

LMC Update Email

25 May 2018

Dear Colleagues

National Audit Office report on PCSE

Following the publication of the [National Audit Office report last week about NHS England's management of the primary care support services contract with Capita](#), the issue was debated in parliament on Wednesday. Read the transcript of the PMQs [here](#). Read the [BMA press release](#) on the NAO report.

PCSE (Capita) failures – pledge your support to BMA campaign

We have launched a campaign, asking for all those who have been negatively impacted by one or more of the PCSE service failures to sign a pledge. As clearly highlighted by the NAO report, the operation of this service continues to fall a long way short of an acceptable standard. Therefore this campaign will be used to further demonstrate how far reaching the poor delivery of PCSE is on practice staff and individual GPs, and to show the Government the number of individuals demanding for the service level to be improved. [Pledge your support here](#).

GPs struggle to offer routine appointments

A [Pulse](#) investigation suggests one in six GPs are under such pressure they have resorted to halting routine appointments or limiting appointments to 'emergency only' at some point in the last 12 months. The survey of 800 doctors found some practices are not able to offer appointments for a month, and will screen every patient who calls by telephone to assess if they need. In response to this, I commented: "This is further evidence of the pressures practices are under, with growing demands for appointments not being matched with an ability to provide them due to the continuing recruitment and retention crisis in general practice."

The news was also covered in [the Independent](#), the [Daily Telegraph](#), [The Times](#) and the [Daily Mail](#). I also did interviews for BBC Radio Cumbria, Talk Radio, LBC and Radio Aire about this and related issues. In addition, I spoke to BBC South Today about the impact a practice closure would have on other practices in the area.

Fewer GPs working in deprived areas

New research spearheaded by Frank Field MP has revealed that fewer GPs are choosing to work in poorer areas compared with those joining surgeries that look after wealthier populations. Commenting on the findings, I said that instead of "short-term fixes" general practice needs "sustained significant investment, enabling all practices to recruit sufficient GPs and other staff". I also said that "The difficulties of recruiting to areas of deprivation, particularly those away from large cities, has been compounded by the historical lack of investment in infrastructure, such as premises, making it harder to deliver good quality care and therefore is a less attractive option for younger GPs." This was covered by articles in the [Observer](#) and [Pulse](#)

GPs and their vital role as gatekeepers for the NHS

To mark the NHS' 70th anniversary, I was interviewed by the Guardian on the essential role that GPs play within the NHS. In it, the Guardian makes reference to GPs as being gatekeepers for the NHS and I said that the role of the GP "enables continuity of care and holistic, family medicine". This article was only published in print, but is attached for information. BMA honorary vice president Dr Kailash Chand, and GPC member Dr Clare Gerada, were also interviewed on ITV lunch time news today about the future of general practice.

Judicial review challenging accountable care organisations

The BMA is supporting a judicial review challenging health service transformation plans that “risk handing an area’s entire NHS budget to private providers”. BMA council chair Dr Chaand Nagpaul said: “While we agree with the principle of greater collaboration in the NHS and between health and social care, such transformation plans sit outside of existing legislation and frameworks and risk handing an area’s entire NHS budget to private providers through competitive tendering. This brings with it all the problems associated with commissioning such companies to handle important public services.” The story was covered in [The Daily Mail](#), [Press Association](#) and [Pulse](#).

New national data opt-out

NHS Digital has announced the introduction of a new national data opt-out and conversion of type 2 objections, enabling patients to make a choice about whether their data can be used for research and planning purposes. The type 2 objection means that a patient’s confidential information should not be shared for purposes beyond their individual care. NHS Digital has written to practices to explain that they will automatically converting patients’ existing type 2 objections to the new opt-out from 25 May 2018. Every patient aged 13 or over with a type 2 objection recorded will receive a personal letter after 29 May, explaining the change, and a handout explaining the national data opt-out. Patients will not have to take any action and this will not affect the way that their information is used.

Practices will not be able to see the national data opt-out in the patient’s electronic record as they will be held on the NHS Spine and will not be updated in GP systems. The type 2 objection codes will still be available in GP systems after 25 May 2018 but must not be used from the 1 October 2018 as NHS Digital will no longer continue to process and convert them.

Some patients may also have a type 1 objection registered on their electronic record, which should continue to be respected. The type 1 objection prevents the sharing of a patient’s personal confidential information held by the GP practice for purposes beyond the patient’s individual care. It remains the responsibility of the practice to ensure these are applied where relevant, except for General Practice Extraction Service (GPES) collections where the type 1 objection will be applied automatically unless instructed to the contrary by Direction.

NHS Digital will be sending practices a pack of patient communication materials to help explain the changes, and have developed a checklist of actions that practices might want to take, available [here](#). [Please see this link](#) for more detailed questions and answers.

