

NOVEMBER 2019

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RESPOND TO THE NHS PENSION SCHEME CONSULTATION

The Government has reissued its consultation on introducing flexibilities to the NHS pension scheme. We believe it's too little too late – we need its commitment to reform pension taxation, in time for the next tax year. This is your chance to raise your concerns – [use the BMA template to respond](#).

PHARMACY CONTRACT CHANGES

In July 2019, the Pharmaceutical Services Negotiating Committee (PSNC), NHS England & NHS Improvement and the Department of Health and Social Care agreed a [five-year deal for community pharmacies](#). The PSNC has now produced a [web page outlining how these changes are relevant to GPs](#), including a [briefing document](#) which summarises the changes that would be of particular interest to practices. We have a meeting arranged to meet with our LPC to discuss implementation across Worcestershire. We intend to ensure that practices are not facing additional unsourced workload as a result of these changes.

ANNUAL QOF REPORT FOR ENGLAND PUBLISHED

New [figures published by NHS Digital](#) show the recorded prevalence of 21 conditions, including asthma, hypertension, dementia, diabetes, and depression. This publication provides data for the reporting year 1 April 2018 to 31 March 2019 and covers all General Practices in England that participated in the Quality and Outcomes Framework in 2018-19. The data are based on the 6,873 practices (95%) who participated in the QOF this reporting year. Key findings show:

- The highest prevalence rates were hypertension (14%), depression (10.7%) and obesity (10.1%).
- 539.2 was the average practice achievement score (out of a maximum of 559). This calculation excludes practices that had no achievement included.
- 13% of practices achieved a max score of 559 points, compared with 12.5% of practices in 17-18.
- The cardiovascular disease - primary prevention indicator group had the highest exception rate at 32.7 %. Blood pressure had the lowest exception rate at 0.6%.

BMA HEALTH MANIFESTO

With the general election next month the BMA published [its manifesto for health](#) yesterday, where they set out their priorities for any incoming government:

- Reform the punitive pension tax system for doctors
- Pay doctors fairly and address historic underpayments
- Legislate for safe staffing
- Increase spending on the NHS by over 4%
- Give the public the final say on any Brexit deal

NHS AND GP PRESSURES

To accompany the manifesto launch the BMA have also published updated

analysis of the pressures likely to be faced by the health service this winter, available at www.bma.org.uk/NHSpresures.

As we are all fully aware, GP surgeries across England are under significant strain with rising demand, practices struggling to recruit, and patients having to wait longer for an appointment. Read more about the pressures practices are under [here](#).

REMOTE PRESCRIBING HIGH LEVEL PRINCIPLES

The GMC, and some other healthcare regulators and organisations, published their [Remote prescribing high level principles](#) today. The principles outline a set of expectations for UK healthcare professionals when prescribing remotely, whether online, over video-link or by phone. The principles encourage good practice in remote prescribing, and that health care professionals are expected to:

- Understand how to identify vulnerable patients and take appropriate steps to protect them
- Carry out clinical assessments and medical record checks to make sure medication is safe and appropriate
- Raise concerns when adequate patient safeguards aren't in place

HOW MEDICAL RECORDS ARE ACCESSED BY SOLICITORS

The BMA recently highlighted a court case which considered a dispute about how medical records are made available to solicitors requesting them on behalf of patients. A [summary of the case](#) has been prepared by the solicitors acting for the GP practice. The BMA have now considered the details of this case. **The judge did not rule on issues related to GDPR and Subject Access Requests (SARs).** The court considered the question of disclosure under Civil Procedure Rules. The judge ruled in favour of the practice and did not make an order for disclosure of the records because the practice had made the records available for collection from the practice premises.

It is important for practices to note, that this case does not alter any aspect of the law relating to GDPR. When a SAR is received from a solicitor acting on behalf of a patient, practices should follow the patient's wishes and make available medical records to the solicitor if this is what the patient has authorised, unless the practice has particular concerns about the patient's authorisation.

The ICO has recently [made a statement](#) about the case which states that: 'A person should not have to take action to receive the information, such as by collecting it from the controller's premises, unless they agree to do so'. Here

is the BMA's guidance on [access to health records](#) and [SAR FAQs](#), which also reflects [advice from the ICO](#) on this subject.

PHPV GUIDANCE

As you may be aware The Royal Wolverhampton NHS Trust (RWT) won the bid for pHPV testing for the west midlands region in April 2019. You will now have gone live with primary human papillomavirus (pHPV) screening or will be going live within your area and your samples will be screened by RWT going forward. As part of the transition to the new way of working you will start to receive your results electronically; you will still continue to get the paper results as we roll out the service but this will eventually stop once the service is fully implemented.

