

LMC Update Email
22 February 2019

Dear Colleagues,

GP contract in England briefing

Yesterday we held a webinar to explain in detail the GP contract deal, and to answer questions submitted by participants. The presentation is now available to watch [here](#) for those who were unable to attend and should help LMCs answer the queries being submitted to them. Of course, if your answer is not answered then please check out the FAQs and other materials on the [GP contract webpage](#) and if still not answered, please send us an email to info.lmcqueries@bma.org.uk

Contract agreement funding figures and FAQs

The new values of global sum, QOF, out-of-hours adjustment and the new practice participation payment have now been published, and can be accessed on the [GP contract webpage](#) (in the 'practice funding and pay' tab).

The 1.4% additional investment to the practice contract includes a 1% uplift to global sum and a SFE payment, linked to practice participation in primary care networks, of £1.76 per weighted patient. This therefore delivers an extra £2.68 per weighted patient in to practice budgets for 2019/20. In addition specific vaccination item of service fees have increased, including seasonal influenza. Together with the removal of indemnity expenses this means practices will be able to deliver a 2% uplift to practice staff pay.

We have published [FAQs](#) which include questions about funding, primary care networks, digital access, indemnity and QOF. The guidance is available on the [GP contract pages](#).

GP Premises Survey results

Practice premises remain a significant issue for many GPs. We have undertaken a major premises survey to highlight the scale of the problems and the results show that only half of premises in England are fit for purpose, with surgeries too small to meet the demands of a growing population. Over 1,000 practices took part in the survey and the findings help to build a fuller picture of the current landscape for GP premises and feed into the GP premises review which is led by NHS England and the Department of Health and Social Care. Key findings include:

- Only half of practices said their premises were suitable for present needs.
- Eight in ten practices said their practices were not suitable for future needs or anticipated population growth.
- GP premises are on average 35 years old, having been first built or converted in 1984.
- 7 in 10 practices are in purpose-built premises.

For more information please see [here](#). You can read my press statement outlining the survey findings [here](#). Read Ian Hume's, our practice premises lead, blog which discusses the results [here](#). In response to press articles, I said: "GPs have been telling us for years that their practice buildings are not up to scratch and now we have evidence showing just how serious the situation is. The government must use next month's spending review to urgently invest in practice premises - as well as wider NHS infrastructure - to bring facilities up to 21st-century standards and ensure that GPs and their colleagues throughout the health service can guarantee the best care now and in the future." This was reported in [Daily Mail](#), [Daily Telegraph](#), [Press Association](#), [Pulse](#), [ITV online Practice Business](#), [OnMedica](#) and [Pharmaceutical Journal](#) and regionally in the [Yorkshire Post](#), [Portsmouth News](#), [Express](#), [St Helen's Star](#), [Swindon Advertiser](#) and Jersey Evening Post.

Increasing patient access to digital services - blog

Farah Jameel, GPC England Executive Team member and IT lead has written a blog about the digital aspects of the recent GP contract announcement, to explain what this means for practices. The main intention is to enable practices to offer greater digital access to patients and help manage workload, which is predicated on appropriate and functional infrastructure being in place. Read the blog [here](#).

GPs advised not to stockpile or overprescribe drugs

The Department of Health and Social Care for England has instructed GPs not to stockpile drugs or overprescribe in response to Brexit, and said that contingency plans will ensure supplies of medicines continue even in the event of a no-deal departure from the European Union. In response to this, Krishna Kasaraneni, GPC England executive team member, said: "Some patients are asking for greater quantities of their medicines because they are concerned about potential shortages due to Brexit. One example is thyroxine for three months rather than the standard one monthly supply, as they are worried about their health. It's putting GPs in a difficult position. It's a difficult conversation to have, as GPs have responsibility for individual patients as well as the collective needs of all their patients." This was reported in the [BMJ](#) and the [Mail](#)

People with mental health conditions and in need of debt support

As part of the contract agreement in England we have worked with debt charities to adopt a new system to help patients with mental health problems get debt support. This will lead to the use of a simplified process through which banks and debt companies can be given information stating a person's condition. This information should be provided by the person directly to the company but may involve others, including, but not only, GPs, confirming a diagnosis. I said: "We want to reduce, as far as possible, the need for GP practice involvement. When involvement is necessary, using a newly designed much simplified form, practices will not charge patients to complete it. There may be times when a more complex health report is required by a bank or other lender, and in those rare circumstances, those reports need to be sought directly from the practice by a lender and the lender would pay an appropriate fee, not the patient." This was reported by [ITV](#), [Money Saving Expert.com](#), [Your Money](#), [Independent](#), [Daily Mail online](#), [Mirror online](#) and regionally in the [Belfast Telegraph](#), [The Argus](#), [Express and Star](#) and the [Isle of Wight County Press](#)

Rise in penalty prescription charges

The [BMJ](#) reported that the number of penalty prescription charges issued in England rose by a third last year with a 60% increase in the last three years. The figures came from the NHS Business Services Authority, which issues the penalty charges to patients thought to have incorrectly claimed free prescriptions or free or reduced cost dental treatment. The yearly cost to the NHS from this type of fraud is estimated at £256m and a target to halve the losses by 2020 has been set. In response I said, "It's almost always the case that people have unwittingly not renewed their certificate that entitles them to free prescriptions. Real care needs to be taken in the messaging, as it can come across as very threatening. It's not unusual for patients to be extremely distressed by the suggestion they have committed fraud."

