

LMC Update Email

22 March 2019

Dear colleagues

The LMC UK Conference was held in Belfast this week. I would like to say thank you to the conference chair Mark Corcoran, the agenda committee and all those involved in putting the conference together as well as all those who took part in the debates. As a result of their hard work it was a very successful event.

In my opening speech I highlighted that GPC UK had not flinched from the big challenges and that we had set about convincing governments across the UK of the urgent need to invest in general practice and community based services. The changes that we have delivered are building on the solid foundation of the GMS contract, the partnership model and our independent contractor status. As part of these changes in England and Wales we have been able to deliver the removal of the risk of indemnity payments. I also reflected on my experiences of travelling the country following the contract agreement in England and receiving feedback from numerous GPs that they felt we were finally turning a corner and that there is hope that we can rebuild general practice. I was also clear that there was much that still needed to be done. You can read my full speech [here](#).

The Conference debated a wide range of issues impacting the day to day lives of GPs across the UK. These included discussions relating the importance of the partnership model for general practice, Brexit, medicine supply, continuity of care, integrated care and working at scale, online GP services, GDPR, pensions, and the crucially important role of LMCs. One moving debate focused on the appalling statistics and circumstances of doctor suicides. It called for the need to raise the issue of GP suicide with all major stakeholders to seek better understanding of any preventable triggers and adverse drivers that lie within their influence, in order to seek their removal where possible. After the resolution was passed there was a minute silence to remember all doctors who had taken their own lives. This was also reported in the [BMJ](#).

You can access the webcasts, [blog](#) by Mark Sanford-Wood, GPC England deputy chair, and other highlights from the conference, including speeches, [here](#).

A number of publications including [Pulse](#) and [GP online](#) reported on my opening speech. The [Yorkshire Evening Post](#) focused on my concerns about the integrated care provider contract, "In England we have other potential challenges and can still see the spectre of the Integrated Care Provider (ICP) contract, a contract that rather than empowering practices may disempower them, and that rather than providing stability risks instability with the threat of wholesale private takeover. Let's be clear, no practice should feel pressured or bullied into joining an ICP." [BBC Northern Ireland](#) and [BBC Newsline](#) [no longer available to view] reported from the Brexit debate. Frances O'Hagan, Deputy chair of NIGPC, said that protecting the free movement of healthcare professionals across the border, mutual recognition of professional qualifications and cross-border provision of health services was key for Northern Ireland in any exit from the EU. The Brexit motion was reported on by [Irish News](#). The speech by Alan Stout, NIGPC Chair, was covered by [Pulse](#).

Finally, it was a seriously concerning to learn that some members of conference had received inappropriate and hurtful comments from other members. We issued a press statement in response stating: *Any comments BMA, GPC or LMC members make which fall below the standards we expect and fail to uphold our values, are treated very seriously. Whether it is a doctor, or a*

member of staff, everyone deserves to be treated with respect and be spoken to in an appropriate manner. We have today reminded all GPCUK members of the need to uphold BMA values and reflect on how they speak to colleagues and the language they use. We encourage anyone in the BMA who feels they have been treated or spoken to inappropriately to come forward and receive support from us.

Primary Care Networks

Last week we released the [PCN handbook](#). As part of our work to support GPs in England taking leading roles in network development we have created a forum for network leads and those establishing networks to share thoughts, knowledge, intel etc. If you would like to join the forum, click [here](#).

Contract Roadshows

The GPC England executive team continue to hold roadshows to explain [the contract changes for practices in England](#). See more details about the remaining venues [here](#). Next week we will visit Liverpool, Sussex, Cumbria, Leicester, St Helens and Cleveland.

Confirmation of trainee indemnity arrangements

The 2019/20 [contract agreement](#) secured delivery of the much-awaited state-backed clinical negligence indemnity scheme for GPs in England. [Under the scheme](#), which starts on 1st April, all GP trainees placed in GP settings for training purposes will automatically be covered for clinical negligence liabilities – no payments are required to benefit from the indemnity provided. Following further discussions between HEE and the BMA’s GPC and GP trainee representatives, we can confirm that comprehensive personal indemnity cover for all GP trainees will be funded by HEE until qualification. This vital professional protection includes, for example, support with GMC investigations and hearings, assistance with criminal proceedings, protection for Good Samaritan acts, and free medicolegal advice. Where a trainee’s personal protection is currently provided by a medical defence organisation through a bulk-indemnity agreement, this will continue. Those trainees who purchase their own professional cover should continue to seek full reimbursement until such times as a future bulk-indemnity agreement is arranged by HEE.

Clinical Negligence Scheme for General Practice

NHS Resolution has published its supporting CNSGP documentation – all are available via the existing [CNSGP webpage](#). From 1st April 2019, NHS Resolution will be operating the new state-backed indemnity scheme for general practice in England called the Clinical Negligence Scheme for General Practice (CNSGP). The announcement on general practice indemnity is included in [Investment and evolution: A five-year framework for GP contract reform](#), agreed by NHS England and GPC England.