GDPR changes to SARs and fees from 25 May

The General Data Protection Regulations and the Data Protection Act 2018 will replace the existing Data Protection Act 1998 from today (25 May) and will see widespread changes to UK data protection legislation. For GPs it will bring in a number of changes, specifically the charges that were in place for undertaking Subject Access Requests (SARs). In most cases, patients must be given access to their medical records free of charge, including when a patient authorises access by a third party such as a solicitor. A ‘reasonable fee’ can be charged if the request is manifestly unfounded or excessive. However, these circumstances are likely to be rare. If the request is for a medical report (rather than a SAR) then this falls under the Access to Medical Reports Act (AMRA) and should be handled in the usual way. The GDPR does not change the AMRA.

We are in the process of updating our guidance document ‘Access to Health records’ which will be available shortly on the BMA website and will provide further details on this. For more general information on GDPR and how this may affect you please view our main [GDPR guidance](#). We are

keen to pursue how we can ensure doctors and their practices do not suffer under these changes and will be collating information post implementation to use in future discussions with Government.

Diamorphine supply issue

The Department of Health and Social Care (DHSC) and NHS England have been made aware of a manufacturing issue from one of their suppliers of Diamorphine 5mg and 10mg injection. Recently Accord's plant in Germany experienced quality issues and the DHSC is working closely with them, regulators, and others to resolve these issues.

Based on current usage and remaining stock, there is the potential for supplies of Diamorphine 5mg to be depleted week commencing 4 June and diamorphine 10mg injection week commencing 11 June. Further supplies are currently expected the week commencing 28 June. The DHSC is working closely with the remaining supplier, Wockhardt, to secure further supplies for the UK market from July, and working with Accord to resolve the issues. They are also working with national clinical leads and specialists to discuss alternatives. The UKMi has published guidance to support this supply issue, available [here](#)

The recommended alternative is morphine 10mg injection. Further information in the *Patient Safety Alert* on high dose morphine and diamorphine is available [here](#). NHS England's patient information leaflet to support this medicine supply issue is attached.

Hospital contract guidance – onward referral

New guidance [on onward referral](#) has been published. Changes to the contract in 2016 allowed for onward referral of patients by secondary care clinicians, in certain situations, rather than having to always require referral back to the GP. The guidance is designed to support doctors locally in applying the change appropriately. As a reminder, new guidance was also published recently on the [responsibility for prescribing and principles for shared care](#). All guidance can be found on the [BMA website](#), including the [Quality First pages](#) with the [template letters](#) to support LMCs and practices in reporting contract breaches.

We know that implementation of the contract measures is still very variable and we will continue to press for improvement. We are currently working with NHS England on a contract implementation toolkit for CCGs, who will be encouraged to work with LMCs and providers. In the meantime, we would encourage you to continue engaging locally, to push for the changes to be implemented consistently, and to share any specific challenges with us. This will enable us to continue bringing it to the attention of NHS England, to ensure the national contract changes are realised locally. Equally it would be very helpful to share examples of good practice so that similar practice can be realised and replicated across England. Please email examples to Marie Rogerson (mrogerson@bma.org.uk)

GP workload survey

This is a reminder to please fill out the GP workload survey that was sent to LMCs earlier this month. As you will be aware, there was a themed debate at the LMC UK Conference on the issue of GP workload. One of the actions from the debate was to gather examples from around the UK where practices have worked together to manage their workload. We wish to gather data on such examples whether they be federated overflow systems, working at scale, directly commissioned services etc.

The purpose of this is to cite as many examples as possible in forthcoming guidance, such that individual groups of practices can implement their own arrangements in a tailored way that suits them so that the local workload of GPs can be minimised. The GPC workload management policy

group would be very grateful if you could answer a few questions by following this link:
www.surveymonkey.co.uk/r/H2KNRHV

If you have any queries, please contact Rob Kidney (rkidney@bma.org.uk).

BMA Guidance on Competition Law for LMCs

Legal advice was recently sought on the effect of UK competition law on the ability of professional bodies such as the BMA, the GPC or LMCs to recommend or advise on fees that can be levied by their members or constituents. In response to the advice we have produced the attached FAQs. If you have any further questions please contact - info.lmcqueries@bma.org.uk

Medical Workforce in the UK

The BMA has published new data on the [Medical Workforce in the UK](#). Here you can find the numbers of doctors in the UK and each nation, the key trends over the past 10 years and the issues around the quality of available workforce data. The key trends in the primary care workforce are:

- In England, figures show a decrease in the number of FTE GPs of all types, over the past seven years, reflecting the crisis in the general practice workforce.
- There is lack of data on GP workforce in Scotland, Northern Ireland and Wales but it is likely that the situation is the same due to the on-going difficulties in recruitment and retention
- In England and Scotland, the number of salaried GPs is increasing while the number of GP partners is decreasing.

ARM agenda

This year's BMA annual representatives meeting will be held next month in Brighton. The ARM agenda has been published today and is available via the following [link](#).

[Read](#) the latest GPC newsletter.

Have a good weekend

Richard