Diagnoses of childhood autism in Northern Ireland

Alan Stout, Chair of Northern Ireland GPC was quoted by [BBC online](#) on the doubling of childhood autism rates in Northern Ireland over the last five years. Dr Stout said that increased resources and enabling more assessments outside of hospitals could help reduce the backlog: "Being able to see the patients and diagnose them in a community setting is more valuable - sending them to hospital (can be) very intimidating (for those affected)."

State of General Practice in Wales

Charlotte Jones, Chair of GPC Wales commented on the state of General Practices in Wales, in particular staff shortages and in increasing reliance on GPs to fulfil tasks that can be covered by other medical professionals. She said: "I think general practice isn't sold as a profession that people would want to go into. The conversation seems to be predominantly around 'if you don't want to be a specialist you could be *just* a GP' which we would argue negates the sheer expertise, the value, the experience and the wonder of being a GP. General practice allows you to see a patient develop as they grow older and manage their complex, chronic conditions. The role of a GP is wide, it's varied and it's a fantastic job to be involved in." Read the full article on [WalesOnline](#)

Integrated Care Provider contract

The Department of Health and Social Care has published [statutory instruments](#) relating to the introduction of the ICP contract from April 2019, which define it in statute and sets out what they will apply to. Although we believe that integration and greater collaboration is needed, we have several serious concerns regarding ICP, not least the potential that this leads to practices giving up part of all of their GMS contract, and with the risk of subsequent privatisation. You can read our briefing about ICPs [here](#)

Pensions blog

Krishan Aggarwal, Deputy Chair of the Sessional GPs subcommittee and member of the BMA Pensions Committee has written a blog focusing on the Type 2 forms for Sessional GPs. Note that the link included last week, was to the previous blog. Read the latest blog [here](#)

Physician Associates in general practice

As part of the GP contract agreement in England, there is going to be a significant push to expand the workforce to support practices via Primary Care Networks. To help practices prepare, the BMA has compiled a list of considerations for practices to understand the role of a Physician Associate better. This resource also includes a series of case studies which outline the experiences of already practices working with and employing PAs. Read the guidance [here](#)

Decisions about clinically-assisted nutrition and hydration (CANH) – what GPs need to know:

Following publication of the BMA and RCP's guidance on decisions about CANH and adults who lack capacity in England and Wales, we have developed a new shorter resource for GPs which highlights the key things they need to know about these decisions. Although GPs might only rarely come across patients who are receiving, or who might need, CANH, when they do, the decisions can be particularly demanding. This short resource serves as a stepping stone to the more in-depth guidance. Find out more and download the leaflet at www.bma.org.uk/CANH.

New standards for GP surgeries on end-of-life care

The RCGP and Marie Curie have published [new standards](#), called the "Daffodil Standards", which are designed to support primary care teams in making improvements in delivering care to patients at the end of life. [BMA work on end-of-life care](#) from 2015 identified the crucial role primary care teams can play in providing high quality care at the end of life, but highlighted the challenges facing GPs in doing so.

GPC UK regional representative elections

Voting is now open in the elections for the following regional representatives to GPC UK:

- North & South Essex
- Barking & Havering, Redbridge & Waltham Forest, City & East London
- Cumbria & Lancashire

- Ayrshire & Arran, Borders, Dumfries & Galloway, Lanarkshire
- South & West Devon, Cornwall & Isles of Scilly

To vote, [click here](#). You do not need to be a BMA member to vote or create a BMA website account. Voting closes at **12pm 12 March**. If you have any questions, please contact elections@bma.org.uk.

LMC UK Conference agenda

The agenda for the 2019 LMC UK Conference to be held on Tuesday 19 and Wednesday 20 March 2019 at the [ICC Belfast](#), has now been published. The agenda, and further information such as honoraria and expenses guidance, can be accessed [here](#).

LMC UK conference representatives to GPC UK elections

Nominations are open for the 7 representatives to GPC UK for the 19-20 session elected at LMC UK conference. To nominate yourself, [click here](#). Nominations remain open until **12pm 12 March**. You do not need to be an LMC representative to the UK LMC conference 2019 to nominate yourself.

Please be aware that confirmation from an LMC representative attending conference must be received by the nomination deadline, otherwise the nomination cannot be accepted. This confirmation can be sent to elections@bma.org.uk and the LMC representative needs to state their name and that they nominate the individual in question for the position they are running for.

Madopar 62.5mg dispersible tablets update

The Department of Health and Social Care has shared the following update for Madopar products, specifically the availability of a UKMi memo on management strategies for patients during the period where Madopar 62.5mg dispersible tablets is unavailable. Roche, the manufacturer of Madopar (co-beneldopa), are currently experiencing supply difficulties with some of the Madopar range. This is due to an unforeseen increase in demand on their Madopar products throughout 2018. Supplies of some Madopar presentations may be constrained during January. The situation is expected to improve in February.

- **Madopar 125mg Hard Capsules** – Stock commencing w/b 28th January.
- **Madopar 62.5mg Dispersible Tablets** – will be out of stock until w/c 25th February.
- **Madopar 125mg Dispersible Tablets** – stock is now available
- **Madopar 125mg Controlled Release Capsules** – back in stock and available at wholesalers.
- Other Madopar presentations remain unaffected at this time

Here is a link to the UKMi [memo](#) on management of patients prescribed Madopar 62.5mg dispersible tablets.

Read the latest GPC newsletter [here](#)

Have a good weekend.

Richard