

DECEMBER 2019

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PENSIONS TAX PAYMENT FOR 2019/20

Simon Stevens, Chief Executive of NHS England and NHS Improvement, has recently announced plans for covering the costs of tax on the annual allowance for 2019/20. He has stated that the annual allowance tax charge for this financial year (for anyone that incurs it) will be covered via the scheme pays route and that when the individual retires and claims their pension, the NHS will pay to them the value of the tax charge for 2019/20 (including interest accrued), so covering the cost.

The BMA response to this proposal can be found [here](#). The BMA is continuing to liaise on the details of how this will operate, as well as continuing to lobby for longer-term solutions, including proposals to get rid of the annual allowance altogether. NHS England's letter and FAQs are available [here](#).

PATIENT ACCESS TO RECORDS ONLINE GUIDANCE

GPC England and NHS England have published joint guidance on [patient access to records online: prospective record access](#). This guidance aims to support practices in meeting the commitment to give new registering patients online access to prospective data, subject to existing safeguards for vulnerable groups and third party and system functionality.

LMC ENGLAND CONFERENCE

The webcast from the [Conference of England LMCs](#) in November is now available to view [here](#). You can also access the conference resolutions and Dr Richard Vautrey's full speech [here](#).

PCSE ONLINE UPDATE

The new [PCSE online service](#) for submitting Performer List (PL) applications and changes is now live and replaces the old paper forms. Every doctor on the PL will receive an email requesting that they set up their own PCSE online account and we expect all GPs to have received their invitation by Christmas 2019. This will enable GPs to check their details are correct and provide access to the new online system to make changes.

The email will be sent to the same email address used for professional communications with the GMC - any amendments to this email needs to be made via GMC online. However, the vast majority of GPs should receive an invitation from PCSE.

All GP practices will be sent a letter to their CQC manager, detailing how to register the practice for PCSE online. Only 20% of practices have so far registered; it is vital for the majority to register, as otherwise the system will not work efficiently. Historically we have seen significant problems arising by such delays, particularly affecting appropriate pension deductions and prescribing numbers, so it is worth checking that your practice has registered.

It is prudent to remind individual GPs that regulations require that a performer informs NHS England of change of status and details. Changes to contractual status also requires notification by the GP and confirmation from the practice and finally contract changes by NHS England, so both practices and individual doctors should sign up to PCSE online.

The new system will allow all GPs to check their details are correct, so it is worthwhile to log in to check the details, given the inaccuracies in the present list.

UPDATED ADDITIONAL ROLES REIMBURSEMENT SCHEME GUIDANCE

We have been encouraging practices to transfer Clinical Pharmacists from previous schemes to the new PCN ARRS scheme, as this will be to the benefit both of those practices and their PCN in the long term. As there are still some practices yet to take the necessary action, we have requested that the deadline to make this change be changed and we are pleased therefore to have agreed with NHS England that this will be extended to 31 March 2020. In order to reduce future risk (of including these Clinical Pharmacists in the baseline) for all members of PCNs, we advise that practices seriously consider transferring any CPs on the previous national schemes.

This extension to the deadline, and the information about funding for covering management fees for subcontracts for Social Prescriber Link Workers have been included in the latest update to the [ARRS guidance](#) and can be found at para 2.3.6 page 9 and 2.3.1 page 5 respectively.

NHS 111 DATA SHARING AGREEMENTS

We have had queries from practices regarding NHS 111 asking practices to sign Data Sharing Agreements in order to gain full access to patient health records via GP connect. As you are aware under the 2019/20 GP contract, practices are obliged to make available one [appointment per 3,000 patients per day for NHS 111](#) to book directly into practice appointments. This is provided that the functionality and governance exist.

We have been informed that some practices have been sent DSAs by NHS 111 providers to enable direct booking. Our understanding is that a DSA is not necessary for the purposes of assigning an appointment only as it does not require access to the patient's medical record and NHS 111 appointment booking contract agreement is not an agreement for NHS 111 to access medical records.

Furthermore, DSA is not required when one independent data controller (i.e. NHS 111) is sharing personal data with another independent data controller (i.e. the GP practice). This also reflects usual practice in the health service when data are continuously shared between primary and secondary care for direct care purposes, such as referrals, without the requirement for a DSA. We have raised our concerns on a national level and once we have further clarity will share this with practices.

WORKFORCE DATA (ENGLAND)

NHS Digital published the [workforce data](#) for this quarter, which showed a significant shortfall in GPs as well as doctor vacancies remaining high. According to the statistics, there were 9,319 medical vacancies in England in

the second quarter of 2019/20, while there were more than 1,000 fewer full-time equivalent, fully-trained GPs in England than there were in September 2015 when the Government pledged to recruit 5,000 more.

