

OCTOBER 2019

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GP EARNINGS AND EXPENSES REPORT

NHS Digital has released the latest [annual GP earnings and expenses report for 2017/18](#), which shows that the average taxable income for GPs in the UK increased by 2.5% (to £94,800) against a 1% awarded pay uplift, and

expenses for contractor GPs increased by 7% that year. The report does not take into account hours worked or the reduced number of GPs.

The report provides a breakdown of earnings and expenses for contractor GPs and salaried GPs for each of the nations and for different contract types (GMS, PMS, dispensing, non-dispensing). It is widely felt that as patient demand rises and the workforce gets smaller, GPs are taking on more work – often in excess of their contracted hours.

NHS ENGLAND PROPOSALS FOR THE REPEAL OF SECTION 75 OF THE HEALTH AND SOCIAL CARE ACT

NHS England has approved a series of recommendations to the government for the introduction of an NHS Integrated Care Bill and the scrapping of section 75 of the Health and Social Care Act 2012, which forces the NHS to automatically advertise healthcare contracts for competitive bidding. We feel that this is a hugely positive step.

MEDICINE SHORTAGES

A [Serious Shortage Protocol](#) for the antidepressant Fluoxetine 10mg, 30mg and 40mg capsules which are currently out of stock was published by the Government. SSPs have been issued, allowing pharmacists to switch to another strength of pharmaceutical form of Fluoxetine. The [NHS BSA webpage](#) includes useful operational guidance on SSPs and Q&As.

The Government also announced yesterday, that they are introducing new measures to tackle HRT shortages. The Government has confirmed [new restrictions on the exportation of all variations of HRT products](#), some of which currently face supply shortages due to manufacturing issues. Pharmacists are experiencing shortages of every major type of medicine, including hormone replacement therapy (HRT) being the most common, antidepressants and anti-epilepsy pills. There appear to be a variety of reasons why the shortages are occurring, and of course this only impacts further on your daily workload.

ONLINE CONSULTATION GUIDANCE

NHS England has published guidance and an implementation toolkit for practices and commissioners, in using online consultations in primary care. Read more [here](#).

BABYLON GP AT HAND PLANNED EXPANSION

The online provider Babylon GP at Hand plans to expand to Manchester from early next year. The potential destabilising impact it could have. As Richard Vautrey has said, and no doubt practices will be concerned about, “Cherry-picking largely healthier and wealthier patients at the expense of the poor and vulnerable is not what the NHS is about nor should be supporting”.

DEBT AND MENTAL HEALTH FORM (DMHEF)

A new Debt and mental health form and process has been introduced this week following a [cross sector agreement](#) with the BMA. New BMA [guidance](#) has been published from 1st October 2019 and a much shorter form has been introduced that can be completed by a wider range of healthcare professionals, thereby reducing the burden on GPs. As part of the agreement, GPs in England can no longer charge a fee for completing the DMHEF. **The only contractual requirement is to answer yes or no when asked whether the indebted person has a mental health condition and if the answer is yes then to give the name of this condition. There is no obligation or expectation to complete the reverse of the form.** All forms and accompanying guidance are available on the [Money Advice Trust website](#).

PRACTICES AND OVERSEAS VISITOR CHARGING

We have been made aware that NHS Trust Overseas Visitor Managers (OVMs – staff member(s) responsible for charging overseas patients for NHS treatment in hospitals) have written to local GP practices requesting their help in identifying whether patients are eligible for free NHS care. Specifically, the OVMs have asked GPs to note on referrals that patients are 'overseas visitors' if they have been resident in the UK for less than 6 months. We want to reassure GPs that this is absolutely not their responsibility and that they are not required to do so.

[Guidance](#) from the Department of Health and Social Care is explicitly clear that the responsibility for determining a patient's eligibility for NHS care lies with the Trust and never with a GP or GP practice. This guidance also clarifies that the GMS1 supplementary questions regarding a patient's eligibility for free care are not required to be completed before a patient can register with a GP practice, and that this should be made clear to prospective patients.

