

Worcestershire and Herefordshire Local Medical Committees Ltd NEWSLETTER

JUNE 2019

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SUPPORT FOR PRIMARY CARE NETWORKS

Guidance and support about establishing PCNs continues to be published and is available on the [PCN webpage](#). Simon Poole, GPC commissioning lead, has written a blog about the challenges that need to be overcome in commissioning for Primary Care Networks, available [here](#).

Recently the BMA published two **VAT advice notes** (provided by MHA Larking Gowen) for the two main PCN structures that they see being implemented – lead practice, and federation-led, and a really useful **PCN calendar** to help you plan the next couple of months. These are accessible via their [PCN webpage](#), with the VAT guidance available under the toolkit tab.

A reminder that if there are any local issues relating to the implementation of Primary Care Networks, with CCGs or local NHS England, practices can contact info.gpc@bma.org.uk for support and advice. The LMC office is of course always happy to take any queries and enquiries and will aim to get back to you promptly with answers.

We have managed to agree a revised event with LMC Law that we feel incorporates those aspects relating to PCNs that you will now need to be thinking about.

The LMC Law training event will be held at the Charles Hastings Centre on 24th June 2019 at 2.30-4.30pm.

The Training will include:

- PCN Governance, structures and workforce including contracts and risk sharing
- Review of schedules as the framework for a PCN
- A suite of subsidiary documents including:
 - Wording for partnership agreements and privacy notices
 - Conflicts of Interest Policy
 - PCN Due Diligence Questionnaire
 - Letter of Authority

The training is suitable for Clinical Directors, Practice Managers and Practice Partners. Shanee Baker, who is chairing the seminar, has agreed to take questions either during or after the talk.

Places are limited and we expect demand to be high. To book your place please go to:-

<https://www.eventbrite.co.uk/e/pcn-training-by-lmc-law-tickets-63331179262>.

RCGP 'TECH' MANIFESTO

The Royal College of GPs published its [tech' manifesto](#) this week, where they call for a 'robust and joined-up IT system across the NHS' to be prioritised before a technological 'revolution' in patient care can truly happen. As the RCGP points out, we must walk before we can run, and getting the basics right must be the priority ahead of any promised 'digital revolution'.

REGISTRATION OF NEW PATIENTS

One of the questions that often comes through the LMC office is around the registration of new patients. The LMC has put together some information on this that we hope you may find useful:

Registering temporary or permanent residents

The length of time that a patient is intending to reside in an area will determine whether a patient is registered as a temporary or permanent patient.

Patients should be registered as a temporary resident if they are intending to reside in the practice area for more than 24 hours but less than 3 months.

Duty to provide emergency and immediately necessary treatment

Practices have a contractual duty to provide emergency treatment and immediately necessary treatment free of charge for up to 14 days.

This applies to any person within their practice area that has been:

- refused application for inclusion in the contractor's list of patients
- who is not registered with another provider of essential services
- whose application for acceptance as a temporary resident has been rejected

There is no definition of immediately necessary treatment in primary medical services contract regulations.

However, in relation to people who are visiting or not a resident in England, it should be viewed as including treatment of new conditions and also pre-existing conditions that have become exacerbated during the period of a person's stay in England, subject to the contractor's clinical judgement.

Declining a patient registration

When a person does not require emergency or immediately necessary treatment, practices have only a limited degree of discretion under the contract and regulations about whether to register the person.

Practices may only decline to register a patient (whether as a temporary resident or permanent patient) if they have reasonable grounds to do so. These grounds must not be not related to an applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

Registering without proof of identity and address

There is no contractual duty to seek evidence of identity or immigration status or proof of address. Therefore practices should not refuse registration on the grounds that a patient is unable to produce such evidence.

