

LMC Update Email

19 July 2019

Dear Colleagues

GPC England meeting

GPC England held its meeting on Thursday 18 July. Dr Fay Wilson was re-elected as the Speaker for this session. The following issues were discussed at the meeting:

- Update on the contract
- PCN support
- Digital First consultation
- Premises review
- GP Fellowships
- Pensions
- PCSE

The next meeting of GPC England will take place on Thursday 21 November 2019 and the next GPC UK will take place on Thursday 19 September 2019.

GPC England Executive and GPC policy leads confidential update

Please see the attached ([appendix 1](#)) which is an update that summarises developments since the last meeting of GPC. These updates are produced on behalf of the GPC England Executive and the GPC Policy Leads.

LMC observers at GPC meetings - UK

LMC observers are welcome to attend GPC meetings. If your LMC would be interested in sending an observer, please contact Kathryn Reece (kreece@bma.org.uk). A maximum of three LMC observers may attend any one meeting. The date for the 2019/20 session for GPCE and GPC UK meetings are:

GPC UK	Thursday 19 September	BMA House, Tavistock Square, London WC1H 9JP
GPC England	Thursday 21 November	BMA House, Tavistock Square, London WC1H 9JP
GPC England	Thursday 16 January 2020	BMA House, Tavistock Square, London WC1H 9JP
GPC UK	Thursday 19 March 2020	Cardiff, Wales – To be Confirmed
GPC England	Thursday 16 July 2020	BMA House, Tavistock Square, London WC1H 9JP

Please note that all travel and other expenses for LMC observers should be met by the relevant LMC.

Dates for your diary

A reminder of the forthcoming dates for LMC conferences as per our email of 20 June:

LMC Wales Conference – Saturday 9 November at [St Georges hotel Llandudno](#)

LMC Northern Ireland Conference – Friday 16 November, venue TBC

LMC Scotland Conference – Saturday 29 November at [Golden Jubilee conference hotel](#)

LMC England conference – Friday 22 November at Friends House, London

LMC Secretaries conference – Thursday 5 March 2020 at BMA House, and

LMC UK conference – the afternoon of Wednesday 6 and a full day on Thursday 7 May 2020 in York.

LMCs – change of details - UK

If there are any changes to LMC personnel, addresses and other contact details, please can you email Karen Day with the changes at kday@bma.org.uk.

GPC UK next meets on 19 September 2019. LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items for the GPC UK meeting is 10 September 2019. It would be helpful if items could be emailed to Kathryn Reece at kreece@bma.org.uk. You may also like to use the GPC's listservers to exchange views and ideas.

GPC Wales

Dr Phil White was elected unopposed as chair of GPC Wales at their meeting yesterday. Phil is a GP Partner based in Felinheli Surgery in north Wales and has been a member of GPC Wales for 12 years. You can read the full press release regarding his appointment [here](#).

Alongside Phil, Gareth Oelmann and Peter Horvath Howard have been appointed as co-deputy chairs of GPC Wales. Gareth and Peter have also been elected as negotiators, along with David Bailey, chair of Welsh Council and a GP Partner in Caerphilly and Ian Harris, member of GPC Wales and a GP Partner in Bridgend.

Congratulations to Phil, Gareth and Peter.

Scottish GPC

I was also pleased to hear that Patricia Moultrie and Andrew Cowie were elected unopposed as joint deputy chairs for the next session: 2019-2020.

Capita/PCSE

Yet another failure by Capita/PCSE was made known to us yesterday. In response we have demanded once again that Capita be stripped of its contract to provide GP support services after the company admitted further administration errors.

In this latest event, correspondence sent to three email inboxes were left unprocessed for around two years. While Capita has not confirmed the total number of emails that went unprocessed, the BMA understands it is in the thousands. At least 16 women failed to receive invitations to attend cervical screening appointments and requests from another 99 women to be removed from the screening programme were also not followed through.

You can read my public statement below and online [here](#).

"Less than a year after tens of thousands of women missed vital correspondence about cervical screening, this is a further example of patient safety being put at risk because of Capita's incompetence. While the numbers here are much smaller, this is testament to the hard work and diligence of GPs and their teams, picking up the pieces where Capita has failed. However, if just one patient comes to harm as a result of this blunder – that is one too many. We understand that all women affected have been informed, but to hear that they may be up to two years overdue for an appointment will no doubt cause a great deal of distress and anxiety."

"Four months ago, following repeated pressure by GPC England, NHS England finally stripped Capita of the cervical screening contract, however it is still responsible for a number of backroom GP functions, delivering Primary Care Support England (PCSE) services. This most recent revelation provides further evidence that it is unfit to hold this PCSE contract and, as we have stressed consistently, NHS England must take it back in-house immediately. Indeed, alongside cervical screening information, we are also aware that there was other correspondence left unprocessed by Capita, including some regarding GP pensions, and we will be demanding more information and urgent action from NHS England on these."