REGISTRATION TO THE MHRA CENTRAL ALERTING SYSTEM (CAS)

A reminder that from 1 October 2019, the Medicine and Healthcare products Regulatory Agency will send CAS patient safety and public health alerts directly to GP practices, replacing any local arrangements currently in place. All GP practices in England are contractually required to register to receive CAS alerts directly from the MHRA by accessing [this portal](#). If practices have not already registered, we would suggest you do so as soon as you can.

ADVICE ON INFLUENZA VACCINES FOR 2020/21

The LMC is aware that one of the vaccination suppliers has been contacting practices regarding their flu vaccinations order for 2020/21. The Joint

Committee on Vaccination and Immunisation has issued an advice document for practices. Their advice states:-

Adults 65 years of age and over

For vaccination of those aged 65 years and over JCVI advises the use of the following vaccines:

- Adjuvanted trivalent inactivated influenza vaccine (aTIV)
- High-dose trivalent inactivated influenza vaccine (TIV-HD)

Ages 9 to 65

For vaccination of those aged 9 to less than 65 years of age in an at-risk group JCVI advises the use of the following vaccines:

- Quadrivalent influenza cell-culture vaccine (QIVc)
- Quadrivalent influenza egg-culture vaccine (QIVe) (as an alternative to QIVc subject to the considerations below)

Age Less than 9

For vaccination of those aged less than 9 years of age in an at-risk group JCVI advises the use of the following vaccines:

- Quadrivalent influenza egg-culture vaccine (QIVe)

The full advice document can be found on the LMC [Website](#).

UPDATED DWP GUIDANCE FOR GPs

The DWP have also recently updated their [Short guide to the benefit system for GPs](#) and their [guidance on factual medical reports](#).

STATEMENT FROM REGULATORS ON ONLINE PRIMARY CARE SERVICES

The General Pharmaceutical Council, the GMC and other UK regulators of healthcare services, medicines and health professionals have put out a joint statement on online primary care services and ensuring medicines are prescribed and dispensed safely and appropriately online. This cross regulatory forum are working to address regulatory gaps and to help improve the quality and safety of services, and develop an understanding of the benefits and risks of primary care services delivered online. The aims of the group, and links to existing guidance, is available [here](#).

NEW ONLINE PROCUREMENT TOOL

NHS England and NHS Improvement are launching a new online procurement tool which will include a list of pre-approved GP providers that local commissioners can invite to deliver their local GP service needs, including caretaker services. This approach, known as Pseudo Dynamic Purchasing System (PDPS), is planned to be live from January 2020. A series of national

engagement events are being held for local commissioners and GP providers. Find out more [here](#).

NEW REGULATIONS ON NOTIFICATIONS OF DEATH

For the first time, the Government has introduced **regulations** that place a duty on registered medical practitioners to notify the coroner of certain deaths, and what information should be provided. They apply to England and Wales, and become law on 1 October 2019. Read the Ministry of Justice's guidance on complying with the regulations. We will be meeting with the Coroner for Worcestershire to discuss how they will be implemented locally.

PCN PREMISES REQUIREMENTS FOR ADDITIONAL WORKFORCE

A number of queries have highlighted the issue of practices requiring additional space for Primary Care Network activities. As a Direct Enhanced Service of the GMS contract, Primary Care Networks are an extension of GP practices. The same rules should apply for PCN staff and premises requirements as for GMS. Any space utilised to provide PCN services should be treated as GMS space and treated similarly for rent reimbursements.

PRIMARY CARE NETWORK ADDRESSES

CCGs will be requesting PCNs in their area to confirm an address for the group. This is to allow the allocation of ODS codes for PCNs, which will enable a move to automated payments in future years, as well as providing access to [nhs.net](https://nhs.uk) email accounts for the PCN. PCNs will need to confirm if they want their nominated payee to be the postal address used and if not, to then confirm what address should be used.

