

23 August 2019

Dear Colleagues

### **GMS and PMS amendment regulations**

Following the contract agreement in England earlier this year, the GMS and PMS amendment regulations have been laid before Parliament and have now been published on the [gov.uk website](#). These amendment regulations will come into force from 1 October 2019. As usual, this is an amendment and not a new consolidated version of the full regulations, therefore the amendment must be read in conjunction with the [2015 consolidated regulations](#).

### **Half day closures**

You will have seen the recent outrageous [claims](#) from NHS England that ending half-day closures could save more than 280,000 GP appointments a year. We responded promptly and publicly stating that as we know GP practices are working hard to deliver the best possible service with the resources available as they strive to meet the growing needs of their patients. In many cases they not only work long hours during the day but also deliver services out-of-hours and with many doctors also working evenings and weekends. I described the claims as a 'fantasy' arguing that forcing GPs to remain open throughout the day could drive down capacity to offer appointments at evenings or weekends.

GP practices want to deliver the best for their communities but with significant workforce shortages, and a failure of NHS England to invest in much needed premises and IT infrastructure, it's left GPs under greater pressure than ever before. NHS leaders must therefore work to address the ongoing recruitment and retention crisis rather than devoting time and effort to threatening GPs with a reduction in funding that will only undermine morale further. We need long term commitment and support to bring about lasting improvement to patient care and avoid putting overworked doctors under further strain.

You can also hear GPC Exec member, Farah Jameel's, response to the issue on BBC Radio [here](#). The story was picked up by the Daily Mail, [the i](#) newspaper, [GP Online](#) and [Pulse](#).

Our guidance on how GP practices can meet the reasonable needs of their patients remains unchanged and can be found [here](#)

### **Pensions**

Previous updates to LMCs have contained details of the work being undertaken by the BMA on pensions issues. This week Paul Youngs, chair of the BMA pensions committee, had an [article published in BMJ](#) that made it clear that pension tax reform needs to be swift to tackle doctors' sense of injustice. There has also been an [editorial item in BMJ](#) calling for Government to act decisively to avert potentially catastrophic workforce losses. The article states that this problem comes at the worst possible time for the NHS, with hospital consultants, staff and associate specialists, and general practitioners all facing critical workforce shortages.

This week the GPC England email to BMA members focused on the impact of annualisation on many sessional GPs, and a link to this can be found below.

### **PCSE medical records incident**

We have previously highlighted the PCSE incident whereby 148,000 patient medical records were erroneously archived instead of being sent to the subsequent GP practices. These records will have been sent to the practices that currently have the patients registered, and NHS England expects those practices to undertake an assessment of harm for each patient affected.

Over the past few weeks, GPC England has been in discussions with NHS England to highlight the impact this will have on practices and their patients. We have been clear that practices should receive the necessary support to cover the additional costs of dealing with a problem for which they are not to blame to ensure that GPs and other practice staff are not taken away from direct patient facing provision. Further BMA guidance on the service failures can be accessed using the [link](#)

Unfortunately, NHS England is not prepared to provide the amount of funding that we believe is necessary to cover GP and practice staff time required to do this assessment properly. GPC England was not prepared to agree to a settlement which we believed would not fully compensate practices for the problems created by Capita. If you would like to come forward and ask NHS England what compensation they are able to offer to your practice, please contact [england.reports@nhs.net](mailto:england.reports@nhs.net). Practices should carefully consider whether any offer made reflects the work that will need to be undertaken and whether it will adequately compensate them. If a practice believes the offer is sufficient and accepts it, they will not be able to claim additional monies via any legal route. If, however, a practice considers the offer does not reflect the work that will be required and decides to reject it with the hope of claiming compensation via a legal route for the additional work, we would recommend that the practice contacts the BMA [support@bma.org.uk](mailto:support@bma.org.uk) with the attached pro forma so that we can start to collate the necessary information to take forward legal action.

### **Additional roles reimbursement guidance**

NHS England has now published the joint guidance on the [Additional Roles Reimbursement Scheme](#) (ARRS) that will commence in April 2020. We hope that by releasing it now, PCNs will be able to better prepare for the additional workforce from 2020. This guidance includes the process by which Primary Care Networks (PCNs) can claim reimbursement for additional staff.

