

# Worcestershire and Herefordshire Local Medical Committees Ltd NEWSLETTER

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**AUGUST 2018**

**Summary:**

GP Pay Update	Page 1-3
Clinical Pharmacists in General Practice	Page 3
Adjuvanted Trivalent Flu Vaccine (ATIV) for those aged 65 Years	Page 3-4
Speech by New Secretary of State for Health and Social Care in England	Page 4
Apprenticeships in England	Page 4
GMS and PMS Regulations Amendments	Page 4-5
Schools and the GP	Page 5-8
NHS E-Referral Service	Page 8
150,000 NHS Patients Records shared against their wishes	Page 8
King's College London GP Society Mentoring Event	Page 8-9
Antimicrobial Resistance – Point of Care Testing	Page 9
Parliamentary Question on SAR Requests	Page 9
HPV Vaccination for Boys	Page 9
Evidence Based Interventions Consultation	Page 9-10
NHS England, Director of Primary Care	Page 10
<b>Worcestershire Issues:-</b>	
Practical Help and Financial Support for International GP Trainees	Page 10-11
LMC Website	Page 11

## **GP PAY UPDATE**

The announcement of the DDRB award for 2018-19 was made last week. GPC made strong representations to the DDRB for a significant uplift to GP pay and expenses based on many factors including extra costs relating to staff pay awards linked to AFC, increasing overheads, costs of regulation, GDPR, indemnity and others. They also made a strong case for an uplift to GP pay. The DDRB has responded with a report advising that GPs should receive a 4% uplift on pay and expenses. This would have been the most significant increase in practice income for over a decade.

The 2018-19 agreement was for GPs to receive a 1% interim pay and

expenses uplift with any DDRB award in excess of this being back-dated. It is extremely disappointing that on this background the government has announced this morning that it does not intend to honour the DDRB award. The BMA response to the announcement is detailed below. Richard Vautrey spoke with Matt Hancock, the new Secretary of State for Health and Social Care, this morning and stressed his deep concern that the government has chosen not to honour the findings of its own independent pay review body across the entire NHS, but specifically for GPs. In our call, he maintained that GPs would be getting 2% this year backdated to April with a further 1% to be added from next April. This will effectively be then consolidated to be the equivalent of a 3% award.

It was made clear that GPs should be receiving at the very least a 4% uplift, as recommended by the DDRB, simply to keep services for patients running. Concerns were voiced about the impact this could have on practice staff recruitment and retention, particularly as some of their colleagues such as community nurses, health centre reception staff etc. will get 3% or more.

Richard Vautrey said "We have made clear in our press statements today that for a decade now, GPs have seen their real terms pay cut by over 20% and this is one of the key factors that explains the dire recruitment and retention situation in general practice, for the new Secretary of State to commit to addressing the workforce crisis in general practice and raise hopes of investment in primary care in his first speech last week, only to dash those hopes a few days later will send a signal to dedicated GPs and their staff that they are not sufficiently valued."

GPC will be encouraging practices to award their staff (including salaried GPs) the 2% pay uplift, backdated to April, and once they get clarity about the additional 1% they will provide more information.

What do the changes mean for practices?

### **From 1 April 2018 (backdated)**

- Add an further 1% to the value of the GP remuneration and practice staff expenses through the GP contract, supplementing the 1% already paid from April 2018 and making a 2% uplift in all. This will enable practices to increase the pay of practice staff.

### **From 1 October 2018**

- The recommended minimum and maximum pay scales for salaried GPs will be uplifted by 2%
- the GP trainer grant and GP appraiser fees will be increased by 3% and

we will apply the same approach to clinical educators' pay; GP and Dental educators.

### **From 1 April 2019**

- the potential for up to an additional 1%, on top of the 2% already paid to be added to the baseline, to be paid from 2019/20 conditional on contract reform, through a multi-year agreement from 2019/20.

The BMA have published a briefing which explains what the uplift means for general practice in England, which can be accessed [here](#). In addition, the LMC have written to our local MPs to express our dismay and seek their support to push for increased funding for general practice. We would ask all practices to also lobby their MP on this matter.

### **CLINICAL PHARMACISTS IN GENERAL PRACTICE**

NHS England has published an evaluation of the phase 1 pilot of the [clinical pharmacists in general practice programme](#). The evaluation was undertaken by the School of Pharmacy at the University of Nottingham, supported by patient representatives and the University of Queensland, Australia. The evaluation aim TO provide an overview of the Phase 1 pilot to integrate clinical pharmacists into general practice and identifies how best to implement and evaluate the final roll out. The report shows that clinical pharmacists significantly increase patient appointment capacity and reduces pressure on GPs. For more information and the full evaluation [please find the report here](#).

