

Dear colleagues

Annual QOF report for England published

New [figures published by NHS Digital](#) show the recorded prevalence of 21 conditions, including asthma, hypertension, dementia, diabetes, and depression. This publication provides data for the reporting year 1 April 2018 to 31 March 2019 and covers all General Practices in England that participated in the Quality and Outcomes Framework in 2018-19. The data are based on the 6,873 practices (95%) who participated in the QOF this reporting year. Key findings show:

- The highest prevalence rates were hypertension (14%), depression (10.7%) and obesity (10.1%)
- 539.2 was the average practice achievement score (out of a maximum of 559). This calculation excludes practices that had no achievement included.
- 13% of practices achieved a max score of 559 points, compared with 12.5% of practices in 17-18
- The cardiovascular disease - primary prevention indicator group had the highest exception rate at 32.7 %. Blood pressure had the lowest exception rate at 0.6%.

How medical records are accessed by solicitors

We recently highlighted a court case which considered a dispute about how medical records are made available to solicitors requesting them on behalf of patients. A [summary of the case](#) has been prepared by the solicitors acting for the GP practice. We have now considered the details of this case. The judge did not rule on issues related to GDPR and Subject Access Requests (SARs). The court considered the question of disclosure under Civil Procedure Rules. The judge ruled in favour of the practice and did not make an order for disclosure of the records because the practice had made the records available for collection from the practice premises.

It is important for practices to note, however, that this case does not alter any aspect of the law relating to GDPR. When a SAR is received from a solicitor acting for a patient practices should follow the patient's wishes and make available medical records to the solicitor if this is what the patient has authorised, unless the practice has particular concerns about the patient's authorisation.

The ICO has recently [made a statement](#) about the case which states that: 'A person should not have to take action to receive the information, such as by collecting it from the controller's premises, unless they agree to do so'. A group of GPs have since written to the ICO expressing concern about this and we will continue to monitor the situation and provide updates as necessary. Here is the BMA's guidance on [access to health records](#) and [SAR FAQs](#), which also reflects [advice from the ICO](#) on this subject.

General practice at breaking point in north Wales

Phil White, Chair of GPC Wales, made a [statement](#) about general practice being at breaking point in North Wales. He said: "The BMA has been warning for years that general practice in north Wales is at breaking point, with practices continuing to hand back their keys to the health board. Workload is extremely high, and the gap continues to grow between the demand placed upon general practice and its capacity. Whilst longer term solutions have been put in place to alleviate problems, the issue needs to be addressed with urgency." It was also reported by [North Wales Live](#).

Patient record system scrapped in Wales

Following the news that NHS Wales has decided to cancel its contract with Microtest Limited, Phil White, Chair of GPC Wales, said: "GPC Wales has been fully involved in the procurement process and consistently highlighted the impact that unacceptable delays were having on practices in planning for their migration to a new system. We remain committed to engaging with the consultation process to ensure that the views of the profession are represented and that clinical IT systems are not only fit for purpose, but will improve and support the working practices of GPs in Wales." Read the full statement [here](#). It was also reported by [BBC News online](#).

Wales LMC Conference agenda

The Wales LMC conference will take place next week on Saturday 9 November 2019 at St George's Hotel, Llandudno. [Download the conference agenda for 2019](#)

Fighting unfunded transfer of work

Gaurav Gupta, GPC UK member and chair of Kent LMC, has written a blog for Pulse about how practices can fight unfunded transfer of work from hospitals to GP practices. He describes the progress made so far and points to useful resources of information to deal with hospitals that aren't complying, including the [BMA templates letters](#) that practices can use to write to CCGs and hospitals. Read the full article [here](#) (log in required).

Outpatients sent back to GPs

An investigation by [Pulse](#) has shown that NHS trusts are discharging just under half of patients who do not attend their first appointment back to their GP. In response to this, Farah Jameel, GPC England executive team member, said: "While we recognise that the whole NHS is under intense pressure, it is not appropriate for hospital management to pass their responsibilities to GPs. The BMA's GP Committee has been clear that this is unacceptable and flies in the face of the hospital contract and, more broadly, a collaborative approach to working."

Support for PCN clinical directors

During a session I spoke at on the progress of PCNs at the RCGP conference last week, a clinical director warned that PCNs are struggling to resist pressure from CCGs seeking to influence their priorities. In response to this I said, "We need to protect our clinical directors, particularly at the moment, so that they are working within their expectations and they are not finding themselves overwhelmed. CCGs and ICSs have been given funding to support leadership development within PCNs. It is up to PCNs to work with their LMCs in order to ensure this funding was put to good use."

