

LMC Update Email

11 May 2018

Dear Colleagues

Chair appointed for the GP partnership review

We very much welcome the news that Dr Nigel Watson, GPC member and Chief Executive of Wessex LMC, has been appointed by the Secretary of State for Health and Social Care in England to chair the independent review into GP Partnerships. Valuing and building on the partnership model is at the heart of our *Saving General Practice* report, and backed by LMC conference resolutions, and we are glad the Secretary of State has listened to us and commissioned this review into reinvigorating the model. The review will look at how the partnership model needs to evolve and address the issues that can lead to difficulties recruiting and retaining partners. We will be working with DHSC, NHS England and RCGP on this.

Read the full BMA Press release [here](#). Read more about the appointment on the [DHSC website](#). It was also reported in [GP online](#).

Changes to data sharing MoU

The Government has announced a fundamental change to the Memorandum of Understanding (MoU) between NHS Digital, the Home Office and the Department of Health and Social Care, and will now be restricting NHS Digital's data sharing with the Home Office to the tracing of an individual who is being considered for deportation action having been investigated for, or convicted of, a serious criminal offence, or where they present a risk to the public. Previously the MoU permitted disclosures by NHS Digital to the Home Office for suspected immigration offences without consideration of the seriousness of the offence. The change in position aligns the MoU with existing legal and ethical standards of confidentiality which restrict disclosures 'in the public interest' for law enforcement purposes only when the crime under investigation is a 'serious' crime. It is estimated that the change to the MoU will exclude some 95% of current Home Office requests.

The BMA has strongly opposed to the MoU, because of the concerning impact it has on the confidential and trusting relationship between doctors and patients. I therefore welcomed the change in government's position in a discussion I had with health minister Lord O'Shaughnessy. Read the BMA press release [here](#). The story was also featured in [The Guardian](#), [BBC News Online](#), [The Times](#) and [OnMedica](#).

GDPR privacy notices

Template GDPR [practice privacy notices](#) (PPNs) have now been published on the GDPR [hub page](#) in the BMA resources section. The hubpage also contains information on the regulation and hosts a suite of resources and blogs to help guide members, including a new [GDPR webinar](#) to help practices prepare.

GMS contract guidance 2018/19 for England

The [GMS contract guidance audit and audit requirements for 2018/19](#) has now been published on [NHS Employers website](#). You can read about the contract changes in more detail on the [GP contract agreement England 2018/19 BMA webpage](#).

Vaccination and immunisation GMS guidance 2018/19 for England

The finalised vaccinations and immunisations GMS guidance is now live on the [NHS Employers website](#), and a link to this guidance is also available on the [BMA vaccs and imms page](#).

GP pension records

GPC has been made aware of historic administrative issues with GP pension records and we have written to NHS England to seek further information. We understand that NHS England have commissioned further work on how to resolve the issues found. They will not, therefore, be in a position to advise individuals until this is done. We will provide further detail when we have clarity on this issue.

NHS Property Services

We are aware that NHSPS have been issuing letters through their lawyers relating to unpaid charges. The tone of these letters is quite threatening and completely unacceptable. We have asked NHSPS to recall the letters urgently and are awaiting a response. We know that this issue is causing practices significant stress, and we would like to reassure you that GPC will stand with you in circumstances where, despite there being no legal basis to do so, NHSPS seek to enforce these charges. To this regard, if NHSPS takes action to enforce charges against you please let us know immediately.

Ultimately we are pushing to reach a negotiated agreement nationally, but we are prepared to consider all possibilities to resolve this situation. We want to see a fair and reasonable process for calculating service charges agreed, which has due regard to historic arrangements and does not result in practices having to fund the historic neglect of buildings. While we are pushing for a national solution, if practices are being threatened with legal action, we would advise seeking independent legal advice on the particulars of their situation. Further guidance is available [here](#).

Patient access and continuity of care

University of Leicester research, [published in the BJGP](#), has concluded that patients are finding it increasingly difficult to see their own GP, potentially placing patients at risk. The number of patients in England who said they were able to get an appointment with their family doctor fell by 27.5% between 2012 and 2017 according to the study. I commented that the findings show how we cannot underestimate the importance and value of the long-term relationship between patients and GPs, and though GPs and staff at surgeries continue to work hard to provide a high level of service, these figures are an indication of the growing impact of unsustainable pressures on general practice. Through no fault of GPs, the needs and expectations of patients are increasingly being unmet, largely due to the failure to address increasing staff shortages and insufficient funding.

Read the BMA press release [here](#). The story was also covered in the [Guardian](#), [Daily Mail](#) and [GPOnline](#).

Funding for GP clinical services cut to fund federations' operational costs

Camden LMC has criticised its CCG after it decided to reduce the money spent on clinical enhanced services midway through a two-year contract. Dr Farah Jameel, GPC executive member and Camden LMC chair, told Pulse that "we are extremely disappointed that GPs are being told they must sign a contract which will have a negative impact on patients. While we recognise the financial pressures facing all CCGs, patient care and safety cannot be compromised in order to balance the books."

Read the full story in [Pulse](#).

