

Worcestershire and Herefordshire Local Medical Committees Ltd NEWSLETTER

APRIL 2019

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PRIMARY CARE NETWORKS

The BMA has published the first components of their Primary Care Network toolkit – including an ‘establishing a PCN checklist’ and a template ‘initial PCN set-up meeting’ agenda. A revised version of the PCN Handbook has been released, including a list of the amendments, available [here](#). They have also set up a *Primary Care Network Forum* for those setting up PCNs, to help practices engage with others in the same situation to share intel and ideas. Register for it [here](#). A new [‘top tips’ document](#) also highlights what groups should be thinking about now which you may wish to look at.

The BMA held a free ***PCN webinar*** recently. The webinar focused on PCN collaboration, trust and building relationships, to provide information for those in the early stages of forming a network. They also held a webinar about [Primary Care Networks: structures](#),

[governance and decision making](#), a recording of which is available [here](#).

NHS England has published PCN DES specification, template network agreement and accompanying guidance notes, which we jointly developed, all of which are available [here](#). The updated DES directions and amendments to the SFE have now also been [published](#).

There will be a **PCN Clinical Directors conference on 5 June** to bring together those who are taking on the role of Clinical Director for a PCN to hear from experts in the field and to share experiences and knowledge. We will share more details on this as we have them.

[BMA Law are also hosting a primary care network advice clinic](#) on 1st and 2nd May to help make the process of forming a PCN as easy as possible. Taking place over the phone, this is an excellent opportunity for an expert lawyer to discuss all your PCN queries free of charge (you don't have to be a BMA member to access this). Book now if you are interested in taking up this offer as spaces are very limited.

The BMA's Primary Care Network support has also developed a listserver, which is a discussion forum for members to converse and share information. The forum is for GPs who are opting to become or have already been hired as a Clinical Director for their network and/or are leading the creation/development of the network. This has been set up for network leads and those establishing networks to share thoughts, knowledge, intelligence etc . To register on the discussion forum, please click [here](#).

The LMC wrote to GPs recently regarding the Clinical Director role. See [email](#) here.

PCN FUND HOLDING

There have been queries regarding what type of organisation can be named as the nominated payee under the PCN DES. We can confirm that this can be any body that holds a GMS, PMS or APMS contract (this also extends to a hybrid NHS Standard Contract with Schedule 2L arrangements as that is classified as an APMS contract). This allows, for example, a federation or other provider that holds an APMS contract for out of hours or extended access services to be the nominated payee for the PCN.

In such situations that provider would need to be party to the respective PCN's network agreement. For those PCNs wishing to undertake this route, practices should be mindful that in the event that the GP Federation no longer hold an APMS contract (for example if their contract for the improved access scheme comes to an end) then the nominated payee would need to be changed to be a provider who holds a GMS, PMS or APMS contract. It's also important to note that there are also potential VAT implications in situations where a GP Federation charges a commission to the network.

LOCUM GPs COULD FACE DISCRIMINATORY PENSION CHARGES

The BMA is warning that locums could face increased pension bills from next week due to 'discriminatory' changes to rules on contributions, [Pulse](#) reports. Commenting, GPC and Pensions Committee Member, Krishan Aggarwal, said: "The BMA responded to Department of Health and Social Care consultation on NHS pensions, significant concerns were raised particularly around annualisation, however no changes were made." He added: "it is crystal clear however that the changes to annualisation being introduced will unfairly penalise any GP that opts to take a break within the pensions scheme year as they will then have to pay pension contributions at a higher rate based on their imaginary

annualised earnings, rather than their actual earnings. We continue to believe that annualisation of GP pensions is unfair and discriminatory.”

INTEGRATED CARE PROVIDER CONTRACT (ENGLAND)

The BMA has produced briefing materials on NHS England’s ICP (integrated care provider) contract and its potential impact on the NHS and general practice. These provide an overview of what GPs and patients need to know about ICPs, the BMA’s concerns and the alternative options available for achieving integration of NHS services. Read more [here](#).

FALSIFYING MEDICINES DIRECTIVE

Following our previous communications on this issue, you will be aware of the **Falsifying Medicines Directive** that became effective on the 9th February 2019. We expect there to be a long lead in time and that full implementation will not happen for at least 12 months, although this is still to be confirmed. The Directive introduces tougher rules to ensure medicines are safe and that the trade in medicines is rigorously controlled. This will have an impact on all practices and therefore, they should be preparing for implementation in order to demonstrate compliance with the Directive.

Please go to the BMA [website](#) for guidance and read Krishna Kasaraneni’s, GPC England Executive Team, blog on Brexit and the Falsified Medicines Directive [here](#).

