

CLMC Bulletin 386 – 11.06.19

PCN Network Agreement GPDF Guidance and GPC Conference Update

The much awaited legal guidance that has been sought by GPDF to assist LMCs and practice sis now available to view [here](#) . We have forwarded this to all Clinical Directors but practices may also find this helpful bearing in mind the DES is a practice contractual obligation. We anticipate the legally drafted wording from GPDF for the additional schedules will also be available this week.

GPC also held their first Clinical Director conference and the webcast of the plenary talks will be available on the [PCN webpages](#) .

We would like to remind you again of the important CLMC meeting that is being held on 25 June, 12 – 3 which will cover practice obligations in relation to the PCN DES to which all practices within Tees are signed. We will also have legal and financial professionals delivering introductory staff sharing/employment and VAT sessions from a practice perspective. If you have not already registered, please contact Jackie.Jameson@nhs.net no later than 18 June.

Capita – Delay in Records Transfer

Discussions between GPC and NHS E with regard to the work that has been passed to practices due to Capita mistakenly archiving 160,000 patient records continue. Until an urgent resolution has been reached, GPC advise practices, as is contractually and professionally required, to undertake the work of processing patient information received **to the extent they are able with the resources they have** but should also **inform their CCG and NHS England locally that they do not have sufficient resources to undertake the work quickly enough to mitigate against the risk of adverse consequences**. Practices may wish to use the holding wording provided by CLMC with the last bulletin if they consider it appropriate. Practices should request help from the CCG/NHSE locally whilst discussions with NHSE continue nationally to help reduce the risk to patient safety as they have responsibility for the delay in record transfer. Read the GPC statement [here](#).

NHS Complaints Data Return (KO41b)

The window for practices to complete and submit the 2018/19 (1st April 2018 – 31st March 2019) NHS complaints data return closes on Friday 14th June. The GPC has previously advised that practices are under no legal obligation to complete and submit the current KO41b return – instead the default obligation is for practices to comply with the 2009 complaints regulations – this view remains.

Following confirmation of the GPC position last year, NHS Digital asked the Department of Health and Social Care to publish a new legal Direction that would provide the necessary legal obligation to complete the KO41b return – to date, no such legal Direction has been published. Without the new Direction in place NHS Digital/NHS England cannot require practices to complete the current KO41b return – this technically becomes a voluntary collection.

In the absence of the new Direction, it remains a statutory requirement for practices to provide complaints data in accordance with ‘The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009’. The May 2019 publication ‘Primary Care Written Complaints KO41b (GP & Dental) Guidance Notes – GP collection’ confirms this view as it advises that ‘It is a statutory requirement to declare complaints information as detailed in the 2009 complaints regulations.’ These regulations require practices to operate a complaints procedure and make certain information available.

With the above information in mind, practices may consider one way of meeting the obligations of the 2009 regulations is to continue to provide the information requested via the current KO41b return.

NHS England Interim People Plan and Pension Reforms

The NHS England Interim People Plan has been [published](#) following an extended delay. While the plan is very light on specific general practice-based proposals, simply highlighting measures already in place, it does acknowledge not only the need to address GP recruitment and retention, but also focuses on the similar challenges relating to general practice nursing. It also includes a plan for bringing forward a consultation on a new pension flexibility for senior clinicians. The proposal would give senior clinicians the option to halve the rate at which their NHS pension grows in exchange for halving their contributions to the scheme (the 50:50 option).

The GPC position on the 50:50 option remains that whilst the chancellor talks about pension flexibility, a fixed “50:50” offering does not provide the necessary flexibility or solution to the growing pension crisis impacting doctors and patients. The 50:50 system used in the local government pensions scheme enables employees to reduce their pension contributions to 50% while employer contributions are maintained at 100%. Whilst this may be attractive to some staff groups, it would not resolve the problems facing growing numbers of GPs and consultants. The fixed 50% arrangement could result in many years where GPs and consultants would still contribute at rates leading to a punitive and excessive AA taxation charge and other years where inadequate pension contributions were made by the doctor, leading to a reduced pension at retirement. Rather than a fixed 50:50 approach, doctors need true flexibility with a range of options and mitigations for excessive annual allowance charges.