Anyone who is in England is entitled to receive NHS primary medical services at a GP practice and applications for registration for any patient in England must be considered in exactly the same way, regardless of country of residence

A useful FAQ document has been compiled through the BMA on some of these issues which you may find helpful:

[Read our FAQs for further advice](#)

SHORTAGE OCCUPATION LISTED WIDENED TO INCLUDE GPs

Earlier this year, the BMA workforce team, with input from GPC and the International team, responded to the call for evidence from the Migration Advisory Committee. The MAC have now published their [review](#) and recommended that all medical practitioners be included on the Shortage Occupation List.

FLU VACCINE DATA

Public Health England has published its [flu vaccine data](#) which showed that in England, for the over 65s, there was a vaccine uptake of 72%, 48% for those aged 6 months to 65 years (in clinical risk groups), and 45.2% in pregnant women. The figures for over 65s were slightly higher in Scotland (73.7%), but slightly lower in Wales (68.3%) and Northern Ireland (70%).

The figures also showed that more children were vaccinated this winter than ever before, with around 3 million being vaccinated (44.9%). The report also showed that the adjuvanted influenza vaccine, which was given to over 65s for the first time, provided about 60% effectiveness.

We should acknowledge that this was only possible through the hard work of GPs and their teams and our commitment to protect as many of our patients as possible from the ill effects of influenza.

EMIS MOVE TO AMAZON WEB SERVICES (AWS)

EMIS has sent out a communication to practices which we believe is potentially misleading. In relation to the plan to move NHS records to AWS (Amazon Web Services), their communication states that practices "may wish to inform your patients". This is incorrect. It is a requirement under GDPR to be 'transparent'. Practices must inform their patients of significant changes to the way their data is processed, and failure to do so will almost

certainly be a breach of GDPR.

Practices must ensure they continue to provide updated information to patients about new data sharing arrangements. This involves updating practice privacy notices (PPNs) and where practices have the ability to provide electronic alerts to patients relatively easily then these methods should be used. In practical terms this means that where mobile numbers or email addresses are held the practice should use these to make patients aware that new arrangements for data sharing exist and invite them to read the updated PPN.

You must also carry out a Data Protection Impact Assessment. A DPIA is not an optional alternative to informing patients, it is a standalone mandatory standalone requirement under GDPR that must be carried out prior to any significant or new processing arrangement. If you don't do a DPIA you are in breach. EMIS have helpfully provided a link to a template DPIA that practices can use. It is acceptable under GDPR to "borrow" or share DPIAs where the changes apply equally to many parties.

PCSE AND PATIENT RECORDS

Following the news recently of the [PCSE blunder involving 160,000 patient records incorrectly archived](#) instead of being released and sent to the appropriate GP practice when the patient re-registered, records are now being sent to practices. GPC has been discussing with NHS England exactly how they plan to support practices now facing an additional workload burden. We understand that resources such as template letters, guidance for practices on which records they could prioritise reviewing, and clinical assessment resources have been made developed so far.

NHS England need to take this issue more seriously and ensure a comprehensive national support package is available for practices to access, and GPC continue to push for this.

GP PRESSURES

As was shown in the [Nuffield Trust report](#) recently, GP numbers are falling at an historic pace whilst at the same time patient numbers and people living with more complex health problems are consistently rising, leaving NHS primary care and the doctors working there are under increasing pressure. The key findings were (based on [NHS Digital data](#)):

- The total number of GP appointments in England rose to 26,210,000 (44 appointments per day per GP) in March 2019
- The total number of registered patients rose by 718,000 from last March to 59,700,000, which leaves each GP responsible for an

average of 2089 patients.

- Despite having fewer GPs working compared to March 2018, GP practices held 1.1 million more face-to-face appointments this March, a credit to their hard work and dedication

These figures provide further evidence showing that GPs and their practice teams are under intense pressure as patient demand grows while the workforce shrinks and has left GPs having to attend to record numbers of patients each day.

