

LMC Update Email

4 October 2019

Dear colleagues

Conservative party conference

Following my visit to the Labour Party Conference last week, I attended a number of events and had some useful conversations at the Conservative Party conference in Manchester this week.

- I spoke to Matt Hancock, Secretary of Health and Social Care, regarding MMR uptake, the NHS App and pensions and GP access
- I went to the annual GMC dinner, hosted by Charlie Massey, alongside Chaand Nagpaul BMA chair of council) and Rob Harwood (Chair, Consultants Committee) – which provided a fruitful opportunity to discuss a range of healthcare and regulatory issues.
- I contributed to the NHS Providers roundtable on building the NHS of the future and spoke with representatives of some of the royal colleges, as well as health select committee member Andrew Selous MP and Sir Geoffrey Clifton-Brown MP, member of the public accounts select committee.
- I met Richard Graham MP to talk about the impact of pension taxation on the NHS and particularly on sessional GPs and partners.
- I attended and contributed to the Centre for Progressive Policy roundtable on health, the Academy of Medical Royal Colleges meeting on *Solving the NHS staffing crisis: what do doctors think?* and the Policy Exchange event on the topic *Is it time for social care to be funded like the NHS?* with Baroness Cavendish of Little Venice, former Director of No 10 Policy Unit and former Health special advisers

At an event at the Conservative Party conference, Matt Hancock, the health secretary, said that he is "looking very seriously" at making vaccinations compulsory for all children going to school in England, and that he had commissioned legal advice on the matter. Last week [NHS Digital data](#) showed a decline in coverage for all routine childhood vaccinations in England. This was widely reported, and many referred to the [BMA policy on childhood vaccinations](#), which has stopped short of calling for compulsory vaccinations. In my brief conversation with the Health Secretary I said that whilst we did not support compulsory vaccination we did want to work with the government to do all we could to improve immunisation uptake and address the measles outbreaks. This was reported by the [BBC](#), [Independent](#), [Guardian](#), [Metro](#)

Primary Care Network Package

As you are aware, we launched a [PCN package of support](#) last week, which is flexible and wide-ranging and allows different PCNs and Clinical Directors to pick and choose the guidance, support and assistance they need. This includes access to a PCN community App, a forthcoming PCN Conference on 8 February 2020, a package of learning & development services and support for legal, HR and insurance issues. Please promote this resource to clinical directors in your area.

GMS and PMS amendment regulations

The [GMS and PMS amendment regulations](#) came into force on 1 October 2019. As usual, this is an amendment and not a new consolidated version of the full regulations, therefore the amendment must be read in conjunction with the [2015 consolidated regulations](#).

NHS England proposals for the repeal of Section 75 of the Health and Social Care Act

NHS England has approved a series of recommendations to the government for the introduction of an NHS Integrated Care Bill and the scrapping of section 75 of the Health and Social Care Act 2012, which forces the NHS to automatically advertise healthcare contracts for competitive bidding. The BMA opposed the 2012 Health and Social Care Act and has repeatedly called for section 75 to be repealed, and we issued a [public statement](#) supporting the abolition of current legislation and calling

for further details to be provided. We hope new legislation will set out additional measures, reflecting the BMA's campaigning, and we will be seeking clarity of what arrangements would replace Section 75. We also hope to influence the drafting of the Bill and we will continue to lobby for a publicly funded and publicly provided NHS.

Medicine shortages

A [Serious Shortage Protocol](#) for the antidepressant Fluoxetine 10mg, 30mg and 40mg capsules which are currently out of stock was published by the Government yesterday. Fluoxetine 20mg capsules, tablets and oral solutions remain available in sufficient quantities to mitigate this supply issue during the affected period, and therefore SSPs have been issued, allowing pharmacists to switch to another strength of pharmaceutical form of Fluoxetine. Pharmacists would always have to use their professional judgment to decide whether it is appropriate to supply against an SSP and patients can always refuse the alternative and instead go to their GP to discuss alternative treatments. The [NHS BSA webpage](#) also includes useful operational guidance on SSPs and Q&As.