However, even full pension flexibility does not address the root cause of the current NHS pension crisis - the tapered annual allowance. This tax arrangement is fundamentally flawed leading to “tax cliffs” which may cause tax rates over 100%. No-one, not least hardworking doctors, should be expected to do additional work and pay for the privilege. The tapered annual allowance must be scrapped in addition to any proposed pension flexibilities. GPC have written jointly, with the BMA consultants committee and pensions committee, to Matt Hancock to that effect

Medicine supply issue update (June) and Epanutin update

Pfizer, the sole supplier of Epanutin (phenytoin 30mg/5ml) oral suspension have experienced manufacturing delays of this product and as a result, anticipating a gap in supply from w/c 10th June 2019 until end of July 2019. However, exact dates have not been confirmed. To help mitigate the shortage, Pfizer has obtained approval from the Medicines and Healthcare Regulatory Agency (MHRA) to import stock of phenytoin oral suspension, Dilantin-30[®], from Canada. This stock is considered an unlicensed preparation in the UK. Pfizer have confirmed they have sufficient quantities of this stock to support the whole UK market during this period of short supply.

To ensure that all those affected by this situation are aware and provided with information and guidance during this time, GPC have issued guidance with input from national neurology and patient safety experts via the MHRA’s Central Alerting System (CAS). The CAS provides guidance to HCPs on the supply issue and on switching patients to alternative phenytoin products and monitoring them during this time if required. The published CAS alert, along with a Dear Health Care Professional letter issued by Pfizer, summary of product characteristics and patient information leaflets for Epanutin and Dilantin can be found via this [link](#).

Independent Review into Gross Negligence Manslaughter Report

The [report from the independent review into gross negligence manslaughter and culpable homicide](#), was published this week. The review was launched in the wake of the case of Dr Hadiza Bawa-Garba, who was convicted of gross negligence manslaughter over the death of Jack Adcock, a six-year-old boy in Leicester. The GMC appealed the decision of its own Medical Practitioners Tribunal Service to have Dr Bawa-Garba struck off, before she was reinstated following an appeal at the Court of Appeal. The review found that following the case, doctors' trust in the GMC has been badly damaged and it outlined a number of recommendations for the regulator to take forward.

Workforce figures (England)

NHS Digital [published](#) new GP/practice staff figures last week. Since March 2018, full time equivalent qualified GP numbers have fallen by 441 from 29138 to 28697. In the same period, overall FTE practice staff numbers have increased by 2324 from 94171 to 96495. You can read Krishna Kasaraneni's (GPC England executive team member and workforce lead) blog on this [here](#).

NHS and Brexit

The BMA Council Chair, Chaand Nagpaul, has [written to the Conservative Party leadership candidates](#) asking them to commit to explicit safeguards for the health service against the dangers posed by Brexit – it was sent the same day that the US President Donald Trump told a press conference that the NHS would be “on the table” in trade talks. In the letter Dr Nagpaul says: “We are asking you to commit to excluding the NHS from any future trade agreements if the UK leaves the EU. Patients and NHS staff – indeed, anyone who cares about our health service – will understandably be alarmed by recent comments from the US Ambassador that the NHS should be ‘on the table’ as part of a future trade deal.” Read the full statement [here](#).

New RCGP President Elected

The Royal College of GPs has elected Professor Amanda Howe as their next President following a national ballot of its membership. She will take over the post from Professor Mayur Lakhani, who will step down at the College's Annual General Meeting in November. Read more [here](#).

New Chief and Deputy Chief Medical Officer (England)

Professor Chris Whitty has been announced as the [new Chief Medical Officer for England](#) and the UK government's Chief Medical Adviser. He is currently Chief Scientific Adviser for the Department of Health and Social Care, Professor of Public and International Health at the London School of Hygiene and Tropical Medicine, and a practising Consultant Physician in acute medicine and infectious diseases. He will replace Professor Dame Sally Davies, the current CMO, in October 2019.

Dr Jenny Harries OBE has been announced as the new Deputy Chief Medical Officer for England. She is a public health doctor and her most recent position was as Deputy Medical Director for Public Health England. She will start the position on 15 July.

GPC Newsletter

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

GPC Sessional GP Newsletter

Read the latest Sessional GPs newsletter [here](#).