

## LMC Update Email

17 January 2020

Dear colleagues

### **GPC England meeting and GP contract update**

GPC England met yesterday where the majority of the day was spent discussing the GP contract negotiation proposals, including a package of proposed changes to the current contract.

GPC England voted not to accept the proposed contract agreement with NHS England and NHS Improvement, condemned the draft Primary Care Networks service specifications and called for a Special Conference of English LMCs to allow GP to debate and consider the outcome of contract negotiations once they are concluded.

The feedback about the draft specifications issued by NHSEI has been overwhelmingly negative, with practices, PCN clinical directors, LMCs and local and national bodies all raising concerns about levels of workload involved and recruitment of additional staff, and together giving a clear message that these proposals were not achievable.

We have now returned to negotiations with NHSEI with a clear mandate to secure a deal that truly benefits and safeguards general practice, family doctors and their patients. We are planning an additional GPC England meeting in the next few weeks to consider the position. Read the full statement that we have issued [here](#) This was reported by in [Pulse](#), and [GP online](#).

The GPCE executive and policy leads report, which was received by the committee, is attached.

The next GPC UK meeting will take place on Thursday 19 March 2020 in Cardiff, Wales.

### **PCN surveys**

The BMA has published a [survey on Primary Care Networks](#) this week, which was completed last year and before the draft PCN service specifications were published. Whilst at the time Clinical Directors believed they could make progress given the necessary resources, time and practical support the survey also found that workload has proven unmanageable for a significant proportion of those responding. GPs wanted more support to help manage this workload and make PCNs work for general practice. The results came on the same day that the deadline for [feedback](#) on the draft service specifications ended. The survey findings echo much of the same serious concerns raised by the profession in recent weeks.

A survey carried out by [Pulse](#) found that the vast majority of GP partners (over 80%) will put of the network DES contract if NHS England's proposals for the service specifications remain unchanged. In response to this I said: "These survey findings show the drive and ambition of clinical directors, who want Primary Care Networks to both improve services for patients and begin to address some of the pressures that have been negatively impacting general practice for the last decade. However, it's clear that PCNs cannot be expected to solve all problems facing the profession and the wider NHS – especially if concerns around present levels of workload are not heeded." This was also reported by [GP online](#), [Telegraph](#), [Mail](#) and [GP online](#). The [HSJ](#) (paywall) also reported that NHS England was planning to drop two of the five services it wanted primary care networks to deliver in 2020-21, in response to criticism from GPs.

### **PCN conference 2020**

Following the events of recent weeks the PCN Conference on **Saturday 8 February**, at the ICC Birmingham, has become an even more important event. It will provide clinical directors and LMC colleagues with an opportunity to make your views heard about the challenges you are facing. Whether it is the difficulty in recruitment, workload challenges, or the draft specifications released by NHSEI, this will be an opportunity to speak to national bodies and shape the direction of travel. At this crucial time for the future of PCNs and following the concerns many have about the draft DES specifications, this is an opportunity to discuss ways forward. You can read more [here](#)

The GPDF has funded one seat for each LMC, which can be booked [here](#); for any additional LMC seats please go through the standard booking form above.

### **BMA secures significant High Court victory over unlawful pensions changes**

The BMA has today secured victory in the High Court over controversial changes made by the Secretary of State for Health and Social Care to the NHS Pensions scheme in England and Wales.

In April 2019, the Government amended the NHS pension rules in order to grant the Secretary of State the power to suspend payment of pensions benefits to any doctor or NHS professional who had been charged with certain criminal offences but not yet convicted. These changes, which also did not include a right to appeal or a provision for the suspension of payments to be lifted automatically upon acquittal, were a total disregard of the principle that a person charged with a crime is presumed innocent until proven guilty.

Despite concerns raised by the BMA before their implementation, the Government proceeded with their reforms leaving with the BMA with little choice but to take legal action to seek to force their reversal through a judicial review.

Most, if not all, public sector pension schemes contain provisions for the suspension of a person's benefits but only after the point of conviction. Yet, if the changes were to be allowed to subsist, NHS professionals would be the only public sector workers to have the threat of forfeiture of their pension hanging over them at any time from charge.

However, in a judgment handed down today, the High Court agreed with our argument that the new regulations breached Article 6 (right to a fair trial), Article 14 (protection from discrimination) and Article 1, Protocol 1 (right to peaceful enjoyment of property) of the European Convention on Human Rights (ECHR) and also breached the Public Sector Equality Duty (PSED) under the Equality Act (in failing to have regard to the equality implications of the changes).

This is a significant BMA victory not only for our members but for all doctors and their dependants and other NHS professionals in the NHS Pension Scheme in England and Wales.

In the judgment handed down the Hon. Mrs Justice Andrews described how the Government had drawn no distinction between someone charged with a crime and someone convicted of a crime despite the fundamental principle in law being that "every defendant to a criminal charge, however serious, and however compelling the evidence against him may appear, is presumed innocent until proved guilty to the criminal standard."

This is of course not the only pensions related work the BMA is undertaking. Our campaign continues to convince the Government that removing the annual allowance, including the taper in defined benefit pensions schemes, is the only long-term solution to crisis caused by punitive pension taxation charges.

