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| **Chief Executive’s Report** | 2017/06  Nov/Dec 2017 | U:\Marketing and Communications\Marketing Literature\SSLMCs logo\lmcs NEW REV logo generic.jpg |

1. **English LMC Conference**

The first English LMC Conference for many decades was held on Friday 10th November. I hope LMC delegates found it interesting and informative, albeit a little rushed in terms of the many items on the formal Agenda. A full list of Conference Motions passed will be published and I will circulate this; these will also represent GPs policy group workplans for this year.

1. **NHS England Feedback on PCSE Concerns**

NHS England has now provided GPC with the following feedback:

* **Registrations**: in September this year 98.9% of patient registration transactions were completed within three days and 100% within ten, which is in line with expected service levels.
* **Practice to practice transfer of medical records**: this service is being rolled out across England and commenced in London and the South East this week, using tracking of scanned medical records bagged and collected from practices. In other areas this service resulted in 98.5% of records being delivered to the new practice from the previous one within twelve days.

A small number of practices have been identified as not releasing records promptly following a patient deduction and will be contacted directly by PCSE.

* **Performance List Changes**: by December end 2017 all new NPL2 and NPL3 forms will be processed within the anticipated two weeks turn around. However, there remains a backlog of unprocessed forms, some of which have been delayed months, that is still being dealt with. Once processed any resultant changes in pension contributions should appear in the next monthly payment cycle.
* **Pensions**: the backlog of queries relating to pensions and payment is scheduled to be completed by March 2018. However, PCSE now issue receipts and acknowledgements for all pension payments where a valid email address is provided.
* **Registrars salary payments**: PCSE do not process Registrar salary payments in Surrey and Sussex, Kent, and London. This is the responsibility of the Local Lead employer.

Separately, the LMC can confirm that all patients removed under paragraph 21 for being violent are now deducted by PCSE within 24 hours of this request. Any practice not experiencing this should contact the LMC. This does create a problem in that their electronic records are transferred to a zzz code and the records cannot then be electronically transferred under GP2GP arrangements. A deduction under these arrangements should trigger an urgent PCSE transfer of paper records to the receiving practice.

1. **NHS England Review regarding Prescribing**

NHS England’s board met on 30th November and one paper covered details of the prescribing review I have previously reported to the committee.

Based on the response NHS England received there have been some changes to the original proposals, including those relating to Liothyronine and Coproxamol, but not, for example, to Herbal treatments or Homeopathy. Some drugs will as the BMA has asked be recommended for “black-listing” under the Drug Tariff

The board has also listed a number of medical conditions, (for example, conjunctivitis, headlice, scabies) for whom the NHS prescription for treatment is more expensive than purchasing this item over the counter. NHS England now seem likely to develop guidance for CCGs that recommends the over the counter purchase of treatment for these conditions in most circumstances, but has given exceptions, such as those who are not capable of OTC purchase or to who pharmacists are often reluctant to sell, such as babies or those who are pregnant. It will not suggest over the counter purchase of the medication itself in all circumstances but instead base this decision on the nature of the illness. This will create difficulties for GPs if the guidance goes ahead in this form, but there is considerable debate to come

1. **SNOMED-CT**

As some colleagues will be aware the current Read and CTV3 (Clinical Terms Version 3) codes used by the NHS and GP systems are being converted to the SNOMED-CT from April next year. In fact, this has already been running in the background for over a year, and dual running will continue (with SNOMED-CT coding used preferentially) for at least a year to ensure national QOF and DES gathering is uninterrupted.

SNOMED-CT is now used across the world in over 50 countries and hopefully its use by the NHS will encourage international collaborative research, easier comparators, and as SNOMED is more adaptable over time, produce better functional longevity for NHS IT systems.

It is likely GPs will not notice any real differences in their day-to-day working, although some well-remembered codes will not appear.

I have written to all practices outlining the change, and there is considerable background information available for all practice colleagues.

1. **GDPR (General Data Protection Regulations)**

This EU regulation will come into force in May 2018 and the Government has indicated equivalent arrangements will remain in force after Brexit. The GPC is continuing to discuss the implications of this for GP practices and so fully applicable advice, or tailored training for practices, is not yet available.

A Data Security and Protection toolkit is being developed which will allow practices to prepare for GDPR compliance. It seems likely some practice responsibilities can be undertaken by CCGs.

1. **Salaried GPs working under new models of care arrangements**

The sessional GP sub-committee has produced guidance for salaried GPs working under various different models of employment other than a GMS/PMS contractor or if practices employing such GPs were to venture down such routes. The LMC will reference this in the next LMC Line. The guidance is available at:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/sessional-gps-subcommittee/salaried-gps-working-under-new-models-of-care>

1. **GP ‘Negotiators’ Roadshow**

Despite some misgivings the LMC has been asked to book for the 2018 Spring GPC Roadshow and been offered 15th February 2018. This will be at the Arora Hotel, in Crawley. I hope as many colleagues as possible will be able to attend, and hope too the date doesn’t prove premature in terms of the Contract negotiating cycle



Dr Julius Parker

**Chief Executive**

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