Footnote in the DES Specification – population figure

NHS England have confirmed that, following a number of queries, the correct population figure to use for calculating payments to PCNs is that taken from NHAIS (Exeter) and not the figure published by NHS Digital (as proposed in the relevant footnotes of the Network Contract DES Specification). The Primary Medical Services (Directed Enhanced Services) Directions 2019 confirm that “CRP” means the Contractor Registered Population as defined in Annex A of the Statement of Financial Entitlements (SFE), with the SFE confirming that this is the number of patients as recorded in Exeter. This is the figure that should be used to determine the PCN’s collective registered population. The Network Contract DES Specification will be corrected in 2020/21. NHS England apologise for any inconvenience this error has caused.

Shared parental leave survey

Junior doctors and non-doctor NHS staff in England have recently secured enhancements to pay for shared parental leave (SPL), as well as provisions for paid child bereavement leave (CBL). Above statutory rights, these enhanced pay and leave provisions are not currently available for consultants, SAS doctors and GPs. In order to secure these enhanced provisions, the BMA will need to negotiate additional funding into the GP contract for services (which would then allow for amended terms for employed GPs and to partnership agreements) to ensure all doctors have equal and fair access to the leave and the associated pay.

Please give us your thoughts on this so we can share it as evidence in our ongoing negotiations with NHS Employers to extend enhancements to SPL and CBL to as many doctors as possible in England. Please complete the survey [here](#).

NHSE webinars for practice staff to input to V&I review

You may be aware that as part of the new [5-year GP contract](#) GPC England and NHS England have agreed to hold a review of Vaccination and Immunisation procurement, arrangements and outcomes with the aim to reduce complexity and increase impact, without cutting practice income. As part of this NHS England is running two webinars in August to seek the views of practice staff, including practice managers and nurses. The dates are:

- **Monday 5 August, 14.00 – 15.30** [Register here](#)
- **Wednesday 7 August, 11.00 – 12.30** [Register here](#)

If you would like to register for either of these webinars, you can do so by clicking on the links above. NHS England will then send you details of how to join the webinar.

BMA urges Conservative leadership hopefuls to address pension taxation

The BMA has written to Jeremy Hunt and Boris Johnson urging them to make reform of the current pension taxation rules a priority to avoid patient care deteriorating further. The BMA points out that doctors having to reduce their hours or retire from the NHS early will only exacerbate poor levels of patient care and reduced staffing levels.

In the letters to the two Conservative leadership candidates, the chair of the BMA, Dr Chaand Nagpaul, warns that the BMA is “deeply concerned about significant reductions in capacity within the NHS” citing the “worrying evidence” that pension taxation is having on the NHS.

The full text of the letters below:

[BMA letter to Rt Hon Jeremy Hunt MP.pdf](#)
[BMA letter to Rt Hon Boris Johnson MP .pdf](#)

Letter to NHS England regarding CCG mergers

Following discussion at GPC England we are writing to NHS England to strongly express concern that current guidance is enabling CCG mergers to go ahead without sufficiently clear approval from their member practices, and to urge them to review how these decisions are made.

A number of LMCs and GPs are concerned by how the proposals in the Long-Term Plan to merge CCGs are being taken forward in their area with a lack of proper engagement with practices as members of the CCG and a significant loss of local accountability and GP influence. In the case of some CCG mergers there is an inherent risk that local GP participation in commissioning decisions will be significantly reduced. This risks the possibility of diminishing the accountability of CCGs to their local GPs and may undermine the quality of commissioning for specific localities and populations. It could also affect the quality of support practices receive from their CCG, if local knowledge and relationships are lost and CCG infrastructure is moved to a more remote location.

It is vital that NHS England review and amend the relevant guidance to make clear that CCG mergers should only go ahead where clear approval is given by member practices.

Digital First Consultation – reminder

This important [consultation](#) outlines NHS England and NHS Improvement's proposals to reform patient registration, funding and contracting rules. It is proposed that the current Patient Choice Scheme is amended so that money follows the patient; existing GP surgeries can expand and improve their own digital services; and digital-first providers can register new patients in areas where people can't currently access digital GP services.

The consultation makes a number of proposals including:

- Changes to the out of area registration rules to allow a maximum number of such patients before disaggregation of the main contract
- Changes to the allocations system to enable quarterly recalculation of CCG funding to reflect patient movements
- Changes to the new patient registration premium
- Changes that could allow other digital providers to set up and start registering patients in any part of England
- Changes to allow new digital first practices into the most under-doctored geographies only – for example, CCGs in the bottom 10 or 20%
- Changes to remove the need for most local APMS procurements by looking to PCNs as the default mechanism for maintaining primary care provision.

GPC England will be responding, and we encourage LMCs to also do so. The consultation closes on 31 August 2019.

