

LMC Update Email

8 November 2019

Dear colleagues

BMA health manifesto

With the general election next month the BMA published [its manifesto for health](#) yesterday, where we set out our priorities for any incoming government:

- Reform the punitive pension tax system for doctors
- Pay doctors fairly and address historic underpayments
- Legislate for safe staffing
- Increase spending on the NHS by over 4%
- Give the public the final say on any Brexit deal

NHS and GP pressures

To accompany the manifesto launch we have also published updated analysis of the pressures likely to be faced by the health service this winter, available at www.bma.org.uk/NHSpresures

As we are all aware, GP surgeries across England are under significant strain with rising demand, practices struggling to recruit, and patients having to wait longer for an appointment. Read more about the pressures practices are under [here](#).

The BMA manifesto and NHS pressures were reported in the [Times](#), Telegraph, [Mail](#), [Metro](#), [Sun](#) and Irish Sun, Daily Express, [City AM](#), [Independent](#), [Evening Standard](#), Yorkshire Post, [Pulse](#), [GP online](#).

The [Observer](#) ran a story claiming that Downing Street has taken emergency action to head off winter pressures in the NHS, amid fears in Government that a healthcare crisis could derail the general election campaign. In response to this Chaand Nagpaul, BMA chair of council, said: "Under this government's watch, patients and staff working in the NHS have endured winter after winter of overcrowded emergency departments, long delays and pitifully low staffing levels. It should not take an election to take stock of just how bad the situation has become." This was also reported by the [Mail](#), [Mirror](#), [Metro](#), [Independent](#), [iNews](#), and some [regional](#) publications.

LMC England Conference agenda

The Agenda Committee has published the [agenda for the 2019 Conference of England LMCs](#) to be held on 22 November 2019 at the Light at Friends House, London. For those who are registered to attend please note that no paper copies of the agenda will be provided as will be further minimising the carbon footprint for the conference by circulating most of the conference papers electronically, only essential documents will be printed and provided on the day.

Wales LMC Conference 2019

The Welsh LMC Conference 2019 will take place tomorrow, Saturday 9 November in Llandudno, Wales. Read the conference agenda [here](#).

Northern Ireland LMC Conference 2019

The Northern Ireland LMC conference will take place in Belfast on Saturday 16 November. The agenda will be published shortly.

PAC report into NHS Property Services service charges

The Public Accounts Committee have published their [report](#) concluding that NHSPS 'was set up to fail', and that DHSC are not setting a course of action to address the issue but are leaving others to

find a solution. The report finds it is unacceptable that 70% of tenants do not have leases in place and urges DHSC to move towards a more transparent and equitable charging model with adequate funding in place.

In response we issued a press statement saying ““The PAC report into NHS Property Services highlights what the BMA has been saying for some time – the current model is not fit for purpose and never has been. Absurd or extortionate services charges are proving an impossible barrier to many agreeing new leases with the current system actively threatening the future of GP services in some parts of the country. Ultimately, this ridiculous situation means GPs are being forced to spend far too much time and effort trying to resolve these issues instead of caring for patients and is also discouraging many young doctors from becoming GP partners.”

The BMA has already set out in a letter of claim that we believe the NHSPS is acting unlawfully and made clear if no satisfactory response is received, [we will take NHSPS to court](#). BMA guidance is clear that practices should engage with NHSPS, identify areas where there is a dispute and pay undisputed amounts. Practices cannot be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable. Practices should be mindful that the BMA are proceeding with legal action to address historical charges and should ensure that in reaching any agreement independently of this they do not put themselves at risk of any future liability or compromise their future position.

2019/20 Flu vaccine supply (England)

I was interviewed today on ITV News about the shortage of influenza vaccine for children, which is leading to a delay in the primary school-based programme. It is likely that supplies will next be provided to schools towards the end of November. As most practices have already received LAIV Public Health England has advised that GPs should implement the seasonal influenza programme as outlined in the [Direct Enhanced Service Specification](#). As part of this practices should call in those children who are eligible for flu vaccination, and to undertake recall for those children in clinical risk groups for influenza. Because of the phasing of supplies PHE recommends planning the childhood vaccination programme using following priorities:

- Children in high risk groups aged 6 months to 2 years should be called and offered quadrivalent inactivated influenza vaccine (QIVe)
- Children in high risk groups from 2-18 years should be prioritised and offered LAIV (unless contraindicated).
 - those aged 2-3 years and age 11-18 years should be called in and offered LAIV or a suitable quadrivalent influenza vaccine (QIV)
 - those of primary school age (4-10 years) will mainly be invited through schools, but may be advised to go to general practice if local school sessions are cancelled. They should be vaccinated with LAIV or QIV if they present in general practice
 - Where a practice does not have LAIV available, vaccination of children in high risk groups should not be delayed and a suitable QIV should be offered as an alternative.
- Healthy children aged 2-3 years should be called and offered LAIV as the practice receives stock. As current stock is insufficient to cover the whole cohort, it is reasonable to call two year olds who are receiving vaccine for the first season before 3 year olds.
- Where practices see high risk children and have no central QIV stock, they can use locally procured stock and replace it with stock order through the ImmForm website.

Please also see attached a letter from NHSE and NHSI regarding the transfer of excess of QIV/LAIV flu vaccine stock between providers. The MHRA has confirmed that with regards to the QIV for those

aged under 65 years in clinical risk groups and LAIV flu vaccine for children recommended in the 2019/20 flu season, it would not prevent the transfer of QIV vaccine under the given circumstance of 'in short supply' or 'no supply' available.

Medicine shortages: PPV and MMR vaccine

[Pulse](#) reported on the news that the PPV and MMR vaccine had been added to the list of medicines the DHSC has banned for parallel export because of supply constraints, and PHE has advised have advised that this will mean GPs may not be able to offer both vaccines at the same appointment. In response to this I said: "We saw a shortage in the PPV vaccine last year and this problem is becoming an increasing frustration for both practices and patients. The measure to restrict export of the vaccine and improve availability for practices in England is sensible. Though supply issues are nothing new, it is something we are now having to deal with more and more which just adds more to the workload burden carried by GPs and their practice teams. The Government must do much more to ensure that problems with the manufacturing and supply of medicines are promptly addressed so that patients have access to timely care."

Withdrawal of Serious Shortage Protocol for fluoxetine 10mg capsule

The Department of Health and Social Care has advised that the end date for the [Serious Shortage Protocol for fluoxetine 40mg capsules](#) (SSP03) is being extended to 20 November 2019.

Wessex model for workforce exchange - webinar

NHS England and NHS Improvement have published [guidance on how to run the Wessex Model for workforce exchanges](#). This is a [high impact model for workforce exchanges](#) that is being scaled up after its continued success as an adaptable and enjoyable way of building relationships and trust between professionals working in integrated systems and across interfaces, to generate quality improvement and innovation in patient care. There will be a webinar about the model on 28 November, hosted by Dr Graham Jackson, Chair of NHS Clinical Commissioners and the Interface Working Group – sign up [here](#).

Remote prescribing high level principles

The GMC, and some other healthcare regulators and organisations, published their [Remote prescribing high level principles](#) today. The principles outline a set of expectations for UK healthcare professionals when prescribing remotely, whether online, over video-link or by phone. The principles encourage good practice in remote prescribing, and that health care professionals are expected to:

- Understand how to identify vulnerable patients and take appropriate steps to protect them
- Carry out clinical assessments and medical record checks to make sure medication is safe and appropriate
- Raise concerns when adequate patient safeguards aren't in place

Read the GMC press release [here](#).

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

Have a good weekend

Richard