A step by step guide designed to help and support all staff and users of this new service is available on the [LMC Website](#). There is also an issues/query form to help staff and users to raise any issues or concerns.

Should you require any further information please do not hesitate to contact us on rwh-tr.ict-hpv@nhs.net

FLU VACCINATION

Please be aware that your EMIS Patient access system automatically checks if patients are eligible for a flu vaccination and if no GP slots are available, the system then advises your patient to book with the local pharmacy for the vaccination. In order to prevent this, our advice is to make sure that your online flu appointments are labelled as "flu clinics" so that they are picked up by the system which will prevent the message being sent. Some practices are in the process of transferring patients over to the NHS app which does not currently send the same message out to patients (this could change in future though).

GENERAL PRACTICE UNDER PRESSURE – GMC WORKFORCE REPORT PUBLISHED

During June and July, 3,876 doctors completed a GMC survey about satisfaction of their role, the environment they work in and their career intentions. Overall the findings showed that GPs are more likely to feel dissatisfied, to have already reduced or plan to reduce their hours, and to be thinking about leaving the profession. The results showed that over the last year 36% of GPs reduced their clinical hours, compared with 21% of all doctors having taken this action. Only 9% of GPs reported always or usually feeling able to cope while rarely or never working beyond their rostered hours, compared with 29% of all doctors. Conversely, 50% of GPs reported often feeling unable to cope and often working beyond their planned hours,

compared with 26% of doctors overall. The report also notes that more GPs work less than full time than other doctors (49% compared to 23% of doctors overall), and touches on the changing make-up of GP training, with international medical graduates now representing 23% of all GP trainees, up from 16% three years ago.

The report containing the full survey results and a wide range of data on the GMC register is available [here](#). We hope that GP colleagues will consider accessing the free local mentoring schemes and we would remind you of information on Wellbeing support available on the LMC website. Please don't struggle alone!

INTERIM FINDINGS OF THE VACCINATIONS AND IMMUNISATIONS REVIEW

GPC have been working with NHS England on a [Vaccinations and Immunisations Review](#). This is an interim report which notes that while coverage for most vaccines is high, there has been a decline in the last few years, meaning that we do not have a high enough coverage to prevent the onward transmission of infections, particularly measles. The work of the review will continue and this will then lead in to potential GMS contract negotiations with NHS England in the coming months.

SOCIAL PRESCRIBING ACADEMY LAUNCHED

Health and Social Care Secretary, Matt Hancock, has [announced](#) the establishment of the National Academy for Social Prescribing. The independent academy will receive £5 million and will be led by Professor Helen Stokes-Lampard, the outgoing Chair of the RCGP. It has been developed in partnership across government, with Sport England, Arts Council England and a range of voluntary sector partners. It is expected to:

- standardise the quality and range of social prescribing available to patients across the country
- increase awareness of the benefits of social prescribing by building and promoting the evidence base
- develop and share best practice, as well as looking at new models and sources for funding
- bring together all partners from health, housing and local government with arts, culture and sporting organisations to maximise the role of social prescribing
- focus on developing training and accreditation across sectors.

CCG-PRACTICE AGREEMENT FOR THE PROVISION AND RECEIPT OF DIGITAL SERVICES IN GENERAL PRACTICE

Last month the NHS England and NHS Improvement published the revised [GP](#)

[IT Operating model](#). It covers the key policies, standards and operating procedures that CCGs are obliged to work with to fulfil their obligations. The model is intended to ensure that general practices have access to safe, secure, effective and high performing IT systems and services that keep pace with the changing requirements to deliver care. The 2019 edition includes;

- An updated description of roles and responsibilities.
- A strong emphasis on ensuring the security and safety of digital services in general practice.
- Arrangements for the replacement for GPSoC Framework with the new GP IT Futures Framework.
- An updated definition of organisational and functional scope.
- A re-categorised schedule of requirements and capabilities underpinned by applicable standards. Includes addition of a 'national digital services' category.

A new CCG-Practice Agreement accompanies the release of this operating model. All CCGs and practices will be required to sign this new agreement which will provide clarity and assurance to both parties on the requirements for the provision and use of digital services available to general practices under this operating model. We have been told that NHS England will be publishing this on their website shortly.