### **Data sharing agreement**

NHS England and the GPC England have agreed on a non-mandatory, high-level data sharing template for use by PCNs. To make things simpler for practices, the BMA has also produced a version of the agreed template which expands on a number of areas with greater detail, along with guidance on the document. This provides practices with a better idea of how they may wish to populate the template agreement, including proposed best practice when sharing and transferring data between partners within the network. Further information and a link to the BMA resources are available on the BMA web page [here](#).

### **NHS England FAQs on Integrated Care Providers Contract**

NHS England have released some explanatory FAQs on how the Integrated Care Providers (ICP) contract will operate and what will be the impact of the contract. We have repeatedly highlighted our serious concerns about the ICP contract and that we believe it to be unnecessary with the development of PCNs.

The FAQs cover many of the same issues covered in the BMA's own guidance and briefings on ICPs. However, there are some questions within the document of particular relevance to GPs in England. The most relevant questions are; 13, 14, 15 and 17. These particular questions cover; how GPs participation in ICPs is voluntary, the different options available to GPs who do decide to partner with ICPs and, how ICPs will engage with PCNs.

For more information around the impact of the ICP contract please read the [BMA guidance](#), as well as the [NHS England FAQs](#). If you have any further questions around the impact of the ICP contract, please contact our [policy team](#).

### **Registration onto the Medicine and Healthcare products Regulatory Agency (MHRA) Central Alerting System (CAS)**

The Medicine and Healthcare products Regulatory Agency (MHRA) Central Alerting System (CAS) is the national system for issuing patient safety alerts, important public health messages and other safety critical information to all providers, including GP practices. From 1 October 2019, MHRA will send CAS alerts directly to GP practices, replacing any local arrangements currently in place. All GP practices in England are contractually required to register to receive CAS alerts directly from the MHRA by accessing this [link to the portal](#). Registration is recommended to be completed by 13 September 2019 to allow sufficient time for registration checks and testing.

### **Clinical Practice Research Datalink**

Practices are invited to share their patient databases with [Clinical Practice Research Datalink \(CPRD\)](#). Practices can expect CPRD to be contacting them in the future and we would encourage them to participate. The GPC IT policy team have been working with CPRD and are satisfied with their systems. No free text is extracted, nor documents nor associated files, just the coded components. Opt outs, as recorded in the practices database are respected. Practices will need to carry out a Data Protection Impact Assessment (DPIA) and add an entry in their Article 30 processing register (CPRD will provide pre-prepared sample documents for practices to use, which the BMA have seen and reviewed). You will need to ensure your privacy notices are up to date and cover the use of patient data for research.

### **Government action to improve immunisation coverage**

Public Health England has estimated that 1 in 7 five-year-olds have yet to be fully immunised against MMR. In response the BMA board of science chair Professor Dame Parveen Kumar said: "Doctors are very concerned that the number of young children who are up to date with vaccinations seems to be falling. Measles can be a very serious illness and whilst diphtheria and whooping cough are thankfully relatively rare, they remain a risk to children who are not vaccinated. The BMA has always maintained that the Government and NHS England must take practical steps to make people far more aware of their local immunisation services and ensure they have proper access to them. However, health leaders have been slow to act – proven by the figures from Public Health England. The Prime Minister's announcement on measures to improve vaccination rates is long overdue and though welcome, more must be done".

I was interviewed on BBC Radio Leeds about the fall in children being receiving the MMR vaccine. I said: "There is a range of reasons why some parents choose not to have it. Whilst we should stress that the vast majority of parents are still choosing to have the vaccine for their children and get their children protected, there's a small number who maybe are complacent about vaccination because they've not seen these illnesses in their own lifetime and they don't necessarily think it is going to impact their child". Listen to the full interview [here](#) (from 9 minutes in).