[Figures published by NHS Digital](#) show that the demand for GP appointments is increasing, from a total of 38.9 million appointments in the first three months of 2019, which is an increase from 35 million in the same months in 2018. The figures also show that 7.3 million of those (18.7%) were telephone consultations

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

The Trust released a report in May entitled " Strategic Collaboration on health Technology" presented by their Chief Executive Dr David Rosser. In this paper, they outline their future collaboration with GP at Hand, Babylon Health's primary care service. They state that it would be appropriate and transparent to make it known that they are in dialogue with each other about areas of collaboration. Birmingham LMC has released a statement outlining their serious concerns about this move. Bob Morley (Birmingham LMC Secretary and GPC member) said that the Trust's vision of vertically integrated care, in combination with Babylon, was "a truly frightening prospect that is going to be nothing but massively damaging for healthcare in Birmingham".

COMMUNITY PHARMACY GUIDANCE

The BMA has updated their joint guidance with the Pharmaceutical Services Negotiating Committee about [Community Pharmacies](#). The guide is aimed at GPs and practice staff and gives more in-depth information about running a community pharmacy, the NHS Community Pharmacy Contractual Framework, funding and FAQs. Read the guide [here](#).

FALSIFIED MEDICINES DIRECTIVE

The Falsified Medicine Directive (FMD) and Delegated Regulation came into force in 9 February 2019. NHS England has sent out an update with the start dates for distribution of vaccines in FMD-compliant packs. GPs should note that they are not within Article 23 and will not be supplied with decommissioned medicine. However GPs will still be able to use vaccines even if they cannot decommission the packs. In the meantime the BMA state "[our advice](#) to practices remains the same".

ANNUALISATION

Krishan Aggarwal, the deputy-chair of sessional GPs committee and pensions committee member, has worked with the BMA Pensions department to produce an updated guidance on annualisation. From 1 April 2019 any break in pensionable service, for any type of GP, will be required to be taken into account when calculating annualised income in order to arrive at your pension tier. They state "[Read our guidance](#) to understand how annualisation might work in practical terms".

RCGP VISION FOR GENERAL PRACTICE

The RCGP has published its [Vision for general Practice – Fit for the future](#), which is their outline of what general practice should look like by 2030. It calls for an end to the standard 10-minute consultation to allow GPs to spend more time with patients with complex needs, recommending that it should be at least 15 minutes, with longer for those patients who need it. The document also predicts that there will be an overhaul of the GP-patient record into a personalised 'data dashboard', and that networks of GP practices will evolve into 'wellbeing hubs'.

ONLINE PHARMACIES

The Pharmacist reported on the new rules for online pharmacies issued by the General Pharmaceutical Council (GPhC) to tighten up the regulations. However, GPC are concerned that this is putting GPs in the position of policing the prescribing of online pharmacies when it comes to high-risk medicines, and Andrew Green, GPC prescribing policy lead said: "A situation where patients can pick their preferred drug "off the shelf", often with little or no medically correct information available, represents a potentially grave threat to their health. The suggestion from the GPhC that GPs authorise the provision of high-risk medication before issue is inappropriate, it is not the function of NHS GPs to police the prescribing of others, and it would be better to blacklist the supply of addictive drugs through this route."

CONTRACT VARIATION LETTERS FOR EPS AND DISPENSING PRACTICES

We are aware that NHS England has now sent out contract variation letters for the changes to the contract agreed in 2018 (ie not the latest contract agreement from this year). One element of the contract changes relates to the use of the Electronic Prescription Service Phase 4. This service is being switched on in stages and once enabled practices are expected to use EPS as the default.

We are aware of concerns regarding dispensing practices where there are particular system issues that prevent the use of EPS Phase 4. The wording of

the regulation changes is such that if the prescriber is unable to use it, or if they have not had the service switched on, then there is no expectation to use it as default. The service is being switched on at a practice level and therefore this should not lead to different patients within the same practice receiving a different service.

MENTORING SERVICE FOR GPs COMING SOON!

Building on our existing General Practice Support Team offer, the LMC have worked with the CCG to provide mentoring for local GPs.