REGISTRATION OF INDIVIDUALS LEAVING THE SECURE RESIDENTIAL ESTATE (ENGLAND)

In June 2019, NHS England and NHS Improvement issued information reminding CCGs and GPs of a contractual change in the [NHS England Standard General Medical Services \(GMS\) Contract 2017/18](#) (see page 64), which means that people can now register with a GP practice prior to their release from the secure residential estate (such as prisons, young offender institutions, immigration removal centres and secure training centres).

The aim of this is to help these individuals maintain continuity of care, avoid unplanned emergency admissions to hospital, and support their rehabilitation. Such individuals can also be initially reluctant to register with their GP practice post-release. Practices should be updating their procedures, as set out [here](#).

NHS England has been advised by healthcare providers working within the secure residential estate, that not all GP practices are aware of this, which has resulted in a number of issues with registering individuals with a community GP practice prior to their release. To help prevent this from happening, and support the registration of these patients, practices are encouraged to familiarise themselves with this process. If you have any queries, please email england.healthandjustice@nhs.net.

PCN ORGANISATIONAL DATA SERVICE (ODS) CODES PUBLISHED (ENGLAND)

NHS Digital has published [organisational data service codes](#) for Primary Care Networks, which will provide the PCN name, ODS code, affiliated practices, and 'lead' CCG for each PCN. You can access the ODS codes for PCNs [here](#).

REQUESTS FOR MEDICAL CERTIFICATES FOR SCHOOL ABSENCE

You will be aware that it is not the responsibility of NHS general practice to provide medical certification for school absence. We would therefore advise you to refuse such requests. You can make it clear that if the school's principal does feel that they require a medical report on a child's condition they should be advised to request this formally in writing, enclosing signed parental consent for the release of confidential information. You can charge the school a professional fee for this service, in accordance with the contractual regulations.

GP TRAINEES' VIEWS ON THE FUTURE OF GENERAL PRACTICE – KING'S FUND REPORT

The King's Fund produced a [report](#) this month based on a survey that received responses from 840 GP trainees in England. This repeated a survey they ran in 2016 and 2018. Key findings included:

- Only 27 per cent of trainees intend to work full time in general practice one year after qualifying and only 5 per cent after 10 years (down from 31 per cent and 10 per cent in 2016)
- The intensity of the working day remains the commonest reason for choosing part-time or portfolio work (69 per cent), although family commitments (66 per cent) and interest in other work like emergency medicine or palliative care (50 per cent) were also important factors. Other NHS clinical work or medical education continue as the commonest choices to combine with general practice as a portfolio career.
- Only 41 per cent of respondents are considering GP partnership at 10 years, down from 45 per cent in 2016; the most common reasons for this are the financial implications (58 per cent) and the lack of training in business matters (47 per cent).

It was also worth noting that in the 2016 survey, trainees reported they were considering portfolio working at a later stage in their career, but this year they saw an increase in the number of trainees considering it one and five years after qualifying (24 and 51 per cent, up from 18 and 44 per cent in 2016).

ELECTRONIC PRESCRIPTION SERVICE UPDATE (ENGLAND)

Currently, dispensing practices are unable to use the EPS for medicines dispensed by the practice dispensary. Further information for dispensing practices has been produced by the DDA and found [here](#). We continue to urge NHS England to enable the implementation of EPS for dispensing practices.

ANNUAL ROUND UP

General practice has faced yet another challenging year in 2019. It has occurred to me that GPs are now an endangered species. Please see the definition below:

Endangered **species** – Any **species** that is at risk of extinction because of a sudden rapid decrease in its population or a loss of its critical habitat.

We are all acutely aware that our declining workforce and increasing workload are some of the key challenges that we face. In spite of this, our local GPs and practice teams continue to rise to the challenge. An

endangered species must learn to adapt and I have no doubt that this is what I have seen GPs do over the last year. Worcestershire and Herefordshire general practice is innovative. We recognise that where there are challenges there are also opportunities. We will adapt and then we will thrive.

This year, Worcestershire and Herefordshire GPs formed themselves in to Primary Care Networks and demanded that the system recognise their voice by grouping together as providers within the GP Provider Board. As our "habitat" has changed with the formation of our integrated care system, organisations have recognised the need to push aside historical boundaries and to pursue a more collaborative approach. This is welcomed.

There is much work still to be done in making general practice sustainable and robust and the LMC will continue to support and advise practices and individual GPs. The mentoring scheme and GP support team is there for you should you need it and the LMC office door is always open.

Wishing you a restful Christmas, Gill and Richard



“Lose some weight, quit smoking, move around more and eat the carrot.”

LMC WEBSITE

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

NHS:

[Summary Care Record Leaflet](#)

[Summary Care Record Poster](#)

[Summary Care Record – Letter to Practices](#)

GPC:

[GPC News – England LMC Conference Resolutions – Nov 2019](#)

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