### **ADJUVANTED TRIVALENT FLU VACCINE (aTIV) FOR THOSE AGED 65 YEARS**

As you are aware, NHS England has advised the use of adjuvanted trivalent flu vaccine (aTIV) for those aged 65 years and over in the coming flu season.

As the only licensed aTIV in the UK is manufactured by Seqirus (Fluad®), to manage supply of the vaccine, and to help ensure that there is equal access for patients and that all vaccination providers are treated fairly, GPs and community pharmacies will all receive 40% of their aTIV order in September, 20% in October and 40% in November. Any evidence of this being deviated from should be flagged up immediately with GPC ([info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)) so that we can raise this with NHS England.

Guidance, along with a letter detailing further information, is available on the LMC website, see the LMC Website section below.

The staged deliveries are for aTIV only and will not affect supplies of the quadrivalent and live attenuated influenza vaccines.

### **SPEECH BY NEW SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE IN ENGLAND**

Matt Hancock, the new Secretary of State for Health and Social Care in England, gave a speech on the 20<sup>th</sup> July 2018, in a hospital in his Suffolk constituency. He talked about his priorities being workforce, technology and prevention. He spoke about general practice and said, GPs need more assistance to tackle their substantial workloads. There is currently a review of GP partnerships ongoing but I also want to see more training to those pharmacists based in GP surgeries and more staff to support them." He concluded with a commitment " to make the investment in primary care and community pharmacies so people don't need to go to hospital", but gave no specifics.

He also spoke about his registration with GP at Hand, "Not only do I have my own app for communicating with my constituents here in West Suffolk, but as you may have heard I use an app for my GP. The discussion around my use of a Babylon NHS GP, which works brilliantly for me, has been instructive. Some people have complained that the rules don't work for care provided in this revolutionary new way. Others have said the algorithms sometimes throw up errors. Emphatically the way forward is not to curb the technology – it's to keep improving it and – only if we need to – change the rules so we can harness new technology in a way that works for everyone: patient and practitioner. I want to see more technology like this available to all, not just a select few in a few areas of the country."

### **APPRENTICESHIPS IN ENGLAND**

The apprenticeship levy can be accessed by employers, including NHS Trusts and GP Practices in England, to help assist with the employment of apprentices by covering training and assessment costs. While only larger employers (those with a pay bill over 3 million) will be required to pay the levy, all employers (including GP practices), regardless of size, will be able to benefit from the fund. The BMA has produced guidance on apprenticeships in England looking at what funding is currently available for employers, how the apprenticeship levy works and useful resources for those who are considering employing an apprentice. The guidance can be accessed [here](#).

### **GMS AND PMS REGULATIONS AMENDMENTS**

Following agreement in the last round of negotiations, the amendments to the GMS and PMS regulations in England have now been agreed and laid before Parliament. These have been released on [gov.uk](http://gov.uk) but will not come into force until 1 October 2018.

One of the main changes is to the section around removing a patient who is violent; these changes have been made following concerns that some practices were left vulnerable when patients with a recent history of violence registered with a new practice without the practice being aware of the situation. Such patients should instead be provided general practice services by a specially commissioned service.

## **SCHOOLS AND THE GP**

### **Prescribing non-prescription (over the counter) medication in nurseries and schools**

We would like to remind practices that non-prescription or over the counter (OTC) medications do not need a GP signature/authorisation in order for the school/nursery/childminder to give it. The '[The Statutory Framework for the early years foundation stage](#)', which governs the standards of institutions looking after and educating children, used to include a paragraph under specific legal requirements - medicines that stated:

*'Medicines should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist.'*

This has now been amended to read '*Prescription medicines should only be taken*'...

The previous wording resulted in some parents making unnecessary appointments to seek a prescription for an OTC medicine so that it can be taken in nurseries or schools. We would like to remind practices that the MHRA licenses medicines and classifies them, when appropriate, as OTC (P or GSL), based on their safety profiles. This is to enable access to those medicines without recourse to a GP, and the classification applies to both inside and outside the educational environment.

It is appropriate for OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary. It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a

nursery/school.

In 2015, the GPC wrote to the Department of Children, Schools and Families seeking an amendment to this paragraph in the EYFS Statutory Framework, who confirmed in a letter that an FP10 is not required, and as a result they have now updated their guidance to clarify that this is only applicable for prescription drugs, whereby non-prescription medication can be administered where there is parents' prior written consent.

