probably relies on the processing for 'research purposes' lawful basis (this is a non-consented lawful basis). The entire practice patient database, except those who have opted out, is shared. In both schemes they will be accessing the records via the practices GPsOC core clinical supplier.

As the data controller of the patients' records the practice has responsibilities under GDPR. Some of those responsibilities are clear and have already been communicated; updating Privacy Notices, Processing Registers and doing a DPIA (which must be done before any sharing takes place). Other aspects are not as clear because of the data controller / data processor relationships.

In addition, GP data controllers have responsibilities to ensure processing remains transparent whenever there is a change in data sharing arrangements. We are in the process of clarifying with the ICO if this places any additional responsibilities on practices and hope to be able to offer definitive advice soon. However in the meantime we recommend that practices do not agree to either scheme unless they are clear that they have fully complied with their GDPR responsibilities.

Physician Associate survey

Health Education England (HEE) are evaluating their Physician Associate (PA) preceptorship programme for primary care, through three surveys (pre preceptorship programme, mid and post to be completed by the PA, clinical supervisor and practice manager). Upon completing the three evaluation surveys HEE plan to evaluate the effectiveness of this initiative and the preceptorship programme itself. If you have a PA training in your practice it would be useful to feed in your thoughts through the survey below. Equally if you are aware of any other practices in your region where PAs are confirmed to join the practice through the preceptorship programme please share this survey. The final two surveys will be circulated by HEE in due course. Access the survey [here](#)

GP practice list sizes increase by 50% since 2004

The [MailOnline](#) reported that the average list size of GP practices in England has risen by more than half since 2004, reaching 8,490 patients per practice this month. This figure was 5,891 in 2004, when the GMS contract came in. I said that "Practices are gradually getting bigger as both the general population grows but also as some practices close or merge, leading to an

expanded list size in those that remain... As practices increase in size it is vital that they remain embedded in local communities, maintaining the continuity of care that is so valued by patients.”

Primary care medicine supply update

The Department of Health and Social Care supply issue update for November/December is attached.

NICE Antimicrobial resistance guidance

NICE has published some guidance on antimicrobial resistance, which includes a chapter on prescribing antimicrobials in primary care. Read the guidance [here](#).

Ethics guidance

The BMA Ethics team has published new guidance, [*Clinically-assisted nutrition and hydration \(CANH\) and adults who lack the capacity to consent: guidance for decision-making in England and Wales*](#).

The guidance is in response to a number of legal developments which have altered how these decisions should be made. It provides the most up-to-date statement of your legal and professional obligations; sets out the decision-making process that should be followed; and provides practical guidance on approaching best interests assessments and second opinions. Further information and various training resources, can be accessed at www.bma.org.uk/CANH. Please also see attached a GP specific leaflet. You can read about this in [The Guardian](#) or on [BMJ Opinion](#).

Read the latest GPC UK newsletter [here](#)

Read the latest Sessional GPs newsletter [here](#)

Have a good weekend.

Richard