

LMC Update Email

31 May 2019

Dear Colleagues

### **Practice closures**

An investigation by [Pulse](#) has showed that nearly 450 GP surgeries have had to close in the last five years due to practice closures or mergers, and over a million patients have had to move surgeries. This, and the linked story relating to a continued fall in the number of GPs, was the subject of many of the newspaper front pages today, and my response was widely used. I said: 'These figures clearly show the increased pressure that practices have been under over the last decade, as workload mounts, more doctors leave and surgeries struggle to recruit new staff. The impact on patients is obviously a big concern as they are forced to move to a new practice, but no GP would take the decision to close lightly. After all, for many of these GPs, they will have been in charge of their practice for a number of years and will have formed strong bonds with their patients and the wider community – which is the reason many doctors choose general practice as a career in the first place.'

This was reported in the [Telegraph](#), [the Times](#), [iNews](#), [Daily Mail](#), [Mirror](#), [ITV](#), the [Express](#). I did interviews for ITV News and Channel 5 News, Krishna Kasaraneni was interviewed for BBC News and Farah Jameel for Channel 4 News. We have also spoken to a number of local and national radio stations and expect to do further interviews over the weekend. In addition Lucy Jane Davis did BBC Radio Devon at 1.25pm today, George Rae did TFM Teeside this morning, Rob Barnett was interviewed on Rock FM for the North West of England and Peter Holden spoke to BBC Radio Derby. Thank you to them and our media team who helped make GP workload and workforce issues headline news again today.

### **Workforce data**

[NHS Digital's workforce data](#) was released this week which shows that whilst there has been an increase in the number of healthcare professionals working in practices, the number of GPs continues to fall. There are now 7,302 more full time equivalent (FTE) health professionals working in primary care than three years ago. Jackie Applebee, Chair of Tower Hamlet LMC and GPC member said 'I think this underlines that doctors are not choosing to be GP partners. They want a decent work-life balance and don't see the current pressures that partners are under can give them this. Partners have the risks of running a small business to deal with such as premises and staff, in addition to the constant risk that all GPs hold clinically. More and more doctors are voting with their feet and saying that 'the clinical risk is enough thank you,' without the added stresses of running a small business.' I also commented on the worrying decline of GP partners and also highlighted that punitive tax payments related to the current pension arrangements are having a direct impact of GP retention. Read more [on the NHS England website](#). This was reported in [Pulse](#), and in addition to the stories above also the [Daily Mail](#), [Practice Business](#)

### **Pension letter**

I sent [a joint letter](#) with the Consultant Committee and Pension Committee Chair this week to the Heath Secretary, Matt Hancock, regarding his expected announcement on flexibilities in the NHS pension scheme. Our letter to Matt Hancock highlighted our concerns with a possible 50:50 style approach, and called on him to focus on more effective solutions to the pension problems growing numbers of GPs and consultants face. The letter was covered by the media including the Press Association. This was reported today by BBC Health Editor, Hugh Pym, on the [Today Programme](#) (about 36 minutes). If you have not yet raised concerns regarding the tapered annual allowance directly with their own MP can still do so via the [BMA's 'write to your MP' tool](#).

### **Shortage Occupation Listed widened to include GPs**

Earlier this year, the BMA workforce team, with input from GPC and the International team, responded to the call for evidence from the Migration Advisory Committee. The MAC have now published their [review](#) and recommended that all medical practitioners be included on the Shortage Occupation List. In response to this, BMA council chair Chaand Nagpaul said: 'The BMA is delighted that such a respected body as the MAC has listened to the BMA and proposed a bold, but much needed, recommendation to place all doctors on the shortage occupation list. This welcome proposal is a victory for the BMA and for the sustained lobbying by the association to address the chronic workforce shortages which are undermining the delivery of patient care across the NHS. Read the BMA press release [here](#). This was reported in [Practice Business](#), [OnMedica](#), [GPonline](#)

### **PCSE and patient records**

Following the news last week of the [PCSE blunder involving 160,000 patient records incorrectly archived](#) instead of being released and sent to the appropriate GP practice when the patient re-registered, records are now being sent to practices in the coming weeks. GPC has been discussing with NHS England exactly how they plan to support practices now facing an additional workload burden. We understand that resources such as template letters, guidance for practices on which records they could prioritise reviewing, and clinical assessment resources have been made developed so far.

However, we believe NHS England must take this issue more seriously and ensure a comprehensive national support package is available for practices to access, and we will continue to push for this. If a practice in your area has received a large number of records and requires additional resources to clinically review the records then we would advise to engage with your CCG on the practice's behalf.

### **GP at Hand digital first model**

Following the publication of the [independent report by Ipsos MORI](#) last week which suggested that Babylon GP at Hand's digital-first model may be unsustainable if rolled out across a wider population, it has been reported that one of the biggest hospital trusts in England (Birmingham FT) has entered talks with Babylon after concluding local GPs were unable deal with the demand. In response to this, Bob Morley (Birmingham LMC Secretary and GPC member) said that the Trust's vision of vertically integrated care, in combination with Babylon, was "a truly frightening prospect that is going to be nothing but massively damaging for healthcare in Birmingham". Read the full story in the [HSJ](#). Read my statement about the Ipsos MORI report [here](#).