For further guidance on the requirements with regard to OTC medication in schools please follow this link

<https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/prescribing-non-prescription-medication>

## **Supporting pupils with medical conditions at school**

The Department for Education has issued statutory guidance and non-statutory advice on the roles and responsibilities of GPs in supporting pupils with medical conditions at school. This guidance came into force on 1 September 2014 and replaces previous guidance on 'Managing medicines in schools and early years settings' (March 2005).

Its aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This guidance is for England only.

### Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

### The role of GPs

The guidance from the DoE sets out that supporting a child with a medical condition is not the sole responsibility of one person and the school's ability to provide effective support will depend on working co-operatively with other

agencies.

It suggests that GPs should notify the school nurse when a child has been identified as having a medical condition that will require support at school. The Department has not issued a list of conditions, but acknowledges that not all children will require an individual healthcare plan.

GPs should note the confidentiality requirements in doing so, although there is a presumption that information can be disclosed to fellow health professionals. General Practitioners are recommended to advise the child and, in usual circumstances, their parent(s), that it would be in their best interests to share such information with the school nurse and that you would intend to do so unless consent is refused.

GPs may also provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

Further guidance for pupils at schools with medical conditions, including templates, is available on the [Gov.uk website](https://www.gov.uk). This guidance provides useful insight into what is expected from schools which you may wish to look at.

## **Examinations and Sickness Certificates**

It should be noted that GPs do not provide sick notes for schoolchildren. When children are absent from school owing to illness, schools may request a letter from a parent or guardian, and this is no different during an exam period. However, children who have missed exams due to illness are frequently told by schools that a note from a doctor is required; but this cannot be provided by a GP. Aside from the fact that parents/guardians are responsible for excusing their children from school, GPs cannot provide retrospective sickness certification. When a child suffers from a long-term condition, any certification will be provided by the responsible specialist.

GPC has sought and received confirmation from the Office of the Qualifications and Examinations Regulator that Awarding Organisations make no requirement for pupils to obtain a medical certificate in support of their application for special consideration. Students are asked for information in support of their application, but this may take the form of a statement by the school. The Joint Council for Qualifications has confirmed that as far as they are concerned, if a student was absent from an examination as a result of illness and has the support of the school or centre to be absent, special consideration will be granted on that basis. Awarding organisations do not insist that medical proof is provided. Please follow the link below for further

advice on this issue.

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/supporting-pupils-at-school>

### **NHS E-REFERRAL SERVICE**

The hospital [Standard Contract for 2018/19](#) in England requires the full use of the NHS e-Referral Service (eRS) for all consultant-led first outpatient appointments. From 1 October 2018, providers will only be paid for activity resulting from referrals made through eRS. Earlier this year we secured agreement that the introduction of the eRS should be done in a supportive manner. Where the issues are not within the gift of the practice, it is for the commissioner to resolve. Locally, we have agreed a Memorandum of Understanding between the relevant organisations involved in implementing eRS and the LMC.

### **150,000 NHS PATIENTS RECORDS SHARED AGAINST THEIR WISHES**

Tens of thousands of NHS patients have had their confidential health records shared for years against their wishes, after a major IT supplier failed to register their preferences.

In a statement to Parliament today, health minister Jackie Doyle-Price revealed that NHS Digital, the national “safe haven” for patient data, has not been honouring roughly 150,000 patients’ wishes that their confidential health information not be shared beyond staff working on their direct care. “NHS Digital recently identified a supplier defect in the processing of historical patient objections to the sharing of their confidential health data.” she said. “As a result, these objections were not upheld by NHS Digital in its data disseminations.”

The discovery of the error comes after the Government last month launched a new national opt-out system.

Nic Fox, director of primary and social care technology at NHS Digital, said the organisation apologised unreservedly for the error.

“This issue would not be able to occur using the new national data opt-out, which has been recently introduced and puts the individual in direct control of their data-sharing preferences.”

### **KING’S COLLEGE LONDON GP SOCIETY MENTORING EVENT**



King's College London's GP Society are looking for GPs to get involved in a mentoring evening in November, speaking to KCL students about aspirations and career opportunities in general practice. If anyone is interested in getting involved please email [kclmsgpsoc@gmail.com](mailto:kclmsgpsoc@gmail.com)

### **ANTIMICROBIAL RESISTANCE – POINT OF CARE TESTING**

NHS England has launched the UK Antimicrobial Diagnostic Collaborative programme, which will initially focus on C-Reactive Protein (CRP) point of care testing in primary care, as part of the drive to reduce inappropriate antibiotic prescribing. NHS England has confirmed that the programme is in its early stages and that further details will be announced in the future.

