

THE LMC LINE



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Brexit	4	PCSE Update	5
e-RS	5	Pensions Update	3
Seasonal Flu 19/20	3	QOF Business Rules Coding Issues	3
Sessional GPs Update	6	GPC Newsletter	5
LMC Buying Group	6	Vacancies	7
NHS Planning Guidance for 2019/20	3	CPRD and UK BioBank	4
LMC England Conference	1	The National Workforce Reporting System	5
BMA Guidance: Access to Medical Records	5	Non-Standard Roles: Contract Guidance	5
The GP Partnership Review	2	Coastal Education and Workforce Hub	5
NHS England Long Term Plan	1	GP Indemnity Arrangements	2

LMC England Conference

The LMC England Conference was held on 23rd November: you can watch the webcast [here](#). The conference resolutions and news are available [here](#).

Some of the debate covered:

- Calling for an end to trusts delaying ambulances attending emergencies at practices
- Rejecting a call for a co-payments method to fund general practice
- Demanding *new* money to fund the state-backed indemnity scheme
- Rejecting a call to limit practice lists to 1,500 patients per GP and to reduce practice hours to 8am–6pm
- GPs being “emotionally blackmailed” to prescribe beyond their competencies, decrying problems for patients in accessing transgender healthcare and eating disorder services
- Ending the contractual clause that allows practices to recruit patients from outside their boundaries.

NHS England Long Term Plan

NHS England has launched its [long-term plan for the NHS](#) which sets out its vision for the future direction of the NHS. The plan lays out ambitious aims for the health service linked to an expansion in digital services and a focus on preventive care. The previously announced £3.5bn for primary medical care and community services has been increased to £4.5bn, in part as a result of the BMA’s current contract negotiations. There is also an important and clear commitment to increase the proportion of NHS investment spent on primary medical and community services.

There will be a focus on the development of primary care networks with a network contract built on the current GMS contract. More details will be provided once contract negotiations are completed. The intention is that practices should be able to lead and direct networks.

The plan highlights a range of digital goals related to general practice, including a commitment to enable all practices to do video consultations, to offer more online booking and online repeat prescribing ordering. Whilst patients will continue to be able to choose to be registered with digital-first providers, the plan outlines that steps

will be taken to address the financial issues related to this as well as committing to review the out of area registration arrangement.

The LMC welcomes the recommitment to a state backed indemnity scheme, to begin in April 2019, and the commitment to implement a premises review.

GP Indemnity Arrangements

The LMC has [written](#) to all practices with an interim update about the state-backed indemnity scheme. The Government remains committed to introducing this scheme for General Practice with a commencement date of 1st April 2019.

The scheme will be run by NHS Resolution and will cover clinical negligence liabilities for General Practice staff working under an NHS contract [GMS, PMS and APMS] together with NHS contracted OOHs and integrated urgent care services, and primary medical services delivered within a secure environment. It will also cover public health services delivered by GMS, PMS and APMS contract holders.

Individuals covered by the scheme will not be expected to make any payments into the scheme; the funding of the scheme remains subject to current negotiation of the 2019/20 GP contract.

It remains essential that all GP colleagues, whatever their contractual status, continue to maintain appropriate indemnity arrangements; this is a requirement of GMC 'Good Medical Practice' and the GP Performers List Regulations. However, if part cover is required before April 2019 colleagues should take financial decisions to limit their expenditure beyond that time, such as monthly payment arrangements, since any rebate arrangement would be at the discretion of the indemnity organisation.

This scheme will not cover non-NHS work (for most GPs, in-house (practice) private work is usually non-clinical and carries a very low liability risk) and performance issues, including those relating to the GMC, NHS England, the Coroner, or Ombudsman. These will need to be funded separately, as hospital colleagues currently do.

The LMC will provide further details once they are announced.

The GP Partnership Review

This review chaired by Dr Nigel Watson, CEO of Wessex LMCs, has now published its [findings](#).