### **Age UK calls for a more considered approach to prescribing medicines for our older population**

Age UK launched a [new report](#) that says too many older people are on too many prescribed medicines, putting them at risk of side effects that in a worrying number of cases can lead to falls and a range of other serious harms. The report, 'More Harm than Good', provides evidence showing that prescribing more drugs is not always the best option, particularly when it comes to older people. Age UK estimates that almost two million people over 65 are likely to be taking at least

seven prescribed medicines. This number doubles to approaching four million for those taking at least five medicines. I was interviewed on BBC Radio Kent where I stressed the importance of patients being aware of the need to review their medication at least once a year or more often if they had complex problems that required regular monitoring. I highlighted the need for patients to inform practices and pharmacies if they had stopped medication or were receiving items they were not using to avoid unnecessary waste. Listen to the full interview [here](#) (from 7 minutes in).

### **Babylon GP at Hand**

[GP online](#) reported that the numbers of patients in Birmingham registered with Babylon GP at Hand could rise from next month after commissioners agreed to remove a temporary cap, subject to the provider meeting conditions around access to screening and local referral pathways. The BMA have consistently raised concerns regarding the joint agreement between NHS England, Hammersmith and Fulham CCG, and Birmingham and Solihull CCG, to allow Babylon's GP at Hand service to expand its service to Birmingham. We continue to state that this initiative flies in the face of place-based care delivered by practices embedded in local communities, which the recent changes in the GP contract are committed to deliver.

### **Cervical screening test result delays**

[Pulse](#) reported that GP practices in the East of England have been informed of patients facing delays in receiving their cervical cancer screening results. In a document seen by Pulse, GPs have been informed that letters containing the results of cervical cancer screening samples are being sent later than the usual 14 days due to 'ongoing changes' within the programme. GPs have been told these delays are 'expected' to continue until the HPV primary screening programme is fully implemented by December. In March, Capita was stripped of the cervical screening contract and NHS England began a phased transition back in-house in June. I responded that 'Our first and foremost concern is the safety of our patients, for this to be ensured we require safe and efficient systems to be in place. As with any delay in processing test results and issuing letters, there will always be anxiety for patients and frustration for GPs. We are seeking urgent clarification from NHS England about this issue and how widespread it is.'

### **Progress on Clinical Review of Standards**

NHS England and NHS Improvement have provided us with an update on the progress of the Clinical Review of Standards. You may remember that last summer the previous Prime Minister asked the NHS to undertake a clinical review of current access targets. The aim of the review is to determine whether updating and improving the targets currently in use could better support frontline staff to deliver the highest quality care for patients and save more lives – taking into account advances in clinical practice, and what patients say matters most to them. The following hospital trusts have worked with the NHS nationally to agree how they will safely test the proposed new standard for cancer diagnosis, and will begin the first phase of the trial from late August 2019.

- Mid Essex Hospital Services
- Epsom and St Helier University Hospitals
- Kingston Hospital
- Chesterfield Royal Hospital
- Northampton General Hospital
- Gateshead Health
- Sheffield Teaching Hospitals
- Doncaster and Bassetlaw Teaching Hospitals
- East Lancashire Hospitals
- Warrington and Halton Hospitals
- Hampshire Hospitals

- The Royal Bournemouth and Christchurch Hospitals
- Torbay and South Devon

The field sites were selected against an agreed set of criteria that reflect a diversity of provider sites including geography, performance and data quality and these were published today. Further information can be found on the NHS England web site using this [link](#)

The trusts will be testing the use of the existing faster diagnosis standard whilst suspending the performance management of the 2 week wait standard for people with suspected cancer. This means that people can expect to be told whether or not they have cancer within 28 days of an urgent referral from their GP or a cancer screening programme - instead of the current standard of seeing a specialist within 14 days. NHS England and NHS Improvement will work with these trusts to ensure that they keep their local primary care colleagues informed about any changes to their practice. We understand that letters will be sent directly to primary care stakeholders including GPs and LMCs within each of the areas listed above.

#### **SGPC Executive election results**

Yesterday I attend SGPC in Edinburgh. The meeting heard that the following members were successful in being elected to the SGPC Executive: Chris Black, John Ip, Iain Kennedy, Denise Mcfarlane and Iain Morrison. Congratulations to all of them.

#### **BMA Regional Council Elections**

The [BMA regional council elections](#) are opening their voting next Tuesday. These elections are open to BMA members in all branches of practice in England. The voting dates are:

- Voting opens –27 August at 9am
- Voting closes –23 September at 12pm

Read the [latest GPC newsletter](#)

Have a good weekend

Richard