### **PARLIAMENTARY QUESTION ON SAR REQUESTS**

The issue of inappropriate subject access requests being made by insurance companies was subject to a question in parliament recently.

Asked by **Julian Sturdy**: To ask the Secretary of State for Health and Social Care, what estimate he has made of the costs incurred to the NHS from third-parties making subject access requests under General Data Protection Regulation (GDPR) instead of using the Access to Medical Reports Act (AMRA) 1988.

Answered by **Jackie Doyle-Price**: No such assessment has been made. The GDPR is not the correct route for such requests. The right of access under GDPR confers more personal information than is needed or is justified for insurance underwriting. Accordingly, insurance companies should instead use the established mechanism of the AMRA 1988 to obtain summary medical reports from GPs. The AMRA allows the GP to charge a reasonable fee to cover the cost of copying the report.

### **HPV VACCINATION FOR BOYS**

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended to extend the HPV vaccination programme to boys after they found it to be cost-effective. After the statement, the Scottish and Welsh governments announced they would add this to the immunisation schedule, however, the government in England has yet to announce whether they would follow suit.

### **EVIDENCE BASED INTERVENTIONS CONSULTATION**

NHS England has launched an [Evidence Based Interventions consultation](#),

which looks at design principles of the programme, the interventions that should be targeted initially and proposed clinical criteria, including proposed new terms in the NHS Standard Contract. This follows research evidence which showed that some interventions are not clinically effective or only effective when they are performed in specific circumstances.

## **NHS ENGLAND, DIRECTOR OF PRIMARY CARE**

Dr Avrind Madan, has resigned after admitting he posted anonymous comments on an online medical forum in Pulse magazine. Following Dr Madan's resignation, in a letter to NHS England chief, Sir Simon Stevens, Dr Mark Sanford Wood, BMA GP committee deputy chair, wrote: "His damaging comments have caused significant anger from the profession at a time when GPs require support from NHS England" He added: "It is only right that he has done the right thing and offered his resignation."

In addition, to the response from Dr Sanford-Wood, BMA council chair, Dr Chaand Nagpaul, said: "NHS England must now make clear that it values and fully supports all practices - unequivocally, the vital role of smaller practices - and demonstrate its commitment to all GPs in these testing times for the profession."

## **WORCESTERSHIRE ISSUES**

### **PRACTICAL HELP AND FINANCIAL SUPPORT FOR INTERNATIONAL GP TRAINEES**

Are you a non-EEA national training to be a GP in the UK or do you know someone who is?

Would you like to remain in England to practise as a GP after you qualify but need a visa to do so?

NHS England is offering practical help and financial support to non-EEA international GP trainees who wish to practise in England after they qualify

- Help with finding a role at a GP practice that can currently sponsor tier 2 visas
- Support towards the cost of relocating to work at the GP practice
- Reimbursement of your application fee for a tier 2 visa
- Financial support to relocate any family members and reimbursement of their visa fees

If you would like to learn more and register for the help and support, please

contact NHS England by emailing [england.primarycareworkforce@nhs.net](mailto:england.primarycareworkforce@nhs.net).

## **LMC WEBSITE**

The following guidance has been added to the LMC website [www.worcslmc.co.uk](http://www.worcslmc.co.uk) during the last month:

### **BMA/GPC:**

[GPC News 8 England – 21<sup>st</sup> May 2018](#)

[GPC News 8 England Appendix 1 – 21<sup>st</sup> May 2018](#)

[The general practice forward view: two years on](#)

[Supply issues update for primary care July 2018](#)

[GP Partnership Review Key lines of enquiry: Call for evidence](#)

[GPC News 1 England – 23<sup>rd</sup> July 2018](#)

[GPC News 1 England, Appendix 1 - 23<sup>rd</sup> July 2018](#)

[GPC News 1 England, Appendix 2 - 23<sup>rd</sup> July 2018](#)

### **NHSE:**

[Patient information – Shortage of diamorphine for NHS patients](#)

[Flu Vaccination Programme Delivery Guidance 2018-19](#)

[Flu vaccinations for 2018 and planning flu clinics](#)

### **PHE:**

[Use of Varicella Zoster Immunoglobulin \(VZIG\) in pregnancy during supply shortage: advice to GPs, obstetricians and midwives](#)

### **LMC:**

[Schools requesting OTC medicines template letter from LMC](#)

# WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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### **Representatives:**

All 24 practices are represented at Committee Meetings

**Worcestershire and Herefordshire GPC Representative:** Dr S Parkinson

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

### **The next LMC meetings will be:**

Worcestershire – 13<sup>th</sup> September 2018  
Herefordshire – 5<sup>th</sup> September 2018