

LMC Update Email
20 September 2019

Dear colleagues

GPC UK meeting

Yesterday was the first GPC UK meeting of the session. I extended congratulations to Phil White, the newly elected Chair of GPC Wales and to Sandesh Gulhane and Lynn Hryhorskyj on their election as Co-chairs and Marie McVeigh as deputy chair of the GP trainees committee.

The committee focused on a wide range of areas, including updates on contractual negotiations in the four nations, the work of the policy groups and reports from the sessional GP committee and GP trainees committee. We discussed the actions taken in recent months to improve sessional representation and the important work on this area continues, working in partnership with the Sessional GPs Committee. We also received an update on the work of the Cameron Fund which is the only medical benevolent fund that solely supports general practitioners and their dependents.

The committee welcomed the GMC and RCGP statement on GPs as a speciality (see further information below).

We received the results of a GPDF commissioned survey exploring the views of both GPC and LMC office holders. We are working hard to ensure we deliver what LMCs and the GPs we represent want from GPC and receiving feedback is helpful in improving what we do. The results will inform the ongoing work of both GPDF and GPC.

We had a timely update on the issues relating to pensions and the BMA's plans to respond to the recently published pension consultation. This was an area of work that affects across all 4 nations and GPC UK discussed the implications for frontline GPs including the impact of the current tapering and annual allowances and also the current challenges with annualisation for GPS, particularly for locum GPs.

The next meeting of GPC England will take place on Thursday 21 November in BMA House, London and the next GPC UK meeting will take place on Thursday 19 March 2020 in Cardiff, Wales.

GPC UK 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 UK Executive and the GPC Policy Leads.

GP investment report

NHS Digital have today published the report [Investment in General Practice, 2014/15 to 2018/19, England, Wales, Northern Ireland and Scotland](#) has now been published. This report details the investment in General Practice and the reimbursement for drugs dispensed in General Practices from 2014/15 to 2018/19. The report draws on information from the financial reporting systems of the health departments of each country and other published data on reimbursement and remuneration for dispensing activity. The report reveal a 1.4% increase on the previous year in investment in general practice, and represents just 8.1% of the NHS budget going to general practice, falling far short of the BMA's demand of 11%.

I responded to the report saying "For too long investment has not kept up with the demands being placed on general practice, and the marginal increase in the year up to April this year – itself far

smaller than in previous years – is completely inadequate. Over the same time period the number of patients registered at practices in England went up by more than 700,000 and we lost more than 500 full-time equivalent GPs – meaning doctors and their teams are being stretched to their limits.” Read the full statement [here](#). Read the press coverage [here](#).

In addition I was interviewed on BBC Radio York, saying that more and more staff were experiencing burnout as understaffed hospitals and GP practices struggle to cope with demand following years of under investment in the NHS. The interview came in the wake of Prime Minister Boris Johnson confrontation with a member of the public during a visit to Whipps Cross Hospital in east London on Wednesday. Is said that "every patient, every clinician who is working within the NHS realises that the NHS is under huge pressure as we've got a growing population, but we haven't seen the similar level of resources increase year on year to be able to match expectations and the needs of our patients....It's down to the hard work and dedication of staff within the NHS hospitals and in general practice as to why we've been able to maintain the high level of services we have." Listen to the interview in full [here](#) (from 17 minutes).

NHS payments to general practice

NHS Digital have also published their annual report on NHS Payments to General Practice in England for 2018/19. This provides information on NHS payments to individual providers of general practice services in England. Figures are given for the main payment categories - which include Global Sum, PMS expenditure, QOF and Local Incentive Schemes. It constitutes the majority of actual monies paid to practices for all activities and costs during the 2018/19 financial year. For further details please use this [link](#)

The [BMA responded to this report](#) at the same time as the wider in investment in general practice report. I commented that “practices receive just under £155 a year on average per patient to provide virtually unlimited care. Not only is this astonishing value for money for the Government, but it also demonstrates how hard GPs are working to care for patients in their area, many of whom will have a series of complex conditions, with inadequate investment in return.”

Cervical screening Capita incident

We have been informed of yet another incident due to Capita/PCSE not dealing with emails and letters relating to cervical screening and which were delayed or not processed correctly. A full review found the vast majority of these unprocessed items were correctly handled through another route, as part of the NHS Cervical Screening fail safes that are in place, but four women missed an invitation to attend their appointment. In response to this I commented: “Just months after a similar incident came to light, and a year after tens of thousands of women missed vital correspondence on cervical screening, it beggars belief that patients and GPs are dealing with the same issue once again due to Capita’s incompetence. The numbers may be far smaller, but if just one patient comes to harm as a result of this blunder, it’s one patient too many. While Capita has been rightly stripped of the cervical screening programme, this is further evidence that the company is unfit to hold further contracts for GP backroom services and NHS England must take it back in-house immediately.”

Recognition of GPs as specialists by GMC

In January 2017, the General Medical Council (GMC) backed our long-standing call for GPs to be added to the specialist register. Together with the Royal College of GPs (RCGP), we released a joint statement in February 2018 calling for the formal recognition of general practitioners as specialists in the UK. The BMA, RCGP and GMC issued a further statement this week calling for changes to the Medical Act to formally recognise GPs as expert medical generalists and specialists in general practice. Read the joint statement [here](#) and it was tweeted [here](#). Read the statement on the [RCGP website](#) and [GMC website](#). It was also reported in [GPonline](#) and [Practice business](#).