MEDICAL STUDENTS IN GENERAL PRACTICE UNDERFUNDED

The British Journal of General Practice has published an article which [showed that teaching medical students in general practice is seriously underfunded](#), arguing that this would have serious consequences for the NHS workforce if it was to continue. The article clearly demonstrates that the cost of providing undergraduate placements in general practice is considerably more than the funding given. It found that the actual cost of placing a medical student in general practice for a 37-week academic year was £40,700; similar to the cost of teaching undergraduates in secondary care. The average payment rate received by practices, however, was just £22,000 per year

NHS PRACTITIONER HEALTH - ENGLAND

NHS England has announced that all NHS doctors and dentists in England now have access to a [mental health service](#) 24 hours a day through a dedicated phoneline and a crisis text service available through the night. This builds on the service already available to GPs in England. To sign up, call 0300 0303 300 or email prac.health@nhs.net (Monday to Friday 8am to 8pm and Saturday 8am to 2pm). Text NHSPH to 85258 for the out-of-hours crisis text service.

INFORMATION FOR DISPENSING DOCTORS REGARDING THE

ELECTRONIC PRESCRIBING SERVICE(EPS)

Dispensing doctors have been reporting pressure from various quarters to adopt the EPS including a contract variation letter sent to practices. The regulations state that if a prescriber is unable to use EPS or if they have not had the service switched on, then there is no expectation to use it. The Dispensing Doctors Association(DDA) is still recommending that dispensing doctors resist this pressure. It is a relatively expensive process and there is no reimbursement for adopting it. Pharmacists were funded for EPS when it started. EPS is only available to dispensing doctors using EMIS who DO NOT have a branch surgery. Please contact the LMC office for further information or see the DDA website: <https://www.dispensingdoctor.org/news/eps-advice-reiterated/>

CQC STATE OF HEALTH REPORT

The Care Quality Commission's ([CQC](#)) [annual assessment of the state of health and social care](#) in England showed that quality ratings in general practice remain high, but warns that 'getting access to services can be a challenge'. The report focuses on the difficulties some patients have in accessing services across the NHS; a sign of the systemic pressures general practice, community and hospital services are under as a result of historic underinvestment. It also highlights that, despite the huge pressures general practice faces, 95% of practices are rated good or outstanding, which is far better than other services the CQC inspects. This is undoubtedly due to the hard work and commitment of practices across the country.

SAFEGUARDING TRAINING UPDATE

Following our concerns about the impact on practices of implementing safeguarding training guidelines, NHS England has confirmed that it does not set the training requirements for practice staff, and that **under GP contract arrangements it is for contractors to ensure that their staff are adequately trained to a level that keeps them and the public safe.** We have updated our [practice training resource](#) to reflect CQC and NHS England expectations on safeguarding training.

WORCESTERSHIRE ISSUES

FAX MACHINES

Hopefully, you have already turned off your practice Fax machine. The contract states that by April 2020 practices will no longer use facsimile machines for either NHS or patient communications. The same is true for our secondary care providers.

There are clearly significant risks to communicating in this way as highlighted by a recent problem with Kidderminster eye hospital referrals when the fax

machine broke down and referrals were lost. Please abandon the fax!

UPDATE

We wanted to update you with regard to a few issues which, as an LMC, we are continuing to fight for on your behalf.

Eating disorders : Requests for GPs to carry out the medical monitoring of patients with eating disorders remains a significant concern. We have reviewed all of the guidance available and it is clear that GPs should not be undertaking this work without the support of a secondary care eating disorders multidisciplinary team which is not currently in place. As we have said previously, there is a high risk of mortality in this cohort of patients and small changes in blood test results can have serious implications which most GPs are not trained to spot.

Please do not work beyond your own level of clinical competence. This is a commissioning gap which our CCG and Trusts are trying to respond to. We are told that a secondary care monitoring service will be put in place in the future when the correct staff mix is in place and we would remind you that there is no obligation on you to take on this work at the current time.

Diagnostic requests : We are aware that there have been changes to the governance processes at the Acute Trust around the ability of additional staff such as ANPs to order and receive diagnostic requests in their own name from general practice. We have been working hard to try to find a solution to this issue as clearly the workload implications of redirecting and reviewing all results would make our new models of working untenable. We are now working on a governance agreement and looking at IT solutions that should move this forward and provide a solution that all sides are happy to support.

LMC WEBSITE

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

NHS:

[Practitioner Health Flyer](#)

[pHPV Electronic Results – Guidance](#)

[HPV Issue Form](#)

[NHSE Guidance to GPs on Offering Online Services](#)

Other:

[Community Pharmacy 2019/20 to 2023/24: A five-year settlement - Summary for GPs](#)

CCG:

[Mid Career GP Event Flyer 041219](#)

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

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

The next LMC meetings will be:

Worcestershire – 19th December 2019
Herefordshire – 18th December 2019