

## LMC Update Email

4 January 2019

Happy New Year to you all.

2019 could be an important year for GPs. Last year we received plenty of promises – to invest £3.5bn in to primary medical services and community services in England, to preferentially invest in General Practice, to deliver a new state backed indemnity scheme for GPs in England and Wales, to reinvigorate the partnership model of working, to improve the IT infrastructure on which our day to day work depends and to reduce the risks related to practice premises. This year we need to see these promises delivered.

NHS England has developed a [Long Term Plan](#) outlining how it intends to use the additional £20bn to be provided for the NHS over the next 5 years. This should have been published last year but was repeatedly delayed because of the Brexit debates in parliament. This plan will now be published on Monday with an event in Liverpool and we should expect to see media briefings about it over the weekend.

Health economists are clear that this additional funding, whilst welcome, is not enough to deal with the impact of eight years of austerity, and longer for general practice. However I hope that this will be an opportunity to turn some of the words we've heard last year in to reality, with a real and tangible delivery of investment in general practice and community based services. This is essential if we are to be able to respond to the workload pressures that are so prevalent and enable us to expand our workforce to better meet the growing needs of our patients.

Over the last few months we have been discussing with NHS England how we can address some of the fundamental problems that we face. With limited resources this is difficult but we are nonetheless seeking improvements to the GP contract, including delivering on the promise of a state-backed indemnity scheme by April 2019. I hope to be able to share more information about this shortly.

### **Missed GP appointments**

Recent NHS Digital data has shown that more than 15 million consultations are being wasted because patients fail to show up for their GP appointments. [NHS England are urging patients to let their GP practice know if they are unable to make their appointments](#) so it can be filled by another patient. In response to this I said "Every appointment at a GP practice is precious, especially at a time when GP services are struggling to cope with rising patient demand, staff shortages and inadequate budgets. Practices will try many ways to address this problem, but ultimately patients do need to play their part." Read the BMA's statement [here](#). This was also reported by [BBC News online](#), [Guardian](#), [Mail](#) and [Pulse](#).

### **Ambulance delays**

An investigation by [Pulse](#) revealed that patients who need an ambulance at a GP surgery are routinely facing waits twice as long as patients who call 999 from elsewhere. This followed the

subject being highlighted in a debate at the English LMC Conference last year. In response to this I commented: “GPs are highly trained doctors, often with decades of experience under their belts, but in order to provide the best possible care to patients in emergency situations they may need the equipment and skills of paramedics. We are raising this issue in discussions with NHS England.” This was reported in the [Telegraph](#), Times, [Independent](#), [Mail](#), and the [Press Association](#). GPC member, Dr Peter Holden, was also interviewed this morning at 7.10am on BBC Breakfast about his experiences and what it means for the safety of patients.

### **Influenza season 2018/19: use of antiviral medicines**

Public Health England (PHE) surveillance data indicates an increase in influenza cases in the community. As is usual when this happens they have informed prescribers that they may now prescribe and community pharmacists may now supply antiviral medicines for the prophylaxis and treatment of influenza at NHS expense. This is in accordance with NICE guidance, and Schedule 2 to the National Health Service (General Medical Services Contracts (Prescription of drugs etc) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS).

Antiviral medicines may be prescribed for patients in “clinical at-risk groups” as well as any who are at risk of severe illness and/or complications from influenza if not treated. For information on clinical at risk groups and patients eligible for treatment in primary care at NHS expense with either oseltamivir or zanamivir, please see the guidance on the [PHE website](#). The CMO CAS alert is also available [here](#).

### **NHS Planning guidance for 2019-20**

NHS England has published its [NHS planning guidance for 2019-20](#). Further guidance is due to be published later this month and will include what is expected from year one of the Long Term Plan.

For primary care, NHS England inform CCGs that they should build on the £3/head in the primary care transformation fund that was spent during 2017-19, and must now commit £1.50/head recurrently to develop and maintain primary care networks (PCN). This funding should be provided in cash rather than in kind. PCNs must also be provided with data analytics for population segmentation and risk stratification to help networks to understand their population’s needs for symptomatic and prevention programmes, including screening and immunisation services. 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](#).

### **LMC UK Conference – motion deadline**

A reminder that the deadline to submit motions for the LMC UK Conference is **noon, Tuesday 8**

**January 2019.** Motions should be submitted electronically using the BMA's website via this link <https://web2.bma.org.uk/Motions/lmcagenda.nsf/W?OpenForm&Login>

If you have forgotten your username and / or password, please email Karen Day ([kday@bma.org.uk](mailto:kday@bma.org.uk)) for a reminder or for help in setting up a new account.

### **Webinar on Items which should not be routinely prescribed in primary care – 16 January**

As part of the current [consultation on items which should not routinely be prescribed in primary care](#), NHS England and NHS Clinical Commissioners are hosting a webinar to outline proposals for updated CCG guidance, including more effective, safer and/or cheaper alternative items. It will also provide GPs and other prescribers with an opportunity to ask questions and share their views on the proposals. The webinar will be held on 16 January 2019, from 2-3pm. Please visit the [NHS England website](#) to book your place.

### **Madopar (co-beneldopa) supply issues**

The Department of Health and Social Care has sent the following update about a supply issue with co-beneldopa, as well as a letter from Roche (attached).

- Roche, the manufacturer of Madopar (co-beneldopa), is experiencing supply difficulties with some of the Madopar range, due to an unforeseen increase in demand on their Madopar products throughout 2018.
- Supplies of some Madopar presentations may be constrained during December, but is expected to improve in January
  - **Madopar 125mg Dispersible Tablets** – will be unavailable from mid-December until mid-January. There is enough supply of Madopar Dispersible 62.5mg to meet additional demand during this time. Patients may need to have their prescription amended to obtain stock of the 62.5mg dispersible tablet.
  - **Madopar 125mg Controlled Release Capsules** – there will be limited stock between now and mid-late December when further deliveries are being received. Roche are providing stock against valid prescriptions, if pharmacies have any queries they can contact Roche Customer Service on the following number: 0800 731 5711
  - Other Madopar presentations remain unaffected at this time
- If patients are having difficulties obtaining supplies of Madopar the DHSC recommends they see a clinician to discuss alternative treatment options.

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

Have a good weekend.

Richard