

LMC Update Email  
16 August 2019

Dear Colleagues

### **Data sharing guidance**

NHS England and the GPC England have agreed on a non-mandatory, high-level data sharing template for use by PCNs. To make things simpler for practices, the BMA has also produced a version of the agreed template which expands on a number of areas with greater detail, along with guidance on the document. This provides practices with a better idea of how they may wish to populate the template agreement, including proposed best practice when sharing and transferring data between partners within the network. Further information and a link to the BMA resources are available on the [BMA web page Creating and running primary care networks \(PCNs\)](#).

### **Safeguarding reports and CNSGP**

Following further discussions on some of the finer definitions of the scope of CNSGP in England, we have agreed with DHSC and NHS Resolution that the compiling of safeguarding reports for NHS patients will now be included within scope. It was initially thought that as these reports can be chargeable under collaborative fees arrangements they should be deemed to be private work and therefore out of scope. However we made the case that these are statutory reports which should be reimbursed by the system rather than a private service to patients. This perspective has been accepted by DHSC and NHSR and therefore actions originating from the completion of safeguarding reports after 1st April 2019 will be covered by CNSGP.

### **GP appointment waiting time**

Responding to a survey by Pulse, which found that the average wait for a routine GP appointment is now more than two weeks, I commented: "Waiting times are a key indicator of the pressure on services and these latest figures highlight the reality of the capacity issues that many GP practices across the country are facing. GPs' number one priority is treating their patients and they work incredibly hard to do so, often outside of their contracted hours in practices that are understaffed. What is clear however, is that despite the best efforts of practices, patient demand is continuing to grow and with it the rise in the number of those with increasingly complex and chronic conditions where longer and multiple appointments are necessary." Read the full statement [here](#).

Read more in [Pulse](#) and it was reported in the [Guardian](#), [Management in Practice](#), [ITV](#), [Daily Mail](#), [Sky News](#), [Telegraph](#), [Sky News](#), [Independent](#), [5 News](#) (Dr George Rae is interviewed), and [the Express](#). I was also interviewed on BBC Radio Surrey. Today I spoke to TalkRadio about the problems facing patients and GPs with growing waiting times for hospital appointments.

## **Fit notes and GP appointments**

I commented to [Yorkshire Post](#) about the impact of appointments made solely to obtain a fit note. I said that “the patient should be believed by their employer and should be allowed to self certify for a bit longer. That would reduce the number of people simply making an appointment with their GP for a fit note.” The DWP responded commenting that they are working to ensure that fit notes can be issued by a wider range of healthcare professionals to reduce the burden on GPs.

## **Freight service plans for no-deal medicine supplies**

The Department for Health and Social Care have announced that the Government are setting up a £25m ‘express freight service’ to deliver medicine supplies in event of no-deal Brexit – [read here](#). In response [BMA deputy chair Dr David Wrigley, said](#): “It is beyond alarming that the future delivery of medicine and medical supplies in the UK could be dependent on a freight service - for which the supplier hasn’t yet even been appointed. He also commented that “this latest announcement from the Government is a further indication of the chaos that will lay in store for the NHS and patients in the event of a no-deal Brexit and highlights just how costly this will be. In addition David said “a no-deal Brexit could lead to untold disruption for health services and severely impact patients’ health if they either don’t get the medicines they are totally dependent on or those medicines arrive damaged, unfit for purpose or just too late. The inability to supply critical medication will place patients’ lives at risk.”

## **Digital provider secures NHS deal**

The Health Service Journal has reported that Livi, a digital provider which currently provides services in Surrey, is planning to partner with GP federations in Birmingham, Shropshire, Northamptonshire and parts of the south east to provide services to 1.85 million patients via video consultations. In response to this I said that their plans to work in partnership with practices are far more sensible than working in competition with them. “Providing practices the additional capacity and ability to be able to do online activity which they wouldn’t otherwise be able to do can be helpful. It needs to be properly resourced and it is part of the wider need for IT investment in general practice. Practices should be able to offer patients a range of access opportunities which they may not be able to at the moment because they simply do not have the technology.” Read the full article in the [HSJ](#). It was also reported in [Digital Health](#).

## **HRT shortages**

Following reports of shortages of HRT medicines, which the Daily Mail and BBC reported on, I said that an increase in calls from women was to be expected as a result. “We often have to speak to the pharmacies to find out what they have actually got so we can find something as close as possible to the prescription the woman needs. It takes a lot of time for GPs and it’s very

frustrating for patients who find themselves taking a prescription around different pharmacies.”  
Read the full article in the [Daily Mail](#). This was also reported in the [Sun](#) and [Daily Mail](#). I also discussed this on BBC Five Live.

### **Personalised health checks**

[A new evidence-based review](#) of the NHS Health Check has been announced today by the Secretary of State for Health in England. This review will explore the options for more targeted health checks. We will keep you updated should this have implications for the current NHS health check programme.

### **Declining patient registration**

Members are reminded that GP practices may only decline to register a patient if they have reasonable grounds to do so and the circumstances where this will be the case are very limited. There is full guidance available on the BMA website [here](#)

### **QOF Quality Improvement domain – webinars for practice staff**

In April 2019, a new quality improvement domain was added to QOF as part of the contract negotiations in England. The two topic areas for 2019/20 are prescribing safety and end of life care. NHS England and the Royal College of GPs are holding two webinars to help practices understand what they need to do to meet the requirements of this new domain and to ask questions about the topic areas and how they approach a quality improvement project. The dates are:

Thursday 22 August 14.30 – 16.00 [register here](#)

Thursday 29 August 10.30 – 12.00 [register here](#)

Read the latest GPC newsletter [here](#).

Read the latest Sessional GPs newsletter [here](#)

Have a good weekend

Richard