

## LMC Update Email

1 February 2019

Dear Colleagues,

### **GP contract in England**

You will now be aware that the contract negotiations in England concluded this week, and the agreement document [A five-year framework for GP contract reform to implement The NHS Long Term Plan](#) was published yesterday, and further information is available [here](#). It was ratified by the NHS England Board meeting, which I attended. An [email](#) has been sent to all GP BMA members, with links to the webpages, detailed guidance and my video message. It is available [here](#). Further guidance will be produced in the coming weeks and months. In our press release I summarised some of the key elements of what is a large and significant package in our press release:

“Support and funding for Primary Care Networks mean practices can work together, led by a single GP, and employ additional staff to provide a range of services in the local area, ensuring patients have ready access to the right healthcare professional, and helping reduce workload pressures on GPs. This significant expansion in the workforce, which will eventually see over 20,000 healthcare staff based in networks across England, will also be expected to focus on some of the Long-Term Plan’s commitments, such as support for care home residents and the earlier identification of people with cancer or cardio-vascular disease.

While the way it is funded will change, networks will continue to offer evening and weekend appointments to all patients, and as part of this effort to improve access, practices will have to make one appointment available a day available for every 3,000 patients on their list to be directly booked through NHS 111.

The Secretary of State for Health and Social Care has made his ambitions around technology in general practice clear, and GPs recognise the potential convenience that new systems can offer to many patients. We have therefore agreed a realistic timescale to improve digital access for patients, building on improved infrastructure to firstly be able to book an appointment and access to their own records online, before progressing to video consultations for all in 2021. We will also set in train an important programme to digitalise all remaining paper records, so freeing up much needed space in GP practices as well as delivering a comprehensive electronic patient record.

And while patients will now have access to their own records digitally, we have secured £20m a year to cover the costs of subject access requests, which GPs and their teams have been having to complete unfunded since the introduction of GDPR legislation almost a year ago.

The Long-Term Plan established spending for the next 10 years, and after listening to the BMA for the first time, NHS England committed to increase funding for primary and community care at a greater rate than the wider NHS budget. After years of derisory pay uplifts for staff and tightening financial pressures on practices, this means we have been able to negotiate a five-year deal guaranteeing investment that covers pay and expenses, and at least matches predicted inflation.

Crucially, this investment has enabled us to fulfil one of our key aims by once and for all banishing the personal expense of indemnity cover, with a state-backed scheme set to begin, as promised, in April. This will mean that all GPs and practice staff, both in and out of hours, will be covered and represents a major change, freeing GPs from the significant risk of rapidly rising indemnity costs.

This package sets us on the road to rebuilding not only general practice but also the wider primary health care team; delivering an expanded workforce embedded within practices and giving GPs a leadership role in bringing together the community healthcare team. These changes present a real opportunity to demonstrate that GPs will lead the development of a more resilient community-based health service for the benefit of our patients for years to come.”

You can read our full press release [here](#), and read BMA [tweets](#). You can also read a blog by Krishna Kasaraneni (GPC England Executive Team member) about Primary Care Networks [here](#).

The contract agreement was widely reported, including being the lead item on many bulletins and also on many front pages. It was in the [Mail](#), [Express](#), [Telegraph](#), [BBC News Online](#), [the Guardian](#), [The Independent](#), [The Times](#), [The Sun](#), [Yorkshire Post](#), [HSJ](#), [GPOnline Nursing in Practice](#) and [Money Week](#). [Pulse](#) had several stories, with [the editor](#) calling it a “huge, massive, big, enormous, mammoth day of news”, saying it's “probably the biggest day of news on Pulse” in his six years there. [Pulse](#) also ran a [main story](#), with separate pieces on [indemnity](#), [primary care network funding](#), [workforce](#) and [more](#). I was interviewed on the [BBC News Channel](#) [*story begins at 9:20:28, I speak from 9:22:04 to 9:24:40*] This interview also appeared on the BBC News Channel's 9 o'clock news in England, Scotland and Wales. I was also interviewed on Sky News and twice on LBC radio. The [Today](#) programme also covered the story [story begins at minute 1:03:50]

Media coverage has continued today in the [BMJ](#) and [HSJ](#), and in [i News](#), [Daily Mail](#) with many BBC local radio stations running new items on the recruitment of 20,000 physical therapists, pharmacists and paramedics to ease pressure on GPs. [The Independent](#), [Sun](#) and [Daily Telegraph](#) have focused on the agreement that GPs whose NHS earnings are over £150,000 will be required to make this public, in a similar way to many senior NHS managers, and the government intends this to also apply to other NHS contractors. This will apply to 2019/20 income. The [Guardian](#) reported on the agreement within the package that practices will no longer be able to advertise or host private GP providers who provide the same core GP provisions that are offered free on the NHS. NHS England intends this to expand to include all providers of mainly NHS services this today and in my quote I highlighted our concern at the increasing blurring in recent years between NHS and private GP services offered to patients, particularly with the opportunities digital technology is providing.

