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JULY 2019

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PCN SEMINAR

We were fortunate to have Shanee Baker from LMC Law visit us in June to provide a bespoke PCN seminar based on what you told us you needed. She addressed many of the concerns of CDs and staff working within PCNs. She shared her LMC law schedules, talked us through them and gave an unbiased view of what could be expected through the PCN network DES. Please see the links below to the LMC website relating to information provided on the day. As always she took time to address any questions and we hope that practices found this event useful.

SAFEGUARDING CHILDREN AND VULNERABLE ADULTS: **GENERAL PRACTICE REPORTING**

NHS England has recently sent a letter to CCGs asking for assurance that children and vulnerable adults are effectively safeguarded. STPs and CCGs should be working together with local GP provider representatives and review their local arrangements in 2019/20 and where necessary implement changes, to ensure that safeguarding activity in general practice is supported.

You can find full details of the letter [here](#). We are working with the CCG to determine how funding can be brought back for practices.

NHS GP SURVEY

The results of the annual NHS GP patient survey were published recently which shows that nine out of 10 patients have 'confidence and trust' in their family doctor and general practice staff, including nurses and pharmacists. Patients rate their overall experience of their family doctor highly, with four out of five saying their GP treats them with 'care and concern' and provides them with enough time to listen to their needs. Nine out of 10 patients felt involved in decisions about their care, while four in five rated their overall experience of making a GP appointment as 'good'.

It is gratifying to see that despite the immense pressure we are working under (underlined by the results of the GMC workload survey above), our patients continue to appreciate the amazing job we do.

INDEMNITY – PAID FOR TRAVEL VACCINATIONS **NO LONGER COVERED BY CNSGP**

The Department of Health and Social Care (DHSC) and NHS Resolution (NHSR) have confirmed a [change in cover](#) provided by CNSGP, with the supply and administration of paid for travel vaccinations no longer included. Previously the published scope of CNSGP included the supply and administration vaccinations where patients are directly charged. DHSC and NHS England have stated that this information was not correct and have apologised for this error.

DHSC and NHSE have committed to ensure that any general practice staff who were administering travel vaccinations and immunisations (where patients were charged a fee) and who understood themselves to be covered under the CNSGP for such activities, are not financially at a disadvantage as a result of any claim, or potential claim, against them as a consequence of relying on the incorrect information. In order to mitigate any risk to the health of patients, NHSR will provide assistance in relation to any claim for clinical negligence for the supply and administration of privately funded travel vaccinations for the period between 1 April and 31 July 2019.

General practice staff should contact NHSR to access support for such claims. Claims relating to the supply and administration of any travel vaccinations or immunisations (where the patient is required to pay) provided outside of this period should be reported to your medical defence organisation or indemnity provider.

This will have clear implications for practices, who may face little choice but to decide to stop providing non-NHS funded travel vaccinations as a result. It was very unhelpful that this change was announced on the NHS Resolution website without consultation or the profession being notified, and this has been fed back very clearly to DHSC and NHS Resolution. We welcome the decision to confirm that all travel vaccinations will be covered under CNSGP until the end of July, and would urge practices to consider carefully the services they deliver after that date and ensure all of their staff are fully indemnified for all services which they continue to provide.” Read the MDU statement [here](#).

The following immunisations for travel are part of Additional Services under GMS and PMS and no fee may be charged by the contractor to a patient registered for NHS services with that contractor:

- Cholera
- Hepatitis A
- Paratyphoid
- Poliomyelitis
- Smallpox
- Typhoid

These are also the travel vaccinations which are covered under CNSGP.

PENSION DISCRIMINATION TEST CASES

The BMA are taking legal action against the government over 2015 changes to the NHS pension scheme – by doctors who believe they were forced to join a pension scheme that will result in huge financial losses when they retire. Chaand Nagpaul, BMA Chair of Council said: “Although doctors’ pension schemes are different, the BMA believes the underlying legal principles are essentially the same and we want to bring a challenge on behalf of the UK’s younger doctors regarding the legality of the 2015 NHS Pension Scheme”.

