

LMC Update Email

28 September 2018

Dear Colleagues,

Labour Party Conference

This week I went to the annual Labour Party conference in Liverpool, where I attended a series of fringe events and meetings with senior MPs, policy makers and influential leaders from across the health sector to discuss the many issues facing GPs. This included meetings with Julie Cooper and Justin Madders, who are both members of the shadow health team, and with Paul Williams, a GP and member of the Health and Social Care Select Committee. We focused on the crucial role of general practice, our concerns regarding the recent DDRB pay award, recruitment and retention challenges across primary care which contribute to rising workload pressures, the impact of Brexit for healthcare services and the risks and opportunities different digital developments bring.

Chaand Nagpaul, chair of BMA council, also attended the conference and met with Meg Hillier, Chair of the Public Accounts Committee and he also spoke at an RCGP fringe event on technology and innovation in primary care and how GPs were leading the way in meeting these challenges.

Next week I will be travelling to Birmingham for the Conservative Party Conference, at which I will be meeting with the Care Minister, Caroline Dinenage, as well as speaking alongside the Secretary of State, Matt Hancock, at an RCGP fringe event.

Welsh pay award

The government in Wales have now announced that they will be following the DDRB recommendation of a 4% increase to GP pay, trainers' grant and appraisal payments. This compares to 3% in Scotland and 2% in England, with an "IOU" of a further 1% in April 2019 to make a consolidated 3%. GPs in Northern Ireland are yet to hear what the outcome will be for them..

This was reported by BBC News Wales, and David Bailey, BMA Cymru Wales council chair, said, "It's important for Wales that we try and demonstrate that doctors are welcome here, GPs are welcome here, and we do everything we can to work with our colleagues in Welsh government and the Welsh health service to improve the NHS in Wales." Read the BMA press release [here](#).

Winter indemnity scheme

NHS England [announced](#) this week that it is again running a winter indemnity scheme this year to support GPs who wish to offer additional extended access and/or out of hours sessions over the winter season. The scheme, running from 1 October to 31 March next year, will be used to provide indemnity for the extra services provided by GPs, giving them the freedom to work extra sessions securely and without the worry of additional costs. A copy of the letter to CCGs is attached.

This was reported in [Pulse](#), to which I commented 'GPs should never face the predicament of having to decide what work they take on based on the barriers created by sky-rocketing indemnity costs' and that 'therefore the winter indemnity scheme is welcome, as it gives doctors the option to take on extra work that many simply would not be able to afford to otherwise'.

Flu vaccine guidance - aTIV for patients over 65

NHS England has published [guidance](#) to support practices in the delivery of the flu programme, and to ensure that the aTIV flu vaccine is offered to those over 65. It is important to remember that the vaccine will be delivered to practices and community pharmacies in three phases between

September and November 2018. NHS England has confirmed that there is sufficient supply for anticipated demand and has advised that patients over 65 should wait for the vaccine to be delivered by the supplier to their surgery. The [service specification](#) makes it clear that vaccinations must be given with the appropriate vaccine and dosage. Any GP practice who is unable to provide aTIV to their patients should advise their local NHS England team. Read the guidance [here](#).

Following work with NHS England, this guidance will also allow GP practices and pharmacies to swap flu vaccine stocks if providers are running low. Currently practices are only able to supply other providers if they have a wholesaler licence, but these rules are being relaxed over winter to ensure at-risk groups can access the appropriate flu vaccine. We've also been made aware that additional supplies of aTIV will be available to order for those practices that do not have adequate supplies.

We have also been working to overcome the concerns raised about the common arrangements where community nurses use influenza vaccines provided by a practice to immunise housebound patients on their caseload. To help resolve these concerns, see attached a Flu Agency Agreement for vaccination services of district or community nurses that NHS England has sent to local commissioners to supplement other options being used by some CCGs such as honorary contracts.

Blanket bans on OTC prescriptions are likely to be challenged

CCGs have been warned that blanket bans on prescribing of over-the-counter medicines are likely to be challenged and to be 'mindful' of the exceptions in the NHS England guidance. In a newsletter to CCGs, NHS Clinical Commissioners highlighted the exemptions from new OTC prescribing rules and said they should be taken into account when developing local plans.

In response to this, I commented: "GPs know that they are contractually required to issue a prescription and yet their CCG is strongly encouraging them not to do so, and all too often it is the GP who takes the flack from unhappy patients. GPs want to do the best for their patients and will take both cost and clinical effectiveness in to account when making prescribing decisions. It is important that CCGs provide clearer advice directly to patients about decisions they have made but also give prescribers appropriate flexibility to respond to the needs of their patients and not place them in impossible positions." Read the article in [Pulse](#)

Death-in-service benefits for locum GPs

The BMA has submitted a test case to the Pensions Ombudsman to challenge NHS Business Services Authority's (NHSBSA) approach to death-in-service benefits for locum GPs. While GP partners and salaried GPs are covered on a continuous basis meaning their family can access their pension regardless of when they die, locum GPs effectively won't be covered unless they die on a day they're scheduled to work. Dr Zoe Norris, sessional GPs subcommittee chair, said that the BMA had put test cases directly to the NHSBSA but the GP locums had been told they were ineligible for death-in-service benefits. Read the story in [Pulse](#)

New chair of Northern Ireland GPC

I went to Belfast this week to attend NI GPC, which was chaired by Alan Stout who has now taken over from Tom Black. Tom has in turn been elected as chair of BMA Northern Ireland council. Congratulations to both of them. You can read more [here](#)

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

Have a good weekend

Richard