Locum-practice model agreement

[Pulse](#) reported on the new BMA model locum-practice agreement and [model terms and conditions](#), alongside a work schedule. We hope LMCs will be promoting this in their areas. Zoe Norris, GP sessional subcommittee chair said “Every day, locum GPs are working hard to support a thinly-stretched NHS and general practice workforce, with practices relying on these talented doctors to provide high quality care to patients within their communities. These model terms and conditions therefore aim to avoid disputes, or where they do occur, make them easier to resolve – protecting both the individual doctor and the practice. We would urge all locum GPs to use this important agreement as the basis for a contract between themselves and the practice in which they are working.”

Death in service benefits for locum GPs

The [BMJ](#) reported on unanimous calls at the LMC UK conference for sessional GPs to have the same death in service benefits as the rest of the GP workforce. The GPC was urged to seek changes to the NHS pension scheme to make it fairer for all GPs. David Bailey, GP and BMA Cymru Wales council chair, said that the BMA had already made an appeal about the issue to the Pensions Ombudsman: "It's an absolute scandal. It's totally immoral that locum doctors can, depending entirely on the time of their death, either leave their families destitute or get their pensions passed to their families."

Capita and cervical screening services

NHS England has announced that they are removing Capita of its contract to provide cervical screening administration services, which we have been calling for following a number of concerns Capita's shambolic running of GP support services. Krishna Kasaraneni, GPC England Executive Team commented that "It is only right that NHS England has followed through and removed this service from Capita, and now any transition process must be robust and not be done as a cost-cutting exercise at the expense of patient safety." Read his full statement [here](#) and the news story [here](#). It was also reported in the [Guardian](#), [Pulse](#), [Onmedica](#), [Healthcare Leader](#), [Health Business](#), [National Health Executive](#), [Management in Practice](#) and [Practice Business](#).

NHS winter operational statistics

There was further coverage in regional press on the latest NHS England operational winter statistics, to which I commented "This data, while only providing a limited snapshot of the total work that GPs do, provides clear evidence of the rising workload pressure practices are under. We are providing a million more appointments each month, yet with hundreds fewer GPs." Read more in [Huddersfield Daily Examiner](#) and [Western Morning News](#).

The [Manchester Evening News](#) also quoted Dr Rob Barnett, GPC member: "We are experiencing a shortage of GPs in the system which is certainly putting pressure on GP surgeries. This varies area to area, some areas in the north west are worse off than others, and some of it is down to funding made available to practices. Also, we have seen a number of GP practices close in recent years, again often due to funding as well as a difficulty in getting or keeping doctors and that again puts pressure on other practices in the area."

Annual national flu immunisation programme 2019/20 (England)

The Department of Health and Social Care, NHS England and Public Health England have today published a [letter about the national flu immunisation programme for 2019/20 season](#), which provides information on the adults and children eligible to be vaccinated under the programme.

Opioid prescribing

The [Sunday Times](#) reported on new NICE guidance for GPs on the safe prescribing of opioids. Andrew Green, GPC clinical and prescribing lead, said he welcomed "greater clarification for doctors" but that opioids should not be banned. The number of opioids prescribed by GPs has risen by 10m in a decade with over 41.4m prescribed in 2017.

New workforce report

The Nuffield Trust, King's Fund and Health Foundation have published [Closing the gap: Key areas for action on the health and care workforce](#), which calls for urgent measures to prevent the health and care workforce crisis from worsening. They estimate that another £900 million is needed for training and developing health care workers, in particular for nursing and general practice, in England by 2023/24. I was interviewed on [BBC Radio](#) on Thursday [2hrs20m] when I said that this has been a problem that has been building over many years with a decade of austerity among the chief causes.

Campaign to bring more family doctors back to general practice

A new campaign aimed at getting hundreds of family doctors to return to general practice has been launched this week. NHS England and Health Education England have produced a new brochure for GPs considering a return. The Induction and Refresher (I&R) Scheme will also be promoted through a digital, social media and print advertising campaign. Read more [here](#)

In response to an article on the [North Hampshire CCG](#) website, I said: “While GPs, for various reasons, may wish to take time away from the country or from practice altogether, it is vital that we do not lose this valuable section of our workforce for good, especially if they do wish to return. Therefore, we are pleased that this scheme – backed by the BMA – has proven so successful so far, and we welcome the renewed offer of support for these experienced doctors wanting to bring their skills and expertise back to British general practice.”

GP access standards (Wales)

Responding to the new GP access standards announced by the Welsh Health Minister, Charlotte Jones, chair of GPC Wales, said: “We accept, welcome and strive for better access for patients recognising the challenges patients face, but the way to address this is to support GP practices to release capacity for patients who need their care. This can be achieved through improving recruitment of GPs, practice nurses and ensuring the wider multi-disciplinary primary and community care workforce are in place. Imposing standards on an already overstretched workforce is not the best way to achieve the shared aim of improving access.” This was reported in [WalesOnline](#), [Practice Index](#), [GPOnline](#) and [Pulse](#).

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

Have a good weekend

Richard