

Dear colleagues

NHS England Interim People Plan and pension reforms

The NHS England Interim People Plan was [published](#) this week following an extended delay. While the plan is very light on specific general practice-based proposals, simply highlighting measures already in place, it does acknowledge not only the need to address GP recruitment and retention, but also focuses on the similar challenges relating to general practice nursing. It also includes a plan for bringing forward a consultation on a new pension flexibility for senior clinicians. The proposal would give senior clinicians the option to halve the rate at which their NHS pension grows in exchange for halving their contributions to the scheme (the 50:50 option).

Our position on the 50:50 option remains that whilst the chancellor talks about pension flexibility, a fixed “50:50” offering does not provide the necessary flexibility or solution to the growing pension crisis impacting doctors and patients. The 50:50 system used in the local government pensions scheme enables employees to reduce their pension contributions to 50% while employer contributions are maintained at 100%. Whilst this may be attractive to some staff groups, it would not resolve the problems facing growing numbers of GPs and consultants. The fixed 50% arrangement could result in many years where GPs and consultants would still contribute at rates leading to a punitive and excessive AA taxation charge and other years where inadequate pension contributions were made by the doctor, leading to a reduced pension at retirement. Rather than a fixed 50:50 approach, doctors need true flexibility with a range of options and mitigations for excessive annual allowance charges.

However even full pension flexibility does not address the root cause of the current NHS pension crisis - the tapered annual allowance. This tax arrangement is fundamentally flawed leading to “tax cliffs” which may cause tax rates over 100%. No-one, not least hardworking doctors, should be expected to do additional work and pay for the privilege. The tapered annual allowance must be scrapped in addition to any proposed pension flexibilities. We have written jointly, with the BMA consultants committee and pensions committee, to Matt Hancock to that effect. Read the full statement [here](#). This was reported in [Pulse](#), [Financial Times](#), [GPonline](#), [Pensions Age](#), [FT](#), [BBC](#), [Medscape](#), [MSN](#), [Healthcare Leader](#), [HSJ](#), [Telegraph](#), German newspaper [Arzte Zeitung](#), the [BMJ](#), and [OnMedica](#)

Capita – delay in records transfer

As we reported recently, Capita has mistakenly archived 160,000 patient records, and have started to send communications to practices about this latest failure from Capita. GPC England is in discussions with NHS England regarding this and until an urgent resolution has been reached with them, practices would be advised to, as is contractually and professionally required, undertake the work of processing patient information received to the extent they are able with the resources they have but should also inform their CCG and NHS England locally that they do not have sufficient resources to undertake the work quickly enough to mitigate against the risk of adverse consequences. They should request help from the CCG/NHSE locally whilst we continue our discussions with NHSE nationally to help reduce the risk to patient safety as they have responsibility for the delay in record transfer. Read our statement [here](#).

Primary Care Networks: Conference update

We held our first PCN clinical directors conference this week, which had over 250 attendees. GPC England Executive Team member Krishna Kasaraneni chaired the event and wrote an [article in Pulse](#) about how primary care networks can strengthen GP practices. Mark Sanford-Wood, GPC England deputy chair, wrote an article in [GPonline](#) about how PCNs offer GPs a chance to take the reins of the NHS. We received very positive feedback about the event. The webcast of the plenary talks will be available soon on the PCN webpages www.bma.org.uk/pcns

PCN webinar - A practical guide to the Network Agreement Schedules

The BMA is hosting a PCN webinar (guide to Network Agreement Schedules) next Tuesday 11 June, from 11-12. The aim of the webinar is to analyse some of the core issues in completing the network agreement. For more information and to register, see [here](#) (for BMA members only).

Workforce figures (England)

NHS Digital [published](#) new GP/practice staff figures last week. Since March 2018, FTE (full time equivalent) qualified GP numbers have fallen by 441 from 29138 to 28697. In the same period, overall FTE practice staff numbers have increased by 2324 from 94171 to 96495. You can read Krishna Kasaraneni's (GPC England executive team member and workforce lead) blog on this [here](#).

The [National Health Executive](#) ran an article about the workforce crisis, and in Scotland, the RCGP has called for new targets to increase the workforce as reported in [GPonline](#) and the [BJFM](#).

NHS and Brexit

The BMA Council Chair, Chaand Nagpaul, has [written to the Conservative Party leadership candidates](#) asking them to commit to explicit safeguards for the health service against the dangers posed by Brexit – it was sent the same day that the US President Donald Trump told a press conference that the NHS would be “on the table” in trade talks. In the letter Dr Nagpaul says: “We are asking you to commit to excluding the NHS from any future trade agreements if the UK leaves the EU. Patients and NHS staff – indeed, anyone who cares about our health service – will understandably be alarmed by recent comments from the US Ambassador that the NHS should be ‘on the table’ as part of a future trade deal.” Read the full statement [here](#). It was reported in [Pulse](#), [Independent](#), [Mirror](#), [Metro](#).

NHS complaints data return (KO41b)

The window for practices to complete and submit the 2018/19 (1st April 2018 – 31st March 2019) NHS complaints data return closes on Friday 14th June. The BMA has previously advised that practices are under no legal obligation to complete and submit the current KO41b return – instead the default obligation is for practices to comply with the 2009 complaints regulations – this view remains.