We are still waiting for further details from NHS England and these will be communicated as soon as they are available.

UPDATE ON GENERAL PRACTICE INDICATORS TEMPORARY OUTAGE

NHS England have advised that the general practice indicators (www.primarycareindicators.nhs.uk) will have a new **go live delivery date of 31 May**.

They have stated that all efforts will be taken to bring this date forward if possible, however, there remains a number of items relating to formatting and resolving outstanding data issues for some specific indicators so they are not ready to launch as planned on 1 May.

NHS England have put in place a contingency plan to support commissioners or practices if needing to access indicators for any urgent operational needs. The idea is that if there is an urgent need to view data, they will share a cut of most recent indicators either for the practice requesting it or the commissioner for the practices in the geography requested, this would include all General practice indicators (most recent data available) – except for specific indicators where they are resolving issues and they would also exclude providing the practice banding. The data access requests would be highly exceptional circumstance requests rather than an expectation that all practices and commissioners should be using a data extract in May. Exceptional data access requests can be made to nelcsu.england.primarycareindicators@nhs.net

EA65B - ISSUING FIT NOTES FOR PATIENTS APPEALING THEIR WCA (UK)

Following feedback from stakeholders on the ESA65B letter that GPs receive, the Department for Work and Pensions (DWP) would like to remind GPs that if a patient is found fit for work following a Work Capability Assessment, subject to your clinical judgement, you may continue to issue fit notes if the patient appeals against the decision.

This may allow the patient to receive Employment and Support Allowance while they await the outcome of the appeal. If subsequently your patient's appeal is unsuccessful, and it is decided that they are fit for work, you should only issue further fit notes if their condition worsens significantly or they develop a new condition. The DWP are in the process of reviewing the ESA65B letter to clarify this further. [Guidance for GPs](#) on the issuing of fit notes whilst appealing is available on the DWP website.

DS1500 – UPDATED GUIDANCE FOR CLINICIANS (UK)

The DWP have recently updated their guidance for clinicians completing the DS1500 form, on behalf of patients who apply for benefits through the special rules process and who it is thought will reasonably die within the next 6 months. The guidance no longer refers to "terminal illness", clarifies that determining life expectancy is not an exact science and that the form doesn't just apply to patients with cancer. The updated guidance notes can be found in [section 2.7 of the DWP's medical \(factual\) reports guidance for healthcare professionals](#).

CONTINUITY OF SUPPLY OF MEDICINES

The BMA has published guidance on proposed changes to the Human Medicines Regulation 2012 to ensure the continuity of supply of medicines (including in a no-deal EU exit), which is available [here](#).

GP PRACTICE APPRENTICES (ENGLAND)

In 2017, the Government introduced a levy on all employers in England to encourage recruitment of apprentices. The levy funding can be accessed by [GP Practices](#) to help assist with apprentice training and assessment costs. All employers, regardless of size, are able to benefit from the fund.

TECHNOLOGY, INFRASTRUCTURE AND DATA SUPPORTING NHS STAFF

Following engagement with BMA members in 2018, and the all member survey conducted as part of the Caring Supportive Collaborative project, the BMA has published a [report](#) on information and technology in the NHS. The report contains a range of feedback and recommendations, many of which are primary care specific, that should make the workload of GPs and their staff more manageable.

BMA FIRST POINT OF CONTACT SERVICE

Individual BMA members can contact the First Point of Contact (FPC) Service using any of the methods listed on our contact page [here](#). If you are a Practice Manager (or equivalent i.e. business manager etc) you are able to contact FPC on behalf of your GP partner member, you will be asked for the GP Partner's BMA number and, as part of the case, the partner will be sent an email (to their registered address) to notify them that you are using their number to access advice.

CAMPAIGN TO BRING MORE FAMILY DOCTORS BACK TO GENERAL PRACTICE

NHS England and Health Education England (HEE) have launched a new campaign, backed by the BMA, to encourage GPs to return to practice, with [a new web portal](#) for any GPs looking to express their interest in returning. The campaign will promote the Induction and Refresher (I&R) scheme through a digital, social media and print advertising campaign detailing the improvements that the NHS Long Term Plan promises to deliver for general practice. The scheme has so far attracted almost 800 GPs into coming out of retirement, returning to the profession after taking a break or working in another

occupation, or moving from overseas.

CONFIRMATION OF TRAINEE INDEMNITY ARRANGEMENTS

The 2019/20 [contract agreement](#) secured delivery of the much-awaited state-backed clinical negligence indemnity scheme for GPs in England. [Under the scheme](#), which starts on 1st April, all GP trainees placed in GP settings for training purposes will automatically be covered for clinical negligence liabilities – no payments are required to benefit from the indemnity provided.