Mentors have been recruited to provide support to GPs. There is good evidence that peer support and mentoring is an effective way of helping GPs to manage a range of issues. General Practice can be a long and rewarding career but it is not without its challenges. By providing timely peer support to GPs who find themselves at a cross road in their career or who are facing personal issues, we hope to retain GPs who might otherwise choose an alternative path. We know that GPs care for others and often find it hard to seek care for themselves. Whilst there are national support systems in place for those GPs who find themselves in crisis or in need of medical care, there is little to offer those who simply need some help to find their own way through a difficult time.

We have managed to secure funding to provide mentoring as part of our GP retention plans.

The GP mentoring scheme will be available to all GPs that require support.

We think this is a real opportunity for all local GPs. This is a confidential service supported by your LMC. Please do take advantage of this offer or contact us in the LMC office if you would like to discuss how it might benefit you.

NHS E-REFERRAL SERVICE (E-RS) **HOW HAS IMPLEMENTATION GONE? (ENGLAND)**

GPC England is represented on the NHS England / NHS Digital-led Electronic Referral Advisory Board and is keen to report any difficulties or gripes that GPs may be having with the e-RS since it became a contractual requirement for practices to use it in October 2018. They are particularly keen to hear about any technical issues, functionality limitations, including across federated models of care, or anxieties GPs may have around transfer of clinical responsibility. Please email Alex Ottley (Aottley@bma.org.uk) with your feedback - this will be used to help improve the e-RS. [A guide for GPs](#) on the e-RS, jointly produced by GPC, NHS Digital and NHS England, was published on the BMA website in January 2019.

NHS ENGLAND INTERIM PEOPLE PLAN AND PENSION REFORMS

The NHS England Interim People Plan was [published](#) recently following an extended delay. While the plan is very light on specific general practice-based proposals, simply highlighting measures already in place, it does acknowledge not only the need to address GP recruitment and retention, but also focuses on the similar challenges relating to general practice nursing. It also includes a plan for bringing forward a consultation on a new pension flexibility for senior clinicians. The proposal would give senior clinicians the option to halve the rate at which their NHS pension grows in exchange for halving their contributions to the scheme (the 50:50 option).

NHS AND BREXIT

The BMA Council Chair, Chaand Nagpaul, has [written to the Conservative Party leadership candidates](#) asking them to commit to explicit safeguards for the health service against the dangers posed by Brexit – it was sent the same day that the US President Donald Trump told a press conference that the NHS would be “on the table” in trade talks. In the letter Dr Nagpaul says: “We are asking you to commit to excluding the NHS from any future trade agreements if the UK leaves the EU. Patients and NHS staff – indeed, anyone who cares about our health service – will understandably be alarmed by recent comments from the US Ambassador that the NHS should be ‘on the table’ as part of a future trade deal.” Read the full statement [here](#).

RE-TRAIN AS A GP

There’s been a rise in the number of enquiries from doctors who are considering re-training as a GP - from other medical speciality trainees, consultants, trust and staff grade.

The next round of GP specialty training applications opens from 30 July – 15 August 2019 (February 2020 start).

Follow the GP National Recruitment Office on [Facebook](#) or find [case studies](#), [FAQs](#) and [career information](#) on their website. You can email gprecruitment@hee.nhs.uk with any questions.

SERVICE CONCERN REPORT

The LMC continues to encourage all practices to report their service concerns via Datix. As you will see from the [report](#) from the CCG, this allows our concerns to be logged as evidence and addressed formally with other organisations. As an LMC we will continue to push for a simplified outpatient discharge summary for all patients, as this is a key safety measure which should also reduce the workload for GPs reviewing discharge summaries.

LMC WEBSITE

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

BMA/GPC:

[BMA Wellbeing Support Services Leaflet](#)
[Latest Firearms Guidance](#)

CCG:

[The Member Practice Update 7th June 2019](#)
[The Member Practice Update 31st May 2019](#)

RCGP:

[Fit for the Future Report](#)

NHSE:

[PCN Additional Roles Reimbursement Scheme: Establishing the workforce baseline and assessing additionality](#)
[PCN FAQs](#)

LMC:

[Clinical Director Role LMC FAQs](#)

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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 – 20th June 2019
Herefordshire – 31st July 2019