Primary Care Network addresses

CCGs will be requesting PCNs in their area to confirm an address for the group. This is to allow the allocation of ODS codes for PCNs, which will enable a move to automated payments in future years, as well as providing access to nhs.net email accounts for the PCN. PCNs will need to confirm if they want their nominated payee to be the postal address used and if not, to then confirm what address should be used.

Indemnifying flu vaccines for staff

Following the decision by the Department of Health and Social Care and NHS Resolution that CNSGP will not cover practices who vaccinate their own staff against flu, we have been in discussions with the Medical Defence Organisations on the matter. They have all provided us with reassurance that all current members will be indemnified through them for this activity. If you are in any doubt about any of your indemnity arrangements then we would advise you to contact your MDO who will be able to guide you.

Inability to log on to access the Total Reward Statement

We have been informed that where members have changed their name for work purposes but have retained a former name for pension records access to the [Gov.UK Verify portal](#) is restricted as it does not link the two names. Individuals affected by this should contact NHS England (england.pensionescalations@nhs.net) who will support them in resolving their issue, which may include the submission of the marriage certificate to NHS Pensions.

Prescription penalty charge notices

The Mirror reported about the answer given to a written parliamentary question with figures showing thousands of vulnerable patients are being wrongly accused of fraud and being harassed unnecessarily by NHS fraud teams for prescription fines. In response to this I said: "Any fraud that takes place in relation to prescription charges must be addressed especially at a time of intense pressure on NHS resources. However, the current over-complicated system means that genuine mistakes are often at the heart of some of the incorrect claims. We must not create a culture where patients, particularly those in vulnerable circumstances, face barriers to them gaining access to prescriptions they can legitimately claim. Far too many members of the public on the receiving end of distressing, threatening letters or fines which could impact their mental wellbeing. The Government needs to move towards a more streamlined, effective system which places the emphasis on providing clear information to patients about the prescription system." Read the article in the [Mirror](#). This was also reported by [GPonline](#).

Fire arms consultation response

On 17 September the BMA and the RCGP submitted a joint response to the Home Office consultation on statutory guidance to police on firearms licensing. The BMA and the RCGP have worked collaboratively with the Home Office and other key stakeholders including the National Police Chiefs Council to improve the system for firearms licensing with the core aim of improving safety for the public whilst also recognising the professional and resource implications for doctors.

The response includes a significant number of changes that we believe would be helpful to ensure that the guidance can be effectively implemented at a local level by police authorities. Our priority has been to provide a response in sufficient detail that the perspectives of frontline GPs can be fully recognised, particularly as this consultation is in relation to statutory guidance. The consultation response also includes a flowchart on firearms licensing that is intended as a helpful guide for GPs and police authorities to follow through the various stages of the licensing process. Our joint response document and flowchart are attached, and will also be available on our website shortly. In the meantime, see our firearms support guide [here](#).

Complaints analysis

A number of regional publications have reported on the number of complaints made against GPs. According to the figures from NHS Digital, many complaints related to patients having difficulty communicating their family doctor. Responding to the figures I said: “this survey shows much of the dissatisfaction felt by patients stems from communication problems, rather than clinical errors, and doctors know that they simply don’t have enough time to spend with their patients and cope with rising demand, with the risk that communication issues could arise. All clinicians want to do their jobs safely but need the time, resources and funding to be able to do that.” There are stories in the Peterborough Telegraph, the Hereford Times, the Swindon Advertiser and the Ilford Recorder. For further details see the link [here](#).

Daily Mail article on opioids

Following the publication of the PHE [review on prescribed medicines](#), in response to which the BMA published a [statement](#), there have been further reports in the media. In response to a [Daily Mail](#) article on this, Farah Jameel, GPC England executive team member, said: “We have seen the damage opioids are doing to people’s lives in the US, and while the scale of the problem is on a far lower scale here, doctors in the UK are of course concerned by the increased number of patients being prescribed these drugs. Opioids are an effective treatment for short-term pain, as part of cancer treatment and end of life care, but we know that too often they’re being taken for far longer than is appropriate. The decision to prescribe opioids is never taken lightly. GPs will prescribe them to patients with serious conditions when necessary, but problems can begin when patients need to be taken off them as they may have already become dependent. With other medication often not being able to alleviate their pain and very few alternatives available, GPs are placed in a very difficult situation.”

New medical school

The University of Sunderland’s has opened a new School of Medicine, welcoming its first cohort of 50 medical students this week. Dr George Rae, chair of the BMA’s North East regional council and previous member of the GPC, was interviewed about this on BBC Radio Newcastle, and he explained how the new medical school could help with the current regional workforce pressures in general practice. “The fact that very much it will be concentrating on primary care, which is general practice, is very welcome news but one has got to realise that to train fully a GP starting from scratch when you’re going to medical school is going to take eight or nine years there can be no doubt that we still are in a crisis in general practice and the reason for that is workload.” Listen to the interview [here](#) (from 1 hour 10 minutes).

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

Have a good weekend

Richard