Its recommendations include:

- There are significant opportunities that should be taken forward to reduce the personal risk and unlimited liability currently associated with GP partnerships.
- The number of General Practitioners who work in practices, and in roles that support the delivery of direct patient care, should be increased and funded.
- The capacity and range of healthcare professionals available to support patients in the community should be increased, through services embedded in partnership with general practice.
- Medical training should be refocused to increase the time spent in general practice, to develop a better understanding of the strengths and opportunities of primary care partnerships and how they fit into the wider health system.
- Primary Care Networks should be established and operate in a way that makes constituent practices more sustainable and enables partners to address workload and safe working capacity, while continuing to support continuity of high quality, personalised, holistic care.
- General practice must have a strong, consistent and fully representative voice at system level.
- There are opportunities that should be taken to enable practices to use resources more efficiently by ensuring access to both essential IT equipment and innovative digital services.

QOF Business Rules Coding Issues

Following the introduction of the SNOMED-CT coding in 2018/19, NHS Digital's business rules team has been converting and mapping the READ and CTV3 codes into SNOMED, which has proved difficult and complex.

Although there was always an expectation that there would be some errors as there are each year with the baseline version of QOF, a larger number than previous years have been detected:

- 85 codes have been identified and queried from the v39 baseline QOF business rules (0.5% of all the codes).
- Of these 85 queried codes, 67 were incorrect and have been changed in v41 of the business rules
- Those 67 codes impact on 12 QOF registers; Smoking, Dementia, Epilepsy, Heart failure, Asthma, Osteoporosis, Stroke, CVD, AF and CHD.

It was therefore agreed that v40, the mid-year release, would not be implemented as new errors were continuing to be reported, and that v41 would be used instead.

No action is currently needed by practices. QOF data on the EMIS system or in CQRS may currently seem inaccurate, but this will be addressed by v41 (to be released this month), which is the version which will be used for payment.

NHS England and NHS Digital are aware that as a result of this, there may be closer scrutiny to achievement at year end than usual and additional work for practices and commissioners. As a result, there may also be an increase in queries raised before practices and commissioners are happy to sign off achievement. NHS England will contact local commissioners and NHS England local teams requesting that where possible they support practices in resolving any queries as quickly and efficiently as possible and ensuring workload is kept to a minimum. NHS Digital will ensure their customer service team are fully briefed on the issues raised and will anticipate the possibility of an increase in activity this year end. The support teams will be ready and able to support practices with their queries.

NHS Planning guidance for 2019-20

NHS England has published its [NHS planning guidance](#) for 2019-20. CCGs must now build on the £3/head in the primary care transformation fund that was spent during 2017-19, by committing £1.50/head recurrently to develop and maintain primary care networks (PCNs). It is expected that all practices will be in a PCN by July 2019.

The document states that STPs and ICSs must have a primary care strategy in place by April 2019 setting out how they will ensure the sustainability and transformation of primary care. There is also a big emphasis on tackling provider and CCG deficits. CCGs are told to deliver a 20% real terms reduction in their running costs by 2020/21. The NHS is expected in the next five years to deliver 1.1% efficiency per year. This will therefore continue to be very challenging at a time when demand is growing and there is a long term underinvestment in the system, something that could ultimately affect services. Read the BMA's briefing [here](#).

Seasonal Influenza Vaccination Programme 2019/20

Public Health England (PHE) and NHS England have published preliminary [information](#) relating to the recommended vaccines for the 2019/20 season. Both of the vaccines that were recommended for the 2018/19 season will continue to be recommended for next year. These are licensed and available to order now. There will also be other, currently [unlicensed](#), vaccines available to use. PHE recommends that practices place orders for those that are currently licensed.

Pensions Update

- The LMC has [written](#) to practices to advise them that the Department of Health and Social Care has announced that it will be consulting on proposals to change NHS pension scheme regulations. The proposed changes include introducing a new contribution rate of 20.6% for employers from 1 April 2019,

and the Government has committed to providing additional funding to meet costs arising from the current actuarial valuation of the NHS Pension Scheme alongside the long-term funding settlement for the NHS.

Other proposed changes include renewing current member contribution rates so that the same rates continue to apply beyond 31 March 2019, providing civil partners and same sex spouses with the same survivor pension rights as widows and extending the current forfeiture of pension benefits rules.