Yesterday we were clear that the latest proposal to raise the annual allowance threshold income to £150,000 would not “fix the fundamental problem of doctors being forced to limit the work they do to prevent being hit with significant charges on their pensions and many will still in effect be paying to go to work.” Read more about this issue and our response to The Times article [here](#).

### **Flu TIA coding error**

NHS Digital has emailed practices about an error with the Seasonal Flu 2019/20 extraction where the codes for patients in under 65 at-risk groups with TIA were inadvertently removed from the business rules. This means that these patients are not being included in the payment extraction despite vaccines having been given and coded appropriately. It is anticipated that the number of missed payments will be low, as it is likely that most people will have other risk factors that are captured by the current business rules. There will be a single collection in April 2020 for payment in 2020/21.

Practices will need to accept the service offer (as for any other service), when it is made available on CQRS. Practices are also encouraged to double check that all patients under 65 with TIA have been offered the flu vaccine this season. Read more in the attached document.

### **Premises claims against NHSPS**

The BMA has proceeded to lodge claims with the High Court on behalf of five test claimant practices that are challenging the basis of their inflated service and facilities management charge demands from NHS Property Services. The action seeks to obtain a declaration that NHSPS's 'Consolidated Charging Policy', which it has relied upon as the basis for its demands, does not form part of the tenancy agreements between the claimant practices and NHSPS, and as a result cannot be relied upon as a lawful basis for the inflated charges being demanded.

LMCs and practices are advised to continue to refer to the attached guidance issued by GPC in December 2019 regarding the action and advice relating to pressure to sign new lease agreements or other forms of agreement such as 'rental agreement letters'.

### **GP pressures**

GPs and practice teams are delivering an increasing number of appointments (28.5 million in November 2019) and providing care to a more complex patient population. This burden is being provided, with insufficient resource provision to match demand. In particular, the decreasing number of trained GPs (28,213 FTE in September 2019, a 1.2% decrease from September 2018) is impacting not only on GPs and other members of the practice team but also particularly patients who are having to wait longer than necessary for GP appointments. Whilst it is not possible with current data recording to know what proportion of patients are choosing to book ahead for planned appointments, in total 19.1% of appointments in November 2019 were preceded by a wait longer than two weeks.

The latest [BMA analysis](#) of GP data uncovers the trends behind these numbers, evaluating how general practice is faring in the face of increasing pressures across the health system.

### **Health and Social Care Network (HSCN) – Your future GP connectivity**

NHS Digital has drafted the attached briefing about the Health and Social Care Network (HSCN), which is the replacement connectivity solution for healthcare to deliver modern digital care services. This will replace the old N3 network - also called the transition Network (TN). HSCN will provide several advantages to practices, such as faster connectivity at reduced prices, supporting initiatives such as Digital First; improved performance for primary care systems, including e-prescribing and simplified connectivity with third sector providers, for referrals and discharge notifications.

### **MMR campaign materials**

Next week, NHSE/I will be sending posters and counter cards to all practices in England to support the NHS 'Measles, Mumps and Rubella (MMR) – Help Us Help You, Get Protected' campaign. These materials have been developed to support practices in encouraging their patients to get protected against measles, mumps and rubella, by getting the MMR vaccination. Posters and reception counter cards will be posted to GP practices for w/c 20 January 2020. A digital pack including these and further downloadable materials including social media content and digital screens will also be available on the [Campaign Resource Centre](#)

### **Corona Virus infection outbreak**

A corona virus infection outbreak declared by the Chinese authorities, and Public Health England have distributed the attached document through their systems. With the upcoming Chinese New Year on 25 January, practices should be vigilant if patients present with recent history of travel to China/ close exposure to birds/ respiratory symptoms. GP action is limited to:

1. Call the ambulance service explaining your suspicions. The ambulance service has the responsibility to deal with the transfer and the destination hospital
2. Keep the patient in one room and turn off the air conditioning

### **Overseas doctors are vital to plug workforce shortages**

The *Sunday Mirror* [paper version only] ran an article which warned that doctors from overseas trying to work in Britain are facing "too many bureaucratic barriers" despite severe shortages in general practice. In response to this I said: "The current recruitment crisis means we are heavily reliant on GPs coming here from overseas. The immigration and medical regulatory system still has far too many bureaucratic barriers. Streamlining the system must be a priority for politicians if we are to see a tangible improvement in numbers."

### **Frail patients medicine reviews**

The Guardian reported on an analysis of NHS Digital data carried out by the Pharmaceutical Journal, which showed that almost 75,000 severely frail, older people in England are missing out on vital medicine checks, putting them at risk of hospitalisation, falls and adverse drug reactions. In response to this I said these figures may say more about coding and recording, and "A clinician will review the medication when they see patients or a prescription is done, but may not necessarily code this". Read the full article in the [Guardian](#)

### **GPC UK Regional elections**

Nominations for GPC UK regional representative are now open, for more information see [here](#). Nominees should be aware that the BMA is currently in the early stages of reviewing its governance structures, which may have some potential to impact on the length of terms of office and regional remits during a term of office. The nominations close at **12pm Monday 3 February**. For further information and to nominate yourself for a seat click [here](#). If you have any queries, please contact [elections@bma.org.uk](mailto:elections@bma.org.uk)

See the last GPC bulletin [here](#)

Have a good weekend

Richard