In response, Farah Jameel, GPC England Executive team member said "While this protocol is a sensible measure in theory, patients must have the reassurance that changing the strength or form of their much-needed medication – in this case commonly used for mental health related conditions – won't have any adverse effects. Furthermore, we have to be sure that it won't add to GP workload or cause unnecessary confusion among practice teams." Read the full statement [here](#). This was reported by [Pulse](#).

The Government also announced yesterday, that they are introducing new measures to tackle HRT shortages. The Government has confirmed [new restrictions on the exportation of all variations of HRT products](#), some of which currently face supply shortages due to manufacturing issues. The [Daily Mail](#) reported on a poll by [Chemist and Druggist](#) which showed that pharmacists are experiencing shortages of every major type of medicine, including hormone replacement therapy (HRT) being the most common, antidepressants and anti-epilepsy pills. In response to this, Farah Jameel, said: "There are lots of different reasons why drug shortages happen, but they are gradually getting worse and can have a serious effect on how quickly patients receive appropriate treatment. Practices often won't know that a drug is in short supply until patients return from the pharmacy, and these extra GP appointments can dramatically add to their already burgeoning workload – as well as distressing patients." Read the full statement [here](#). This was also reported by the [BBC](#), the [Evening Standard](#), [Birmingham Mail](#), [Chronicle Live](#), ; and Tom Yerburgh, Deputy lead for GPC's clinical and prescribing policy group, was interviewed by BBC Radio Gloucestershire

Online consultation guidance

NHS England has published guidance and an implementation toolkit for practices and commissioners, in using online consultations in primary care. Read more [here](#).

Babylon GP at Hand planned expansion

GPonline has reported that the online provider Babylon GP at Hand plans to expand to Manchester from early next year. In response to this I said: "Practices in Manchester will be concerned about this proposed extension and the potential destabilising impact it could have. Cherry-picking largely healthier and wealthier patients at the expense of the poor and vulnerable is not what the NHS is about nor should be supporting.

Practices want to be able to offer a full range of services to their patients, including where clinically appropriate digital services and video consultations, but they are dependent on CCGs and NHS England enabling this. There is therefore an urgent need to upgrade practice IT and this should be the priority, not focusing on alternative providers." Read the full article [here](#).

PCSE surveys

GPC England ran a range of surveys in December 2017, which gave us useful detail and evidence of the problems practice staff and LMCs were facing as a result of the service delivery of PCSE. The response was extremely helpful in our efforts to push NHS England to resolve these issues. There are clearly a large number of on-going problems with this service and we are therefore repeating the surveys to gauge how things are now. This will enable us to influence operational issues on your behalf and give us the hard data to substantiate the anecdotal evidence we also receive.

Please would LMCs, practices and individual doctors take a few minutes to complete the following simple surveys:

[Survey of LMCs](#) - this has three short questions for each statutory LMC to complete.

[Survey of GP practices](#) - please could you forward this to all your practices to complete.

[Survey of all GPs including trainees](#) - we would appreciate it if you could share this with your members particularly with locum GPs and trainees.

The deadline for responding to the surveys is noon, Friday 25 October. As you know the greater the response we have to these surveys, the stronger our hand when discussing matters with NHS England. We really appreciate your help on this.

Debt and mental health form (DMHEF)

A new Debt and mental health form and process has been introduced this week following a [cross sector agreement](#) with the BMA. New BMA [guidance](#) has been published from 1 October 2019 and a much shorter form has been introduced that can be completed by a wider range of healthcare professionals, thereby reducing the burden on GPs. As part of the agreement, GPs in England can no longer charge a fee for completing the DMHEF. The only contractual requirement is to answer yes or no when asked whether the indebted person has a mental health condition and if the answer is yes then to give the name of this condition. There is no obligation or expectation to complete the reverse of the form. All forms and guidance are available on the [Money Advice Trust website](#).

