

CLMC Bulletin 386 – 21.05.19

PCN Update

All proposed PCNs have now submitted their registration forms and we await the outcome of the CCG Primary Care Commissioning Committee with regard to approval. Due to the amount of email traffic and correspondence around PCNs we are going to provide a separate update on PCNs later in the week. We have drafted a timeline of key milestones and tasks for PCNs to undertake between now and 1 July. We have also drafted further guidance on the Network Agreement and Schedules. We are sharing these with the Clinical Director but will also share this with wider practices once they are finalised later in the week.

Please note that the CLMC focus is on the practices and guiding them through the PCNs and the requirements of their contract and the DES. There is a lot of support available for Clinical Directors and we feel our role is supporting practices through these contractual requirements as we would with any other contractual requirement/change. That said, we are available to Clinical Directors and will support as needed. If any practice, PCN or Clinical Director would like specific advice/support in relation to contract/PCN requirements and working through these as a collective, please do get in touch and we can tailor support.

Please look out for the PCN specific bulletin later in the week but in the meantime we would like to draw your attention to an important event we are organising for practices. Full details will be included in the PCN Bulletin BUT

Hold the date – 25 June 2019, 12 noon – 3pm, Sporting Lodge Middlesbrough

This is a meeting for ALL practices and we encourage attendance by at least 1 person per practice as we will focus on what practices actually need to do to fulfil their contractual requirements. We will look at the 'wish list' but our priority will be to ensure every practice is aware of their obligations and options under the DES.

GP Pressures

Following on from the [BMA's recent analysis of the pressures on the NHS](#) in England over the winter, which showed that once again it was stretched to breaking point, GPC are now able to present more detailed figures specifically relating to GP pressures.

As was shown in the [Nuffield Trust report](#) last week, GP numbers are falling at an historic pace whilst at the same time patient numbers and people living with more complex health problems are consistently rising, leaving NHS primary care and the doctors working there are under increasing pressure. The key findings were (based on [NHS Digital data](#)):

- The total number of GP appointments in England rose to 26,210,000 (44 appointments per day per GP) in March 2019
- The total number of registered patients rose by 718,000 from last March to 59,700,000, which leaves each GP responsible for an average of 2089 patients.
- Despite having fewer GPs working compared to March 2018, GP practices held 1.1 million more face-to-face appointments this March, a credit to their hard work and dedication

These figures provide further evidence showing that GPs and their practice teams are under intense pressure as patient demand grows while the workforce shrinks and has left GPs having to attend to record numbers of patients each day. More must be done along the lines that GPC outlined in the [Quality First web resource](#) to ensure all work is properly funded and to reduce unnecessary bureaucratic workload pressures. Read the GPC winter pressures report [here](#)

In relation to this, the Newcastle Journal (print only) reported that GPs in the North East had to carry out an extra 174,000 appointments in the first three months of the year – as pressure on the NHS rises.

Seniority figures 2015/16

The [Final Seniority Figures for GMS](#) GPs in England and Wales, 2015/16 have now been published.

Online Pharmacies

[The Pharmacist](#) reported on the [new rules for online pharmacies issued by the General Pharmaceutical Council \(GPhC\)](#) to tighten up the regulations. However, GPC are concerned that this is putting GPs in the position of policing the prescribing of online pharmacies when it comes to high-risk medicines and Andrew Green, GPC prescribing policy lead said: “A situation where patients can pick their preferred drug “off the shelf”, often with little or no medically correct information available, represents a potentially grave threat to their health. The suggestion from the GPhC that GPs authorise the provision of high-risk medication before issue is inappropriate, it is not the function of NHS GPs to police the prescribing of others, and it would be better to blacklist the supply of addictive drugs through this route.”

Pension Annualisation

Regulations that came into effect on 1 April 2019 to the 2015 NHS Pension Scheme removed the three-month concession around gaps in pensionable earnings for locum GPs. The one month concession which was previously available to Type 1 and Type 2 GPs was removed when the NHSBSA agreed to change the method of calculating ‘annualised income’ for pensionable earnings from ‘annualise then add’ basis to a ‘add then annualise basis. The regulations affect those members of the pension scheme who may have taken breaks within the pension year and may have to tier their pension contributions at a higher rate based on their annualised earnings, rather than their actual earnings. GP locums are particularly disadvantaged by the regulations, but it can affect all types of GP depending on your mix of work, and on top of the other pension changes, is a very significant blow to retention.

The sessional subcommittee is seeking further clarification from NHS Pensions on how the new regulations are being interpreted and applied, so that new guidance can be released shortly to support GP members. If you are unsure on how the new regulations affect you, get in touch with the BMA via sessionalGPs@bma.org.uk

Contract Variation Letters for EPS and Dispensing Practices

NHS England has sent out contract variation letters for the changes to the contract agreed in 2018 (ie not the latest contract agreement from this year). One element of the contract changes relates to the use of the Electronic Prescription Service Phase 4. This service is being switched on in stages and once enabled practices are expected to use EPS as the default.

GPC are aware of concerns regarding dispensing practices where there are particular system issues that prevent the use of EPS Phase 4. The wording of the regulation changes is such that if the prescriber is unable to use it, or if they have not had the service switched on, then there is no expectation to use it as default. The service is being switched on at a practice level and therefore this should not lead to different patients within the same practice receiving a different service.

Mental Health Awareness Week

It is Mental Health Awareness Week. The BMA’s recent mental health survey showed that half of GPs said they or their practice had sought support for a condition affecting them, so there is clearly a need for support. You can read more about the survey [here](#)

The BMA provides free and confidential wellbeing support services to all doctors and medical students, accessible 24/7. Call 0330 123 1245 and choose to speak to a counsellor or take the details of a doctor who you can contact for peer support. [Find out more](#)

GPC Newsletter

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

GPC Sessional GP Newsletter

Read last week’s Sessional GPs newsletter [here](#).