Government falls short on international recruitment drive

It has been reported that just 85 GPs from overseas are in post following the launch of the international recruitment scheme. This falls short of the 100 expected to be recruited by the end of March 2018. Dr Helena McKeown, GPC education, training and workforce policy lead, said: "Given the recruitment and retention crisis that has engulfed general practice in recent years, it is clear that the arrival of additional highly-skilled doctors to help ease intense workload burden cannot happen soon enough." Read the full story in [Pulse](#).

Eradicating inequality within the profession

Following a survey conducted by Pulse looking at racial discrimination, the chair of the BMA, Dr Chaand Nagpaul, has written an article exploring the impact of racial bias on the treatment and careers of black and minority ethnic (BME) doctors, particular in the light of the case of Dr Hadiza Bawa-Garba. He notes that more still needs to be done to improve current injustices within the system which unfairly affect BME doctors. Read the full article in [Pulse](#). It was also covered in [iNews](#).

Cap GP appointments for patient safety and doctors' wellbeing

In an article in the BMJ, former GPC Chair, Dr Laurence Buckman, supported the BMA's plans to [control workload in general practice](#) including, among other measures, ensuring GPs have no more than 35 consultations a day. Dr Buckman said: "We must stop pretending that we can see potentially unlimited numbers of possibly sick people without respite." Read the full article in [the BMJ](#). This was also reported by [The Daily Telegraph](#), [The Daily Mail](#) and [GP Online](#).

Spirometry in Primary Care

Following the publication of [training standards for Spirometry by NHS England](#), the GPC has published a statement clarifying that this is not part of the core GMS contract work and that there are no mandatory requirements for practices to perform spirometry. Read the statement [here](#).

Medicine supply issues update April – May

The medicine supply issue update for primary care for April and May 2018, by the Department of Health and Social Care, is attached.

Over-the-counter medicines guidance

Following public consultation, NHS England has published [revised commissioning guidance for CCGs on reducing prescribing of OTC medicines for minor, short-term health concerns](#). Although the GPC supports the efforts to educate patients about self-care of minor ailments, and the appropriate use of effective medicines that are available from community pharmacies or other retail outlets, without changes to the GMS regulations that govern GP prescribing, GPs will be at risk of complaint from patients or criticism from their CCGs. GPs must continue to treat patients according to their individual circumstances and needs, and that includes issuing prescriptions where there are reasons why self-care is inappropriate. The GPC has published guidance on the contractual requirements for practices in prescribing over-the-counter medicines, available [here](#).

Revised MenB PGD template

Please see attached a revised MenB PGD template V03.00 - this is an early revision in order to align with the recommendations for the prevention of secondary cases of MenB disease in the [Guidance for public health management of meningococcal disease](#). This PGD will also shortly be available on the [PHE PGD webpage](#), a link to which is also available on the BMA's [vaccs and imms webpage](#).

NHS complaints data return: KO41b

The window for practices to complete and submit the [2017/18 NHS complaints data return](#) opened on Tuesday 8th May and will run until Friday 8th June. The BMA has previously advised that practices are under no legal obligation to complete and submit the current KO41b return – instead the default obligation is for practices to comply with the 2009 complaints regulations. This view remains – however, following confirmation of our position last year, NHS Digital asked the Department of Health and Social Care (DHSC) to publish a new legal Direction that would provide the necessary legal obligation to complete the KO41b return. The DHSC have advised NHS Digital that the legal Direction is now with Ministers for formal sign off. Once signed off it will be sent to NHS Digital and published on its website. Following publication practices will be required to complete the return as requested by NHS England. We will inform LMCs when publication takes place.

Physician Associates

HEE have produced a new A5 booklet *Physician Associates, a working solution in primary care* and have posted it to every GP practice in England. It has been produced to help raise awareness and provide a better understanding of the physician associate (PA) role. The booklet and a range of materials can be accessed on the [Faculty of Physician Associates \(FPA\) website](#).

Clinical Practice Research Datalink

Clinical Practice Research Datalink (CPRD) is a research service supported by the MHRA and the National Institute for Health Research, that has been used by GPs for the past 30 years to collect anonymised patient data for vital public health research, such as demonstrating the safety of the MMR vaccine and the whooping cough vaccine in pregnant women. In return for contributing anonymised data to CPRD, GP practices receive free, confidential practice-level prescribing and patient safety quality improvement (QI) reports, to enable patient case finding and national practice bench marking. Case review from QI reports can be used in annual appraisals, revalidation and evidence of GP practice QI activities. Practices also have the opportunity to earn extra income from participating in CPRD supported research questionnaires and clinical studies. Joining CPRD is a simple, quick, one-off process. Find out more about how to contribute to CPRD at www.cprd.com/generalpractitioner

Working at scale webinar – recording now available

Last week Dr Simon Poole, GPC policy lead, ran a successful webinar ‘Our profession, our future: working at scale in general practice’. For those who weren’t able to join live, a [recording is now available to watch](#), and a link has also been added to the [LMC page](#).

Online consultations survey

We would encourage practices to feed in their views to NHS England’s survey into online consultations. They are running two public surveys seeking views from GPs, practice teams and members of the public on what people think about the idea of online consultations so that service can be improved and to increase the availability and use. Access the survey [here](#).

[Read](#) the latest GPC newsletter.

Have a good weekend

Richard