This was reported in [GP online](#) **PCSE: what's your experience?**

Please take this final chance to feed in to our short survey about PCSE problems that you have experienced - your responses will be used as evidence to help us push NHS England to resolve the outstanding issues. The deadline for the survey has now been extended until 8 November.

[Survey of GP practices](#)

[Survey of all GPs including trainees](#)

Supply issue with nasal flu vaccine

[Pulse](#) reported on the supply issues of the nasal spray flu vaccine for children, and the advice from Public Health England to practices not to stockpile the vaccine. In response to this, GPC England Executive member, Krishna Kasaraneni, said: "This is very frustrating for GPs and their patients, but we advise teams to continue to follow the flu programme as outline in the DES and for practices staff to order only the vaccines they need, one week at a time." In discussions this week with PHE we have been informed that practices are following this advice which is helping supply issues.

Medicine shortages put GP funding at risk

[GPonline](#) reported that CCG costs are rising due to drug shortages forcing GP practices to prescribe more expensive alternatives. In response to this, GPC England executive member, Farah Jameel, said: “Drug shortages can happen for all sorts of reasons, but they are a daily frustration for GPs and are gradually getting worse. In some cases, this means sourcing an alternative drug, and GPs will issue a generic prescription for a pharmacist to then see what they have in stock, but this can be expensive and lead to mounting costs across the health service, depleting essential funds for other areas of patient care.”

Supply alerts for Seroxat, opicapone and Mitomycin-C injection

Please see attached supply update from the Department of Health and Social Care for Seroxat (paroxetine) 20mg/10ml oral solution which will be out of stock until January 2020 due to manufacturing delays. Paroxetine tablets remain available from various suppliers.

Supply Disruption Alerts have been issued for [opicapone 50mg capsules](#) and [Mitomycin-C injection](#), Kyowa Kirin. Also attached are communications for the following:

- UK licensed Jext 300mcg adrenaline auto-injectors are currently unavailable – MHRA has authorised for ALK to import Jext® 300mcg from Austria.
- Delmosart (methylphenidate) 18mg prolonged-release tablets are out of stock until mid-November 2019 – all other strengths are available
- Salofalk (mesalazine) 500mg and 1g suppositories are out of stock until w/c 16 December 2019 - 1g suppositories remain available during this period.

Withdrawal of Serious Shortage Protocol for fluoxetine 10mg capsule

The Department of Health and Social Care has advised that sufficient stock is now available of fluoxetine 10mg capsules to supply normal demand, so the Serious Shortage Protocol (SSP) for fluoxetine 10mg capsules has been withdrawn, and the 10mg capsules can be prescribed and must be dispensed in the usual way. The [SSPs for 30mg and 40mg capsules remain in effect](#), with extended end dates to 20 November for 30mg capsules and 11 November 2019 for 40mg capsules.

Establishing clinical pharmacy in a PCN - regional events

NHS England and NHS Improvement are holding regional events on [Establishing Clinical Pharmacy in a PCN](#), in partnership with the Primary Care Pharmacy Association, on 11 December in London, Birmingham, Taunton and Leeds. The focus of these events will be highly practical and encourage networking support and engagement with delegates with a view to delivering resources and support to PCN pharmacy teams going forward. The events are aimed at PCN clinical directors and workforce leads, LMC members and pharmacists. For further information go to [the NHS England website](#).

Committee visitors scheme for GPC Meetings

The BMA committee visitors scheme allows those interested in participating as non-voting committee member of GPC, with the opportunity to attend meetings and take part in discussions. If you have not participated in BMA work before the scheme is an excellent opportunity to gain experience of what it is like to serve on a committee and contribute to the future of your profession. For further details, please visit the [BMA website](#)

Case studies required to help the national GP recruitment campaign (England)

As you may be aware, HEE is having some success in recruiting more doctors to train as GPs – 3,538 were accepted onto GP training places for 2019-20, the highest ever number. Applicant feedback indicates that accounts from GPs and GP trainees can inspire and influence the decisions of doctors as they choose specialty training. HEE needs more case studies for the [GP National Recruitment](#)

[Office website](#). If you are willing to describe how you feel about treating your patients, what you're able to achieve or something around the outcome or benefit(s), please email GP Recruitment gprecruitment@hee.nhs.uk.

This request for support does not negate the many difficulties our existing GP workforce currently faces. We are, however, keen to do everything we can to give the opportunity to and inspire this and future generations of newly qualified doctors to choose GP specialty training. GPC has been working with HEE since 2013 to increase GP recruitment; our ultimate aim is to grow the qualified general practice workforce to levels that ensure workload reaches safe and manageable levels for *all* practice staff. We continue to work with HEE, NHS England and NHS Improvement to do that and GPC won't rest until our collective objective is achieved.

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

Have a good weekend

Richard