Following further discussions between HEE and the BMA's GPC and GP trainee representatives, we can confirm that comprehensive personal indemnity cover for all GP trainees will be funded by HEE until qualification. This vital professional protection includes, for example, support with GMC investigations and hearings, assistance with criminal proceedings, protection for Good Samaritan acts, and free medicolegal advice. Where a trainee's personal protection is currently provided by a medical defence organisation through a bulk-indemnity agreement, this will continue. Those trainees who purchase their own professional cover should continue to seek full reimbursement until such times as a future bulk-indemnity agreement is arranged by HEE.

CAPITA AND CERVICAL SCREENING SERVICES

NHS England has announced that they are removing Capita of its contract to provide cervical screening administration services, which we have been calling for following a number of concerns Capita's shambolic running of GP support services.

GP CONTRACT UPDATE EVENT

We were very pleased to welcome Dr Richard Vautrey to Worcester recently. He gave an excellent presentation on the new GP Contract and allowed plenty of time for questions. We hope that those of you who were able to attend found this a useful event.

We have previously circulated the slides from this event. If you were unable to attend the roadshow, you can watch a webcast [here](#). There is also a [contract webinar](#).

ANNUAL NATIONAL FLU IMMUNISATION PROGRAMME 2019/20 (ENGLAND)

The Department of Health and Social Care, NHS England and Public Health England have today published a [letter about the national flu immunisation programme for 2019/20 season](#), which provides information on the adults and children eligible to be vaccinated under the programme.

CLINICAL NEGLIGENCE SCHEME FOR GENERAL PRACTICE

NHS Resolution has published its supporting Clinical Negligence Scheme for General Practice documentation – all are available via the existing [CNSGP](#) webpage.

From 1st April 2019, NHS Resolution will be operating the new state-backed indemnity scheme for general practice in England called the Clinical Negligence Scheme for General Practice (CNSGP).

BMA MENTAL HEALTH SURVEY

The BMA has published the results of the first phase of its research into the mental health and wellbeing of doctors and students around the UK. The survey revealed that half of GPs said they or their practice had sought support for a condition affecting them. The research is continuing with a qualitative study to better understand the needs of doctors

and students, as our call upon the health service to prioritise a more supportive environment for doctors. Read the report [here](#).

WORCESTERSHIRE ISSUES

GP MENTORING SCHEME

Further to the finding of the BMA Mental Health Survey above, Worcestershire LMC is currently working with the CCGs to develop a GP Mentoring Scheme. More details will be released regarding this shortly.

EATING DISORDERS

LATEST GUIDANCE FOR COMMISSIONERS AND PROVIDERS

We are pleased that new guidance for commissioners and providers has been released which makes it clear that specialist support is needed for GPs taking on the role of monitoring of diagnostic tests for patients with eating disorders. A robust shared care agreement would need to be in place and access to specialist input and advice would need to be guaranteed along with appropriate training for GPs. Please see an extract from the guidance below and a link to the full document [here](#).

When responsibility for medical monitoring is assumed by primary care, the limitations of this need to be recognised and mitigated. For instance, specialist eating disorder knowledge may be necessary to correctly interpret the results of medical monitoring tests. The CED service should be accessible to provide specialist consultation to primary care to ensure results are interpreted correctly, regardless of whether a person is currently engaging with the CED service.

You may recall that we requested an update from the CCG regarding provision of an Eating Disorder service for patients in our County. We had been made aware that many GPs were being asked to monitor blood tests, arrange and report on ECGs in children and manage unacceptable risk in this group of patients who have a very high mortality rate.

Unfortunately, the latest service review which will inform commissioning does not include the latest guidance and whilst it highlights the significant gaps in the current service provision for both adults and children, little progress has been made in commissioning a safe service for this group of patients at the current time. The LMC have been told that funding has been allocated and we await a further update from the CCG on progress in this area.

LMC WEBSITE

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

BMA/GPC:

[The BMA Vision for NHS IT Report](#)
[PCN Handbook](#)
[Setting up a PCN Checklist](#)
[Primary Care Network Top Tips](#)
[GPC Roadshow Presentation 2019](#)

NHS:

[GP Contract March 2019](#)

[Mandatory Network Agreement](#)

[Network Contract DES](#)

[Network Contract DES Guidance](#)

[Network Contract DES Specification](#)

[Network Contract DESK Resignation Form](#)

[New Suture Tariff Codes](#)

[Suture Tariff](#)

LMC:

[Clinical Director Role FAQs LMC Email](#)

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All 24 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 – 16th May 2019
Herefordshire – 22nd May 2019