NHS Campaigns

As part of the contract agreement in England, practices will be required to put up and display in their premises, six campaign display materials within 12 months. The six campaigns we have agreed with NHS England are:

- NHS 111 – a winter pressures campaign aimed at reducing pressure on urgent care and GP services by directing patients to the most appropriate local service.
- GP Access – to increase patient's awareness of evening and weekend GP appointments to enable better use of these.

- Pharmacy advice – aimed at reducing unnecessary appointments with GPs, that can be effectively managed with advice from a community pharmacist.
- NHS App – aimed at increasing the usage of the app.
- Keep antibiotics working – to reduce patient's expectation that they will be prescribed antibiotics and therefore reducing demand for them.
- Vaccinations – to decrease the number of parents not getting their children vaccinated.

Practices will be sent a range of materials which they can choose to use. Suggested materials included posters text for websites and social media, slides for waiting room screens, leaflets and email banners. NHS England will produce the campaign materials and will share with each practice for them to display. GPC has asked that a range of resources are provided to practices initially so that in future they can choose to tailor the materials they are sent to suit their practice.

Flu vaccines

NHS England has sent out a letter to practices via its regional teams regarding supply of flu vaccinations for 2019/20 stating that, due to a delay in the WHO publishing it's recommendations to manufacturers as to which strains should be included within flu vaccines for the upcoming year, there may be changes to delivery schedules for QIV vaccines. Whilst manufacturers should inform practices if there's any changes to their delivery schedules, practices may wish to contact their supplier to confirm agreed delivery dates.

Making general practice a great place to work – a practical toolkit to improve the retention of GPs
 Working with the BMA and the RCGP, NHS England and NHS Improvement have produced [a new toolkit](#) to improve GP retention. The toolkit is aimed at system leaders and clinical leads working across primary care, helping them to develop robust local retention action plans that provide GPs with the support they need to develop fulfilling careers in general practice. It also aims to tackle issues at practice, network and system level that may be having an impact on local GP retention. [NHS Operational Planning Guidance 2019/20](#) requires that recommendations from this toolkit are incorporated into local planning.

GMC and regulation of physician associates

The Department of Health and Social Care has [announced](#) that the General Medical Council will regulate physician associates and anaesthesia associates. In response BMA council chair, Dr Chaand Nagpaul, said:

"The BMA has long called for statutory regulation in protecting patients and we support the decision to regulate physician associates (PAs) and anaesthesia associates (AAs). However, we are fundamentally opposed to the position that the GMC (General Medical Council) is the right organisation to be their regulator and as such, the process must now be carefully managed to minimise any adverse impact on doctors and, of course, patients."

"Given the significant scope of work the GMC currently undertakes in overseeing doctors' medical education and training, setting professional standards, and acting on concerns, it is vital it should not be diverted from its efforts in this regard. We remain steadfast in our belief that public interest is best served by the continued regulation of doctors through a separate medical regulator."

"In view of today's announcement however, easily accessible guidance for patients, so that they can understand the different staff roles within the NHS, must now urgently be prepared to ensure they are aware which health care professional is providing their care. The BMA will continue in its efforts with other organisations to produce joint guidance for doctors on how best to work with the other members of the multi-disciplinary medical and clinical team."

"We will now work hard to ensure that the regulation of PAs and AAs is introduced in a way that will not be detrimental to doctors, especially doctors in training. The Government and the GMC must work with doctors to properly assess the educational impact on trainees and supervisors in all care settings where PAs and AAs work. The BMA will continue to work with all stakeholders, including those representing Medical Association Professionals to fully ensure safe patient care and provide the future workforce the NHS needs."

Report shows that some CCGs have almost twice as many patients per GPs than others

[GP online](#) have analysed figures that show how some CCGs have almost twice as many patients per GP than others. The findings show that GPs in Bradford City CCG manage more patients each than their counterparts anywhere else in England, whilst NHS Rushcliffe in Nottingham, have 1,577 patients per fully-qualified FTE GP - a figure lower than any other CCG in England.

The large variation in patients per GPs between CCGs is a real concern to us all, and even more concern if you are a patient in those areas where practices are struggling to recruit not just GPs but also other staff like nurses and practice managers - patients are losing out due to this long-standing recruitment and retention crisis we are going through.

Upcoming GPC UK by-election

There will be a GPC UK by-election for a representative from the Wiltshire Dorset region for the remainder of the current term (to 2020), to replace Helena McKeown who has been elected as BMA representative body chair. Nominations will open in the coming weeks.

GP trainee elections

The nomination period for GP trainees from five regions has been extended until 12pm Monday 5 August. Voting will take place from 12 to 26 August.

Regional Council elections

Nominations for the regional council elections will open on 22 July. You can read more about why you should take part, the role of a regional council member and the change you can create in a blog by Dr George Rae. Find out more [here](#).

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

Have a good weekend

Richard