Many understandable concerns have been raised by practices and GPs since the consultation was published as this clearly has serious implications. The GPC will be working to ensure this new cost is fully funded by government and will be responding to the consultation about the wider implications to GP pensions.

- Annual pension forms should now be available to download from the NHS Pensions website. As part of the requirements of the NHS Pension Scheme Regulations, GPs need to return their GP Provider Annual Certificate of Pensionable Income or the Type 2 Medical Practitioner Self-Assessment form to PCSE by 28th February. Further information is available [here](#).
- The NHS Pension Scheme Total Rewards Statements (TRS) were updated on the 13th December 2018, so these should now include pension data until 31st March 2017.

If a previous year's record is missing however, TRS cannot be updated. Incomplete data on the TRS does not necessarily mean that the pension record itself is incomplete. There is currently an independent pensions expert carrying out an investigation to determine where gaps lie in members' records, and the BMA has been informed members will be contacted if these are incomplete.

CPRD and UK BioBank

The LMC is aware that practices may recently have received communications about sharing their patient records with UK BioBank and CPRD. UK BioBank is a genomic study following a cohort of patients recruited before 2010 with consent. On average each practice is likely to have 60 patients in the scheme. The entire patient record is shared.

CPRD 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 'research purposes' as the lawful basis of data processing. The entire practice patient database, except for those patients who have opted out, is shared.

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 data protection impact assessment (which must be done before any sharing takes place). Other aspects are not as clear.

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

Brexit

The Secretary of State, 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, with an admission that medicine supply chains could be disrupted for up to six months.

The Government have published '[EU Exit operational readiness guidance](#)' for the health and care system in England which identifies actions that GPs and commissioners should take to prepare for, and manage the risks of a no-deal exit scenario.

The National Workforce Reporting System

The Health Education England GP Workforce Reporting Tool has now been disbanded, and HEE are now supporting the National Workforce Reporting System (NWRS) which sits within the Primary Care Workforce Tool (PCWT). The intention is that this will simplify and streamline the data collection process and encourage uptake; it collects the same data and has the same functionality as the previous tool. Data previously entered into the tool has been migrated across and practices are encouraged to check on the PCWT that this is accurate.

BMA Guidance: Access to medical records

The BMA and the Law Society have updated their joint template consent form for the disclosure of medical records to solicitors to reflect the GDPR, which aims to improve the process of seeking consent and ensure that patients are well informed about the proposed disclosure of their records. You can access the template form [here](#).

Contract Guidance for GPs Working in non-Standard Roles

Increasingly GPs are forging diverse careers with employment contracts which may not be protected by nationally agreed terms and conditions. This new guidance from the BMA attempts to help ensure that all GPs receive appropriate employment terms and conditions regardless of their employer. Read the guidance [here](#).

PCSE Update

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. This comes only several weeks after it was revealed that almost 48,000 women had not received important correspondence relating to cervical screening this year due to Capita's failure.

The BMA has repeated a [demand](#) that NHS England strip the Capita of its contract and return this service to an in-house delivered activity that can regain the confidence of practices and patients.

The December PCSE bulletin for practices is available [here](#).

Launch of Coastal Education and Workforce Hub Website

The Coastal Education and Workforce Hub has launched a new [website](#), which aims to support General Practice in Coastal West Sussex. It lists vacancies for the primary care workforce, portfolio careers opportunities, upcoming CPD events, work experience opportunities and funding opportunities available for CPD events and peer groups.

e-RS

The BMA has published joint [guidance](#) with NHS England on the electronic Referral System. Use of e-RS for practices is now a contractual requirement; the joint guidance provides information about its use and utility.

GPC Newsletter

The most recent edition is available [here](#).

Sessional GPs Update

The January issue of the sessional GP newsletter is available [here](#).

LMC Buying Groups Federation

Surrey and Sussex LMCs has been a member of the [LMC Buying Groups Federation](#) since 2008. This means that all practices within the confederation are eligible to access discounts that the Buying Group has negotiated on a wide range of products and services. These include medical consumables and equipment, dictation software and office equipment.