HPV VACCINE FOR BOYS (ENGLAND)

From 1 September 2019 the HPV vaccine will be offered to boys, in addition to girls, as part of the routine school aged schedule in England. NHS England

has written [a letter which provides further information on the forthcoming expansion of the HPV programme](#). NHSE has also published a number of resources, such as posters and leaflets, all of which are available via www.orderline.dh.gov.uk, also listed below:

- [Your guide to the HPV vaccination leaflet](#)
- [Don't forget to have your HPV vaccination poster](#)
- [HPV universal programme record card](#)
- [HPV vaccination factsheet for health professionals](#)
- [HPV consent form](#)

ANNUAL ALLOWANCE AND TAX CHANGE SURVEY

As highlighted recently, following the announcements of the [review](#) the NHS pension scheme arrangements, the BMA are asking doctors concerned by the impact of these tax measures to write, either for the first time, or as a follow up letter to their earlier representations, to their local MP. Access the template letter [here](#).

They also need your help to influence the review by filling in this brief survey about the impact that the current pension arrangements have had on you. Please take a few minutes to fill it in [here](#).

SOCIAL PRESCRIBING: MAKING IT WORK FOR GPs AND PATIENTS

GPC agreed plans with NHS England to fund social prescribing link workers for Primary Care Networks in England, as part of the English GP contract agreement. Social Prescribing schemes are targeted at patients who visit their GPs but do not necessarily immediately require clinical treatment.

GPC England has drafted this guidance to help GPs harness the benefits of social prescribing schemes through close collaboration with link workers who may join their extended primary care teams. Read the BMA guidance [here](#).

PREMISES REVIEW REPORT PUBLISHED

The long-awaited [Premises Review Report](#) was published recently. Despite the urgent need for investment in GP premises, highlighted by BMA [research findings](#) that half of surgery buildings are not fit for purpose and even fewer are fit for the future, delays in the Treasury Spending Review mean this report offers no commitment to funding.

Although some elements of the report are moving in the right direction, such as the issue of last partner standing scenarios, there is still a long way to go. NHS England must now urgently secure funding from the Treasury to address the problems facing GP premises and support a clearer vision for practices

and the development of Primary Care Networks.

ANNUAL REPRESENTATIVES MEETING UPDATE

The BMA's [Annual Representatives Meeting](#) took place recently in Belfast – you can read more about what happened, including all resolutions and speeches on the [ARM pages](#). Some of the motions passed include:

- BMA to actively lobby the Treasury to act decisively to improve the NHS pension scheme
- Calling for the policy of charging migrants for NHS care to be abandoned (reported by [the Times](#), [Guardian](#) and [Daily Mail](#))
- BMA to poll its members on whether the BMA should adopt a neutral position with respect to a change in the law on assisted dying (reported by the Independent and [the Mirror](#))
- BMA to lobby the Government to implement standards for social media to prevent the spread of false or misleading information about vaccinations (reported by [Belfast Telegraph](#))
- Calling for a review of prescription charges and challenging the lack of NHS action to resolve shortages of drugs

The motion calling for the immediate withdrawal of the GP contract in England was overwhelmingly voted down by delegates at the ARM.

DIGITAL-FIRST PRIMARY CARE POLICY CONSULTATION

NHS England published its consultation [Digital-First Primary Care Policy: consultation on patient registration, funding and contracting rules](#) recently. This is their response to the development of digital-first providers and the review of out of area registration arrangements. The proposals within the consultation are significant and could impact all areas of the country. We have raised our concerns and commented on the policy via GPC and will push for support to be provided to local GP practices so that an outline offer is enabled, rather than automatically looking to private providers to step in.

FALSIFIED MEDICINES DIRECTIVE

The LMC has recently received the following advice on this from the GPC:-

There has been a further meeting with NHS England to discuss a communication on FMD that acknowledged additional software and hardware will be required to meet the new requirements in all practices where medications are personally administered – as the software and the supporting GP IT enabling requirements are a core and mandated requirement.

Designated GP IT funding sources i.e. GP IT Futures nominal CCG allocations, GP IT Revenue and GP IT Capital can be used to support these requirements

as appropriate. However, it was made clear that dispensing practices operating under pharmaceutical dispensing regulations will be responsible for providing the software and the supporting enabling requirements.

We have challenged this assumption and further discussions will take place when we have had a response from NHSE. In the meantime our advice to practices remains the same.

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/falsified-medicines-directive>

The BMA are due to attend another FMD meeting shortly and will update us after that.

