CLMC Bulletin 336 – 24.10.17

State Backed Indemnity Scheme

During his speech to this year's RCGP Conference, Jeremy Hunt, Secretary of State for Health, announced that the Department of Health pledged to roll out a state backed clinical negligence indemnity scheme for general practice in England. This move came after months of sustained lobbying by the BMA's GP committee and calls from GPs across the country for government to recognise the scale of rapidly increasing indemnity costs over the last few years ((50% between 2010 and 2016). Immediately following Jeremy Hunt's speech he confirmed to the GPC that the state backed scheme would include all GPs - partners, salaried and locums and practice staff, and both in and out of hours NHS work.

The Department of Health position on this and other aspects of the scheme are set out in an indemnity factsheet (produced in conjunction with GPC) which contains the current assumptions on key areas, including scope and expected timelines. This briefing includes links to further GPC commentary in GP Online and Pulse, links to the response to the announcement by the three main Medical Defence Organisations, further commentary from GPC on the announcement on the BMA website and a blog by GPC England deputy chair Mark Sandford-Wood. Krishan Aggarwal's posted this article on indemnity on behalf of the sessional GP subcommittee.

The stated aim is to have the scheme in place by April 2019. Following the DH announcement, MDU advised that its membership benefits for GPs working under an NHS England contract who renew/join after 1st Nov will change to 'Transitional Benefits' intended to provide the indemnity until a state-backed scheme is introduced.

For ease of reference the current views/positions of the three MDOs are available below:

Medical Defence Union

Medical Protection Society – and its comment on the MDU offer

Medical and Dental Defence Union of Scotland – and its comment on the MDU offer

With the above information in mind, we would like to remind GPs of the requirement to maintain full indemnity cover before any change to a state-backed scheme in the future.

Guidance Leaflets for Patients including Referrals and Primary/Secondary Interface

This NHS England patient facing leaflet explains to patients what they can expect to happen if they are referred by their GP to see a specialist or consultant at a hospital or a community health centre. We encourage you to utilise this leaflet where possible.

This follows on from a recently published guidance document, jointly produced by GPC England, NHS England, NHS Improvement, NHS Clinical Commissioners, RCGP, RCN and the Academy of Royal Medical Colleges, which describes key national requirements that clinicians and managers across the NHS need to be aware of in order to work toward improving the interface between primary and secondary care.

Each of these documents have been developed following significant work by GPC. We'd like to thank the BMA's Patient Liaison Group who supported GPC in developing this leaflet alongside the BMA's Consultants Committee, Junior Doctors Committee and Staff, Associate Specialists and Specialty Doctors Committee. We also wish to acknowledge the help of Kent LMC who identified the need for a patient facing communication, creating their own leaflet which was swiftly adopted by multiple LMCs around England.

You can download the patient leaflet and other 'related resources' from the BMA website here, under related resources. This has also been published on the NHS Choices website. Visit the NHS England website for more information here.

You can find 16-17, 17-19 and other UK Wide template letters through the Quality First webpages but please bear in mind that we do have local Trust contracts in place that act outside the nationally agreed contract. We are doing what we can to address this with the CCGs as we feel it is unfair that practices and patients in this area are not benefiting from the national work and agreements that have taken place. We will continue to raise this at every opportunity.

Sessional GP Newsletter inc. Sessional GP Subcommittee Article on Indemnity

The October sessional GP subcommittee newsletter is available and covers includes a blog from Zoe Norris about the Secretary of State's indemnity announcement, the latest update on Capita and NHS pensions and key questions to ask when working in extended access hubs

Extending Flu Vaccination Programme

NHS England, Public Health England, the Department of Health and NHS Improvement have published their plans to boost the uptake of flu vaccinations. Amongst those plans is the expansion of the GP and national pharmacy service so that care home workers are able to access the flu vaccine via local GPs and pharmacies free of charge. GPC are now in the process of working with NHS Employers and NHS England to agree the funding and practical arrangements for this and will get that information out to practices as soon as possible. You can find more detail on the announcement here.

PCSE October Bulletin – CD Rom to Transfer Patient Records

We understand that the PCSE October bulletin to practices incorrectly stated that practices cannot use CD ROMs to transfer patient records. Of course this is not the case - practices can use removable media such as USB memory devices or CD-ROMs as long as the data is encrypted. GPC have requested that a correction statement is released and that PCSE staff are made aware of the correct rules to avoid any problems.

CQC "Next Phase GP Regulation"

This letter describes what will be happening following the recent CQC consultation. These changes are only a marginal improvement to the current arrangements and GPC will continue to encourage CQC to make more radical changes to the regulatory process to properly reduce the burden on practices in England.

GPC Response to Consultation on Low Value Medication

The GPC has responded to the consultation on 'low value medicines' in detail, trying to balance the need to encourage self-care and ensure NHS resources are spent wisely with the need to protect vulnerable patients and ensure that GPs are not encouraged to breach their contractual requirements. In general GPC believe that if medicines are unsafe or ineffective they should be placed on the blacklist making them unavailable for NHS prescription, and where patients have their medication altered for reasons of cost-efficiency GPs should have the resources provided to facilitate this where appropriate. If drugs that are available without prescription are to be restricted, contractual change will be required, and GPC would not support the denial of prescriptions for effective medications without an alternative route to NHS provision.

The GPC prescribing policy group led on the response which covered 18 products that have been identified of low clinical value and/or comparatively expensive, including herbal treatment and homeopathy preparations, both of which they suggested would be better dealt with by inclusion in the blacklist of drugs unavailable on the NHS. GPC also disagreed with the proposal to restrict items of

low priority for prescriptions in primary care that are also available over the counter (OTC) and their main concerns were as follows:

- The need for national legislation for such an important change
- The need for protection of vulnerable groups
- The potential widening of health inequalities
- The need for any changes to be within the GMS regulations
- The need for respect for the decisions of the Advisory Committee on Borderline Substances
- The potential for increases in prescribing of less-suitable medicines
- The need for unsafe or ineffective OTC substances to be placed on the blacklist.
- The need for the MHRA to change criteria for licensing drugs.

Cameron Fund Appeal

It is that time of year again; this letter outlines the work of the Cameron Fund and the annual Christmas appeal. The Cameron Fund is the ONLY benevolent charity that solely helps GPs; without help and support the charity could not continue supporting colleagues and their families at their time of need and when they are often at their lowest ebb.