The [BMJ](#) also reported that the CCG hosting Babylon's digital service GP at Hand has said that it "would welcome" an application from the provider to manage a single primary care network. It was also covered by GP Online and I responded saying, "This proposal flies in the face of both the NHS Long Term Plan and the national GP contract agreement to focus on and support population based health systems through the development of primary care networks. It appears that there is one rule for those serving the more affluent and another rule for the rest of the country and this could, as last week's independent review of GP at Hand suggests, widen health inequalities which is counter to everything the NHS should stand for. We will be discussing this urgently with NHS England."

### **EMIS move to Amazon Web Services (AWS)**

We have been informed that EMIS has sent out a communication to practices which we believe is potentially misleading. In relation to the plan to move NHS records to AWS (Amazon Web Services), which the GPC supports, their communication states that practices "may wish to inform your patients". This is incorrect. It is a requirement under GDPR to be 'transparent'. Practices must inform their patients of significant changes to the way their data is processed, and failure to do so will almost certainly be a breach of GDPR.

Given the potential sensitivity of moving NHS records to AWS this seems to be counterintuitive when GDPR expects openness, transparency and accountability. [BMA guidance on GPs' responsibilities under GDPR](#) states that: 'Practices must ensure they continue to provide updated information to patients about new data sharing arrangements'. This involves updating practice privacy notices (PPNs) and where practices have the ability to provide electronic alerts to patients relatively easily then these methods should be used. In practical terms this means that where mobile numbers or email addresses are held the practice should use these to make patients aware that new arrangements for data sharing exist and invite them to read the updated PPN. This is set out in the [BMA guidance 'GPs as data controllers'](#) (see bottom page 6, from 'Ensuring ongoing transparency – keeping patients updated' to the top of page 8).

The communication also states “and/or undertake a Data Protection Impact Assessment (DPIA)”, which is also incorrect. A DPIA is not an optional alternative to informing patients, it is a standalone mandatory standalone requirement under GDPR that must be carried out prior to any significant or new processing arrangement. If you don't do a DPIA you are in breach. However, EMIS have helpfully provided a link to a template DPIA that practices can use. It is acceptable under GDPR to “borrow” or share DPIAs where the changes apply equally to many parties.

### **Guidance on requesting transfers of NHS property companies**

The Department of Health and Social care released [new guidance](#) this week which allows transfers of estate owned by NHS Property Services and Community Health Partnerships. NHS trusts will be able to apply to own buildings on their estate where it is intended to speed up improvements to frontline services. The guidance says that this applies to NHSPS/ CHP properties, but in instances where they do not own the freehold (NHSPS own the freehold for about half of their 3,500 buildings) they can't assign a lease or license to a provider without consent from the landlord. This new policy will not directly impact on GPs but it will effect GPs who are tenants of buildings owned by NHSPS which are transferred. In these circumstances the GP tenant will need to understand the new relationship with the new landlord, particularly in situations where there is no formal lease.

If practices have any concerns about any potential transfers of ownership please contact us via [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk) or your LMC. LMCs are reminded to send any queries to [info.lmcqueries@bma.org.uk](mailto:info.lmcqueries@bma.org.uk)

### **Flu vaccine data**

Public Health England has published its **flu vaccine data** which showed that in England, for the over 65s, there was a vaccine uptake of 72%, 48% for those aged 6 months to 65 years (in clinical risk groups), and 45.2% in pregnant women. The figures for over 65s were slightly higher in Scotland (73.7%), but slightly lower in Wales (68.3%) and Northern Ireland (70%).

The figures also showed that more children were vaccinated this winter than ever before, with around 3 million being vaccinated (44.9%). The report also showed that the adjuvanted influenza vaccine, which was given to over 65s for the first time, provided about 60% effectiveness.

This is a remarkable achievement that despite the flu vaccine supply problems practices had to contend with last year, leading to practices having to put on extra clinics and appointments much later in the year than normal and often at short notice, practices were able to achieve vaccination coverage very similar to the levels in the previous year. We should acknowledge that this was only possible through the hard work of GPs and their teams and our commitment to protect as many of our patients as possible from the ill effects of influenza.

### **Interim report on cancer screening service**

Professor Sir Mike Richards has published his [Interim report on cancer screening services](#), in which he calls for more convenient access to screening services. The report specifically highlighted that 'outdated IT systems lead to problems with monitoring the quality of current screening programmes' and that 'IT will need to be radically upgraded' as well as highlighting the need to address the fragmentation between different parts of the systems and organisations involved in screening. He also points out that the DHSC concluded that NHAIS, the software implemented across primary care which manages services, patient registration and demographic details for England, Wales and Northern Ireland, was not fit for purpose as far back as 2011, and that NHSE was running two years behind in its planned replacement as Capita have been unable to deliver agreed milestones.