NHS PAYMENTS TO GENERAL PRACTICE

NHS Digital have published their annual report on NHS Payments to General Practice in England for 2018/19. This provides information on NHS payments to individual providers of general practice services in England. Figures are given for the main payment categories - which include Global Sum, PMS expenditure, QOF and Local Incentive Schemes.

It constitutes the majority of actual monies paid to practices for all activities and costs during the 2018/19 financial year. For further details please use this [link](#).

COMPLAINTS ANALYSIS

A number of regional publications have reported on the number of complaints made against GPs. According to the figures from NHS Digital, many complaints related to patients having difficulty communicating their family doctor. Responding to the figures Richard Vautrey said: "This survey shows much of the dissatisfaction felt by patients' stems from communication

problems, rather than clinical errors, and doctors know that they simply don't have enough time to spend with their patients and cope with rising demand, with the risk that communication issues could arise. All clinicians want to do their jobs safely but need the time, resources and funding to be able to do that."

FLU VACCINATIONS IN GP PRACTICES **MDU POSITION ON INDEMNITY**

Following the decision by the Department of Health and Social Care and NHS Resolution that CNSGP will not cover practices who vaccinate their own staff against flu, the BMA have been in discussions with the Medical Defence Organisations on the matter. They have all provided us with reassurance that all current members will be indemnified through them for this activity. If you are in any doubt about any of your indemnity arrangements then we would advise you to contact your MDO who will be able to guide you.

THE PRIMARY CARE (GP) DIGITAL SERVICES **OPERATING MODEL 2019-21**

NHS England has published [Securing Excellence in Primary Care \(GP\) Digital Services](#), which outlines the Primary Care (GP) Digital Services Operating Model for 2019-21, setting out the commissioning framework for the provision of high-quality general practice digital services. The model embeds the GP IT Futures Framework, nationally commissioned digital solutions and Primary Care Networks, addresses the challenges for digitally enabled general practice and will be supported by a new CCG Practice Agreement. Read more [here](#).

AN EXCITING OPPORTUNITY TO JOIN HEREFORDSHIRE AND **WORCESTERSHIRE'S GENERAL PRACTICE SUPPORT TEAM (GPST)**

Are you an experienced GP, Practice Manager or Practice Nurse? Would you be interested in supporting your peers across Herefordshire and Worcestershire if they needed some advice or help? If so, there may be an opportunity for you to consider.

If you are interested in joining the H&W General Practice Support Teams ideally you will need to be available on the afternoon of Tuesday 12 November for a GPST workshop event. Full details can be found [here](#).

GP WORKFORCE FIGURES

The latest [GP workforce figures](#) have been published, which show :

- The number of fully qualified full-time equivalent GPs down 576 over the past year (-2%)
- In the last quarter, the number of FTE GPs had also fallen. In March, there were 28,697 GPs in England - a fall of 1.5% in three months.

-The number of FTE GP partners also decreased to 18,511 – down 5.3% from last year.

WORCESTERSHIRE ISSUES

ROH- " REFERAPATIENT"

We have robustly challenged the use of this online system by the Royal Orthopaedic Hospital. Agreement has now been reached that you will be able to refer a patient by telephone as has always been the expectation and you should follow this with a letter to accompany the patient when making an urgent referral to ROH. There is NO obligation to complete " referapatient" so please do not agree to do this. The CCG are in agreement that this system is not compatible with our own and causes an additional workload burden on GP colleagues.

LMC WEBSITE

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

BMA/GPC:

Retention Scheme – Step by Step Guide

NHS:

Retention Scheme Guidance
Framework for Managing Performer Concerns

CCG:

H&W Primary Care Resilience Programme
GPST Flyer

Others:

JCVI Advice on Influenza Vaccination 2020-21

Please click [here](#) to download all of these documents.

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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All topical issues relating to local general practice are discussed at the monthly LMC meetings and those minutes can be read on the LMC [Website](#). Should you require further information on any issues raised at the LMC meetings please do not hesitate to contact the LMC representative for your area or practice.

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All 20 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 – 17th October 2019
Herefordshire – 23rd October 2019