In response, I said: "We want to empower patients by encouraging the use of self-certification and reduce the need for GP practice involvement in these situations, but we hope that, where that's not possible, this updated form will now make things quicker and easier for those to get the help they need and deserve." Read my statement [here](#). This was also reported by [GP online](#) (log-in required)

Practices and overseas visitor charging

We have been made aware that NHS Trust Overseas Visitor Managers (OVMs – staff member(s) responsible for charging overseas patients for NHS treatment in hospitals) have written to local GP practices requesting their help in identifying whether patients are eligible for free NHS care. Specifically, the OVMs have asked GPs to note on referrals that patients are 'overseas visitors' if they have been resident in the UK for less than 6 months. We want to reassure GPs that this is absolutely not their responsibility and that they are not required to do so.

[Guidance](#) from the Department of Health and Social Care is explicitly clear that the responsibility for determining a patient's eligibility for NHS care lies with the Trust and never with a GP or GP practice. This guidance also clarifies that the GMS1 supplementary questions regarding a patient's eligibility for free care are not required to be completed before a patient can register with a GP practice, and that this should be made clear to prospective patients.

The BMA has also produced specific guidance on access to healthcare for overseas patients, [available here](#). If you have any questions the overseas charging system, or have examples of OVMs approaching your practice please share them with tbramwell@bma.org.uk

The stress of pensions, updating records and TRS statements

The NHS Pension Scheme is complicated but is generally worthwhile, with additional benefits such as ill health retirement and life assurance. As we have previously highlighted, NHS England is working to ensure all pension records are correct. They have assured us that all records will be corrected in the long term and in advance of GPs taking retirement. We would suggest that you keep copies of any correspondence you have with Capita/PCSE or NHS pensions. In the interim you may want to check your record via the Total Rewards Statement (TRS), which was updated in August and will be updated in December. **The cut-off date for the TRS update is 11 October.** Read more in the [blog](#) by Krishan Aggarwal, member of GPC UK, Sessional GPs Committee and BMA Pensions committee.

Registration to the MHRA Central Alerting System (CAS)

A reminder that from 1 October 2019, the Medicine and Healthcare products Regulatory Agency will send CAS patient safety and public health alerts directly to GP practices, replacing any local arrangements currently in place. All GP practices in England are contractually required to register to receive CAS alerts directly from the MHRA by accessing [this portal](#). If practices have not already registered, we would suggest you do so as soon as you can.

National Dynamic Purchasing System Events

NHS England and NHS Improvement are launching a new online procurement tool which will include a list of pre-approved GP providers that local commissioners can invite to deliver their local GP service needs, including caretaker services. This approach, known as a Pseudo Dynamic Purchasing System (PDPS), is planned to be live from January 2020. A number of national engagement events are planned for current and prospective GP providers to find out more:

- Horizon Leeds - 23 October 2019 (2 – 4 pm)
- Edgbaston Stadium - 28 October 2019 (2 – 4 pm)
- Ambassadors Bloomsbury Hotel, London - 30 October 2019 (2 – 4 pm)

To book your attendance click on the event booking link [here](#)

GP appointment data (GPAD) webinars for LMCs

Since 2004 general practice has experienced major rises in workload relating to direct patient care, with particularly marked increases in face to face and telephone consultation rates. In order to help workforce planning and help measure the effects of new ways of working and supporting patients to self-manage, the Department of Health and Social Care commissioned NHS England to collect information on general practice capacity and utilisation across all practices. This was to inform national policy development but also for use by CCGs and practices to enable them to better manage resources to meet demand from patients. The only potentially useful source of this information is from the appointment books maintained by practices in their clinical systems.

NHSx and NHS Digital would like to invite LMCs to hear about the current progress on work on national categorisation of General Practice appointment data in England, and to provide an update about the pilot work and an opportunity to engage and shape the future outcomes of the project. The webinars will take place on Wednesday 16 October 2019 and Friday 18 October 2019 (12:30pm – 1:30pm). To register, LMCs should email Peter Burke at NHS Digital, on peter.burke3@nhs.net. Note that the webinars will be recorded and made available on Kahootz (NHS collaboration platform), which will allow LMCs to view and cascade them to local GPs.

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

Have a good weekend

Richard