GP PRESSURES

Following on from the [BMA's analysis of the pressures on the NHS](#) in England published recently, they are now able to present more detailed figures specifically relating to GP pressures on a monthly basis. However, we know that this does not accurately represent the complete totality of GP appointments as the NHS Digital data is unable to accurately reflect all types of GP appointments across all system suppliers.

Indeed, what these figures do not account for is the vast range of other activities GPs complete in their day-to-day work – including training, meetings and paperwork, which add significantly to their workload. The majority of evening and weekend appointments will also not have been included, as well as some home visits and telephone triage calls. Taking this qualification in to account the key figures for April-May are (based on [NHS Digital data](#)):

- The total number of appointments at GP surgeries in England was 24.5 million in April 2019 (39 appointments per day per GP).
- The total number of patients rose by 728,000 from last April to 59.8 million, which leaves each GP responsible for an average of 2083 patients. An extra 57 patients for each GP.
- Despite having fewer GPs working compared to April 2018, GP practices held 543,000 more face-to-face appointments this April.
- 18.5% of appointments recorded involved a wait of over 2 weeks, up from 17.6% last April.

With patient numbers rising, fewer GPs are looking after more and more patients. As a result, some patients are being left waiting weeks for appointments, and GPs are working extra hours. The BMA quarterly survey found that 3 in 4 GPs are often or very often working beyond their regular

hours. Our Chairman, Dr Pike, recently spoke on these issues during a radio broadcast on BBC Hereford and Worcester.

WORCESTERSHIRE ISSUES

DATIX REPORT - SERVICE CONCERNS

There has been a 65% increase in reporting of service concerns compared to year end 2017/18. As you know, as an LMC we have been encouraging you to report your quality and safety concerns over the last year via Datix so that these concerns can be addressed contractually by the CCG with the service provider. Reports can be submitted for any service commissioned by the CCG. It really is only through having accurate data and feedback on services that we can add weight to our concerns.

The most recent [Datix Primary Care brief](#) has demonstrated that issues around discharge summaries and poor documentation continue to be a key theme and as result of having this evidenced in your Datix reports we have been able to obtain a commitment to address and simplify discharge summaries going out to GPs. This work stalled recently due to Dr Suneil Kapdia leaving the Acute Trust but we have agreement from the CCG that this is a key quality and safety concern that will need to be responded to and the work to address this will continue. To see the Primary Care Brief - Service concerns please click [here](#). Please continue to use Datix!

ESTATES - PLANNING APPLICATIONS

We have taken the decision to disseminate upcoming planning applications to practices on whom we feel there may be an impact in order to allow practices to respond formally to any significant applications in addition to the formal CCG response. Should the responses differ this will prompt further discussion and assessment of what additional services may be required. Planners have a defined time period in which they can request money from developers to support practices in extending their estates/providing new buildings and we have worked with local planners across the County to ensure that these opportunities will not be missed. By filtering the applications we hope to only send you information that we think you should be aware of.

MEETING WITH NIGEL HUDDLESTON MP

We met with Nigel Huddleston MP recently who was keen to hear about our issues in Worcestershire. Among some of the issues we discussed were our Acute Trust, Estates and Planning with future population pressures and the digital agenda. He plans to raise a question in the House of Commons to Matt Hancock on our behalf in relation to supporting practices to implement new technologies. I explained the risk of private providers being allowed to dominate this area.

LMC WEBSITE

The following guidance has been added to the LMC website www.worcslmc.co.uk during the last month:

CCG:

[The Member Practice Update 19.07.2019](#)

[Q4 Service Concern Report](#)

[The Member Practice Update 12.07.2019](#)

WAHT:

[New Emergency Care Pathway for GPs 01.07.2019](#)

LMC Law:

[PCN Proxy Letter of Authorisation](#)

[PCN Wording for a Partnership Agreement](#)

[PCN Due Diligence Questionnaire](#)

[Primary Care Networks – LMC Law Presentation](#)

[Data Sharing Agreement Checklist](#)

[PCN Schedules 2-7](#)

[PCN Wording for Privacy Notice](#)

RCGP:

[First Five Network Flyer](#)

Other:

[Next Generation GP Programme GP Information](#)

[Shared Decision Making Conference Flyer](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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All 20 practices are represented at Committee Meetings

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**THIS NEWSLETTER IS PRODUCED FROM THE LMC OFFICE AT
ST STEPHENS SURGERY**

The next LMC meetings will be:

Worcestershire – 19th September 2019
Herefordshire – 11th September 2019