### **GP Contract in England Roadshows**

We have over 30 roadshows and events lined up for the coming weeks to explain the contract changes for practices in England – access the details of these roadshows [here](#) and listed below:

Gateshead and South Tyneside LMC (Tyne and Ware)- 19 February

YORLMC (Leeds) - 19 February

Berkshire, Buckinghamshire & Oxfordshire LMC (High Wycombe) - 26 February

North and South Staffs LMCs (Stoke) - 28 February

Lincolnshire LMC - 28 February

Humberside LMC (Hull) - 5 March

Devon LMC (Exeter) - 7 March

Essex LMC (Chelmsford) - 7 March

Lancashire & Cumbria LMCs (Preston) - 7 March

Cornwall LMC - 12 March

Somerset LMC (Taunton) - 13 March

Shropshire LMC (Shrewsbury) - 13 March

Sheffield LMC - 14 March

Lancashire & Cumbria LMCs (Penrith) - 14 March

West Pennine LMC (Manchester) - 2 April

Details for the following locations will be announced soon: Birmingham, Bristol, Cleveland, Derbyshire, Kent, Leicestershire, Liverpool, London, Norfolk, Surrey and Sussex

### **Routine prescribing of OTC medicines**

As part of the contract agreement, NHS England has written [a letter to GP practices](#) to provide assurance that practices will not be at risk of breaching their contract when following OTC prescribing guidance.

### **PHE proposals to add MMR to GP contracts and vaccination changes**

There was a [Pulse online](#) story on proposals by PHE to add measles, mumps, and rubella (MMR) vaccination catch-up elements to the GP contract, in an effort to tackle low uptake levels. Commenting on the proposal, I said: 'I think it is unlikely to make any real difference. The reality is that there is a big campaign needed to convince parents of the benefits and importance of MMR vaccines. PHE and NHS England are now working with local authorities and CCGs to decide whether the proposals will be followed through'.

It should be noted that we have agreed an MMR catch-up campaign from April with an item of service payment of £5 per patient to cover the costs of contacting parents of 10 and 11-year olds who have not been vaccinated in the light of the current measles outbreaks.

We have also agreed an increase to £10.06 for the item of service payment for seasonal influenza, and for an HPV catch-up programme for women over 18 and up to 25 years and we anticipate boys will be added to this programme from April 2020, once the school based programme begins in September 2019.

### **Carbagen (Carbamazepine) various preparations – supply chain update**

As carbamazepine is considered a Category 1\* anti-epileptic medication, patients should normally be maintained on the same brand, however Mylan (the manufacturers of Carbagen) have informed DHSC that the following preparations of Carbagen (carbamazepine) tablet will be unavailable until mid-late 2019: Carbagen 200mg and 400mg Immediate Release Tablets - unavailable until mid-2019 and Carbagen 200mg and 400mg Modified Release Tablets – unavailable until late 2019.

Patients currently prescribed Carbagen tablets by brand will therefore need to be switched to an alternative brand of carbamazepine tablets during this time. Novartis, the manufacturer of Tegretol tablets, have confirmed that they are able to support additional demand during this time for all affected strengths and formulations. DHSC have worked with NHSE, NHSI and UK Medicines Information to develop a clinical memo, which has been produced to support clinicians in prioritising and switching patients during this period. The memo can be found [here](#).

*\*There are clear indications that clinically relevant differences between different manufacturers' products might occur, even when the pharmaceutical forms are the same and bioequivalence has been shown.*

### **GPC regional representative elections**

A reminder that the nominations for regional representatives to GPC UK for the 2019-2022 sessions will remain open until **12pm Monday 4 February**. These elections will take place using the BMA's online election system, and to participate you will need your BMA online login details. You can create an online account or recover your account details by clicking [here](#) (you do not need to be a BMA member). If you have any questions, please contact [elections@bma.org.uk](mailto:elections@bma.org.uk).

**Public Health Medicine Conference – 5 March 2019**

Registrations are still open for the Public Health Medicine Conference on Tuesday 5 March at BMA House. It is the BMA's policy forum for public health doctors and this year's theme is resilience of public health systems and people. Keynote speakers include Mark Trewin, Mental Health Social Care advisor at DHSC and NHS England, and Dr Clare Gerada, medical director, Practitioner Health Programme. To find out more about the day and register please visit the [webpage](#)

**BMA Expert Witness Conference – 8 March 2019**

The [BMA Expert Witness Conference](#) will be held on 8 March 2019 at BMA House. This is a one-day conference, for all levels of experience, covering the essentials of working competently as an expert witness. If you are interested in working as a GP expert witness, book your place [now](#).

Read the latest GPC newsletter [here](#)

Have a good weekend.

Richard