Following confirmation of our position last year, NHS Digital asked the Department of Health and Social Care to publish a new legal Direction that would provide the necessary legal obligation to complete the KO41b return – to date, no such legal Direction has been published. Without the new Direction in place NHS Digital/NHS England cannot require practices to complete the current KO41b return – this technically becomes a voluntary collection.

In the absence of the new Direction, it remains a statutory requirement for practices to provide complaints data in accordance with ‘The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009’. The May 2019 publication ‘Primary Care Written Complaints KO41b (GP & Dental) Guidance Notes – GP collection’ confirms this view as it advises that ‘It is a statutory requirement to declare complaints information as detailed in the 2009

complaints regulations.’ These regulations require practices to operate a complaints procedure and make certain information available. A link to the full regulations is available here – see paragraph 18 ‘Annual reports’.

With the above information in mind, LMCs may wish to consider how best to advise their practices, as one way of meeting the obligations of the 2009 regulations is to continue to provide the information requested via the current KO41b return.

Independent review into gross negligence manslaughter report

The [report from the independent review into gross negligence manslaughter and culpable homicide](#), was published this week. The review was launched in the wake of the case of Dr Hadiza Bawa-Garba, who was convicted of gross negligence manslaughter over the death of Jack Adcock, a six-year-old boy in Leicester. The GMC appealed the decision of its own Medical Practitioners Tribunal Service to have Dr Bawa-Garba struck off, before she was reinstated following an appeal at the Court of Appeal. The review found that following the case, doctors' trust in the GMC has been badly damaged and it outlined a number of recommendations for the regulator to take forward.

In response, BMA council chair, Chaand Nagpaul said: "As the trade union and professional body representing doctors from across the UK, the BMA also knows too well the damage that recent high-profile cases have done to the profession's confidence in the GMC. There is an urgent need for the Regulator to repair its relationship with doctors so that they feel better supported to deliver a high standard of care for their patients." Read the BMA press release [here](#). This was covered in the [Guardian](#), [On Medica](#), [Medscape](#), [Hospital Dr](#) and [Nursing Notes](#).

The ‘success’ of Calpol

The Guardian's ‘long read’ article focused on why parents are ‘addicted’ to Calpol and what is the secret of its success. Andrew Green, GPC clinical and prescribing policy lead commented: “In our society we have the idea that expensive things are best. Buying the expensive one that's the familiar one with the nice bottle and the advertising means parents are doing the best for their child.” Read the article [here](#).

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Medicine supply issue update (June) and Epanutin update

Please see attached the latest medicine supply issue update from DHSC. In addition, the DHSC has also sent the following message about an impending supply issue with [Epanutin 30mg/5ml oral suspension](#).

Pfizer, the sole supplier of Epanutin (phenytoin 30mg/5ml) oral suspension have experienced manufacturing delays of this product and as a result, anticipating a gap in supply from w/c 10th June 2019 until end of July 2019. However, exact dates have not been confirmed. To help mitigate the shortage, Pfizer has obtained approval from the Medicines and Healthcare Regulatory Agency (MHRA) to import stock of phenytoin oral suspension, Dilantin-30®, from Canada. This stock is considered an unlicensed preparation in the UK. Pfizer have confirmed they have sufficient quantities of this stock to support the whole UK market during this period of short supply.

To ensure that all those affected by this situation are aware and provided with information and guidance during this time, we have issued guidance with input from national neurology and patient safety experts via the MHRA's Central Alerting System (CAS). The CAS provides guidance to HCPs on the supply issue and on switching patients to alternative phenytoin products and monitoring them during this time if required. The published CAS alert, along with a Dear Health Care Professional letter issued by Pfizer, summary of product characteristics and patient information leaflets for Epanutin and Dilantin can be found via this [link](#).

ARM elections

The [BMA's Annual Representatives Meeting](#) is taking place on 23-27 June at the ICC Belfast. Nominations for the ARM elections are open to a number of committees - including GPC UK – for all members who meet the criteria for the committees. However, voting is only open to ARM delegates and will take place at the ARM. Nominations will close at 5pm on 24 June. Find out more [here](#)

New RCGP president elected

The Royal College of GPs has elected Professor Amanda Howe as their next President following a national ballot of its membership. She will take over the post from Professor Mayur Lakhani, who will step down at the College's Annual General Meeting in November. Read more [here](#).

New Chief and Deputy Chief Medical Officer (England)

Professor Chris Whitty has been announced as the [new Chief Medical Officer for England](#) and the UK government's Chief Medical Adviser. He is currently Chief Scientific Adviser for the Department of Health and Social Care, Professor of Public and International Health at the London School of Hygiene and Tropical Medicine, and a practising Consultant Physician in acute medicine and infectious diseases. He will replace Professor Dame Sally Davies, the current CMO, in October 2019.

Dr Jenny Harries OBE has been announced as the new Deputy Chief Medical Officer for England. She is a public health doctor and her most recent position was as Deputy Medical Director for Public Health England. She will start the position on 15 July.

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

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

Have a good weekend

Richard