

LMC Update Email

17 May 2019

Dear Colleagues

### **Support for establishing Primary Care Networks**

Whilst the deadline to submit the PCN registration paperwork was 15 May, many LMCs and CCGs are working together to enable flexibility for practices. We continue to publish support and guidance about establishing PCNs, the latest of which were the decision making templates for Schedule 1 of the agreement. This, and other resources are available on the [PCN webpage](#).

Read about the **next steps in establishing PCNs**, in the blog by Krishna Kasaraneni, GPC England Executive team member [here](#). We have also published specific guidance about how Sessional GPs and networks should interact with each other, which is available [here](#) and [a blog](#) by Vicky Weeks, former chair of the Sessional GPs subcommittee on how PCNs can provide opportunities for sessional GPs. As evidence of how sessional GPs can take an active role in PCNs, the current chair of the Sessional GPs committee, Zoe Norris, who is stepping down as chair at the end of the session, is taking up a role as a clinical director for Bridlington PCN. This was also reported in [GP online](#).

There is a [PCN masterclass: leadership through change for aspiring clinical directors](#), to be held on Tuesday 18<sup>th</sup> June. This is a free event and is available for those who will be the named Clinical Director for each PCN. Further details available [here](#).

### **GP pressures**

Following on from the [BMA's recent analysis of the pressures on the NHS](#) in England over the winter, which showed that once again it was stretched to breaking point, we are now able to present more detailed figures specifically relating to GP pressures. This was extensively covered in the press last week, such as by the [BBC](#) and in the [Panorama programme](#), and which can be read in our [statement](#)

As was shown in the [Nuffield Trust report](#) last week, 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. More must be done along the lines that we outlined in the [Quality First web resource](#) to ensure all work is properly funded and to reduce unnecessary bureaucratic workload pressures. We will be providing these reports on a monthly basis from now on. Read our winter pressures report [here](#).

In relation to this, the Newcastle Journal (print only) reported that GPs in the North East had to carry out an extra 174,000 appointments in the first three months of the year – as pressure on the NHS rises. In response, I said: “These figures underline how hard GPs up and down the country are working. Over the same period we are losing hundreds of highly valuable GPs, so those left behind are facing even higher workloads.” George Rae, BMA council member, said the region’s GPs were working hard for their patients. “Patients are getting more appointments at a time there is huge problems with recruiting GPs. Despite the fact there is a dearth of GPs in the North East they are trying to be innovative in the way they give additional appointments.” We were also quoted in the [Yorkshire Post](#), [Northern Echo](#), and the [Chronicle](#).

Meanwhile, a report by the Department of Health in Northern Ireland has shown that their health budget does not provide sufficient funding to cope with the pressures in GP workload. In response to this, Alan Stout, Chair of Northern Ireland GPC said: “We very much welcome this document and it sets out very clearly the progress that has been made to date in transforming health in Northern Ireland. It is still early in the process, but we are starting to see some changes and some benefits on the ground, particularly in the initial MDT areas in general practice, which is encouraging to both doctors and patients.” Read his full quote in [Pulse](#). There was also a letter from Chaand Nagpaul, BMA Chair of Council, in the [Bolton news](#) about the reality of the NHS crisis.

### **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.” This was also reported by [Chemist and Druggist](#).

### **Prescription Fraud**

An [investigation into penalty charge notices in healthcare by the National Audit Office](#) estimates that the NHS lost around £212 million in 2017-18 from people incorrectly claiming exemption from prescription and dental charges. It also reported that over a million patients may have been fined in error, due to mistakes made over the complicated rules. In response to this I said: “Far too many members of the public are on the receiving end of distressing, threatening letters or fines which could impact their mental wellbeing”. This was reported in the [Independent](#) and [the Week](#).

### **Toolkit for Tackling Chronic Opioid Use in Non-Cancer Pain**

The University of East Anglia launched [a Toolkit for Tackling Chronic Opioid Use in Non-Cancer Pain](#) this week, which outlines seven areas of best practice to tackle chronic opioid use and recommend that GPs must be better-equipped to support patients to manage the psychological challenge of reducing their opioid use. This was reported in GP online, where Andrew Green, GPC prescribing policy lead, commented: “The BMA agrees that the use of opioid other drugs associated with dependence is a major public health problem and a "whole system" approach is needed to tackle this, which must include preventing patients starting these medications as much as helping them get off them.” Read the UEA press release [here](#) and the story in [GPonline](#).

### **Pension annualisation**

Regulations that came into effect on 1 April 2019 to the 2015 NHS Pension Scheme removed the three-month concession around gaps in pensionable earnings for locum GPs. The one month concession which was previously available to Type 1 and Type 2 GPs was removed when the NHSBSA agreed to change the method of calculating 'annualised income' for pensionable earnings from 'annualise then add' basis to a 'add then annualise basis. The regulations affect those members of the pension scheme who may have taken breaks within the pension year and may have to tier their pension contributions at a higher rate based on their annualised earnings, rather than their actual earnings. GP locums are particularly disadvantaged by the regulations, but it can affect all types of GP depending on your mix of work, and on top of the other pension changes, is a very significant blow to retention.

The sessional subcommittee is seeking further clarification from NHS Pensions on how the new regulations are being interpreted and applied, so that new guidance can be released shortly to support GP members. If you are unsure on how the new regulations affect you, get in touch with us via [sessionalGPs@bma.org.uk](mailto:sessionalGPs@bma.org.uk)

### **GPC England meeting**

GPC England held its meeting yesterday, 16 May. Dr Masood Nazir, NHS England GP IT lead on digital developments, and Birmingham GP, presented an outline of the significant developments planned for the coming months and now overseen by the newly formed NHSX. The committee also received the [BMA's new report on NHS IT – 'Caring, supportive, collaborative: Technology, infrastructure and data supporting NHS staff'](#) that has a significant focus on IT systems in general practice.

The committee received an update from Krishna Kasaraneni, GPC Executive team member, on the significant developments on Primary Care Networks (PCNs). Several members of the committee commended the hard work of BMA staff who have delivered excellent products, services, guidance and advice to help practices begin work in this area.

The committee thanked the members of GPC England who were leaving at the end of the session for their valued contributions over many years, and paid tribute to the policy leads who were leaving their roles at the end of the session. The contribution made by them has made a real difference for all the GPs we represent.

### **Seniority figures 2015/16 (England and Wales)**

The Final Seniority Figures for GMS GPs in England and Wales, 2015/16 have now been published and can be viewed [here](#).

### **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.

**Mental Health awareness week**

It is Mental Health awareness week this week. The BMA's recent mental health survey showed that half of GPs said they or their practice had sought support for a condition affecting them, so there is clearly a need for support. You can read more about the survey [here](#)

The BMA provides free and confidential wellbeing support services to all doctors and medical students, accessible 24/7. Call 0330 123 1245 and choose to speak to a counsellor or take the details of a doctor who you can contact for peer support. [Find out more](#)

**RCGP Parkrun**

The [Royal College of GPs](#) are organising special park run event on 1 June to celebrate the first birthday of their GP parkrun initiative, to promote the health and wellbeing of patients and staff, and create wellness communities. For more details about your nearest parkrun see [here](#).

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

Read last week's Sessional GPs newsletter [here](#).

Have a good weekend

Richard