Once again, this illustrates the need for NHSE to review the PCSE programme, following the news that thousands of patient records were mistakenly archived, as we [reported last week](#), and Capita's failures relating to cervical screening call and recall letters not being sent.

Together with Andrew Green, GPC's clinical and prescribing lead, I met with Sir Mike this week to talk about the many issues related to screening that impact GPs and practices and how the system could be improved for patients. Read the interim report [here](#).

### **MenACWY and EMIS flags**

In August 2015, a meningococcal vaccine programme was introduced for teenagers and young people in response to a rapid increase in meningococcal meningitis and septicaemia due to serogroup W (MenW). The programme involved offering MenACWY vaccination through general practice to teenagers leaving school in the summers of 2015, 2016 and 2017, including sending invitations to those teenagers in the relevant cohort. Younger teenagers were vaccinated through school over the same period. Following the programme those who were eligible can be opportunistically vaccinated up to the age of 25 years, under the GP contract.

Coverage in the school programme has been high (>70%) [but levels in the GP programme were much lower](#) (40%). PHE has been working with the meningitis charities and others to raise awareness of the need for those young adults who have missed out to attend their practice for catch-up vaccination.

Following the tragic death of Tim Mason from group W meningococcal disease in March 2018, the coroner sent a letter to NHS England about the missed opportunities for Tim to have been vaccinated. He was eligible for vaccination in the first catch-up year but had not been called in, and, despite attending the practice subsequently, had not been offered a catch up. Tim's mother discovered that EMIS contains a flag that could have prompted his practice to offer Tim his missing dose, but that the default setting for the flag was off. Earlier this year, after prompting by the meningitis charities, the public health minister contacted NHS Digital who in turn contacted EMIS. From April 2019, therefore, the default setting, for the EMIS flag will be on. Practices using EMIS will notice the flag appear for any young adult born after 1 September 1996 who is not recorded as having received the vaccine. [Practices should offer the missing dose and can claim reimbursement for administration using CQRS](#). The latest [data from PHE](#) shows that cases of group W meningococcal infection have now started to fall.

### **Vaccine acceptance in England 2018**

Public Health England has also provided the following statement, after recent press interest which highlighted growing amounts of anti-vaccination messages on social media, to reassure general practice staff that most parents remain confident in the programme and trust the advice that they get from GPs and practice nurses.

Each year PHE undertakes a cross-sectional interview [survey exploring parental attitudes to infant vaccination](#). In 2018 a total of 1,674 interviews of parents of children aged 0-4 were held. Ninety-three percent of parents reported that they were confident in the immunisation programme with almost 80% believing that all immunisations were safer than the diseases they protect against. The majority of parents perceive each of the infant immunisations to be either completely safe or just a slight risk. The MMR vaccine was the most likely to be deemed as a moderate or high risk – but this was reported by only 9% of parents.

Only 4% of parents had ever flatly refused an immunisation. Of those, the flu vaccine was the most refused (44% - 31 parents) followed by MMR (17% - 11 parents). Satisfaction with all aspects of the immunisation process and trust in immunisation information provided by health professionals and the NHS were all over 90%.

The [NHS website](#) has a range of useful information for parents and for those who have more detailed questions the [Vaccine Knowledge Project](#) run by Oxford University is excellent. PHE also produce a range of leaflets for parents of young children which can be ordered [free of charge here](#)

### **Biosimilar medicines**

NHS England has updated their guide '[What is a biosimilar?](#)' which looks at the role of biosimilar medicines in the NHS and aims to support the safe, effective and consistent use of all biological medicines, including biosimilar medicines, to the benefit of patients.

We would specifically like to draw attention to paragraphs 4.3, 4.4 and 4.5, which refer to the need to prescribe by brand and the mechanism by which switches for reasons of price can be made. GPs should note that these should only be done by the responsible prescriber in consultation with the patient, and where these drugs are prescribed in general practice as part of shared care arrangements we would regard the responsible prescriber as being the initiator of the treatment and not the doctor providing ongoing prescriptions.

### **GP trainees elections**

The nominations for the BMA's GP trainees subcommittee 2019/20 are open until 12pm on Wednesday 5 June 2019. Seats are available in Kent, Surrey and Sussex, Peninsula, Scotland, South East London, North East & Central. More information is available [here](#).

### **Annual Representatives Meeting**

The BMA's [Annual Representatives Meeting](#) is taking place on 23-27 June at the ICC Belfast. The ARM elections are now open to a number of committees - including GPC UK. Please note that the nominations are open to all BMA members who meet the criteria for the committees. However, voting is only open to ARM delegates and will take place at the ARM. Nominations will close at 5pm on 24 June. For more information and to nominate, please go to the [on line election portal](#)

### **RCGP Parkrun**

The [Royal College of GPs](#) are organising special park run event tomorrow, Saturday 1 June, to celebrate the first birthday of their GP parkrun initiative, to promote the health and wellbeing of patients and staff, and create wellness communities. For more details see the [Parkrun's website](#). Read the latest GPC newsletter [here](#).

Have a good weekend

Richard