In order to comply with GDPR, **all practices must re-register** with the buying group. By re-registering you can have full access to all the pricing information on the website, ensure your practice continues to receive Buying Group discounts and be amongst the first practices to be able to use their new vacancy advertising service.

Surrey and Sussex LMCs issues the LMC Line bulletin which combines frequently asked questions, issues raised at the GPC and information about LMC activities. If you wish to make a brief contribution, please send it to [Dr Clare Sieber](#) at the LMC office.

Practice Vacancies

Vacancies added to our website since the last edition of the LMC Line are listed below. Full details of all posts, including how to apply, can be found on the SSLMCs [website](#) . If you would like a vacancy in your practice to be advertised on the website free of charge for a three month period, please send the details to [Sandra Rodbourne](#).

<p><u>GP Partner/Salaried</u></p> <p>GP Salaried/Partner – Billingshurst, West Sussex GP Salaried – Hindhead, Surrey GP Salaried – Brighton, East Sussex GP Salaried/Retainer – Shoreham-by-Sea, West Sussex GP Salaried – Liphook, Hampshire GP Salaried – Billingshurst, West Sussex GP Salaried (potential partnership) – Wadhurst, East Sussex Salaried GP (1year fixed term) – Godalming, Surrey GP Salaried/Partner – Peacehaven, East Sussex NWS Locality Hub Home Visiting GPs – Woking, Ashford & Walton, Surrey GP Partner – Wonesh, Guildford, Surrey GP Salaried/Partner – Farnham, Surrey GP Salaried – Littlehampton, West Sussex GP Salaried – Horam, East Sussex GP Salaried – Banstead, Surrey GP Partner/Salaried – Polegate, East Sussex GP Salaried – East Grinstead, West Sussex GP Salaried – Havant, Hants GP Salaried for 1 year maternity cover – Twickenham, Middlesex GP Salaried with a view to partnership – Littlehampton, West Sussex GP Salaried/Partnership – Dorking, Surrey GP Salaried/Partner – Littlehampton, West Sussex GP Salaried for maternity cover – Woking, Surrey GP Salaried/Retainer – Brighton, East Sussex GP Salaried – Twickenham</p> <p><u>Other/Admin</u></p> <p>Medical Secretary – Crowborough, East Sussex Receptionist/Medicine Co-ordinator – Peacehaven, East Sussex Workload Administrator – Burgess Hill, West Sussex Practice Manager – Crowborough, East Sussex Business Practice Manager – Farnham, Surrey Deputy Practice Manager – Haywards Heath, West Sussex</p>	<p><u>Locum GP</u></p> <p>GP Locum for maternity cover – Brighton, East Sussex</p> <p><u>Nursing</u></p> <p>Practice Nurse – Brighton, East Sussex HCA – Worthing, West Sussex Practice Nurse – Worthing, West Sussex Advanced Nurse Practitioner – Billingshurst, West Sussex Paramedic Practitioner – Shoreham-by-Sea, West Sussex Practice Nurse – Hurstpierpoint, East Sussex Practice Nurse – Brighton, East Sussex Advanced Nurse Practitioner – Brighton, East Sussex Advanced Nurse Practitioner – Wonesh, Guildford, Surrey Health Care Assistant– Littlehampton, West Sussex Practice Nurse– Littlehampton, West Sussex Lead Practice Nurse – Burgess Hill, West Sussex Practice Nurse – Goring by Sea, West Sussex Phlebotomist– Oxted, Surrey Practice Nurse – Lancing, West Sussex Advanced Nurse Practitioner – Shepperton, Middlesex Practice Nurse – Shepperton, Middlesex Paramedic Practitioner – Cuckfield & Haywards Heath, West Sussex Diabetic Nurse – Littlehampton, West Sussex Advanced Nurse Practitioner – Littlehampton, West Sussex Practice Nurse – Littlehampton, West Sussex (closing date 1.3.19) Paramedic Practitioner – Littlehampton, West Sussex (closing date 1.3.19)</p>
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