

## **CLMC Bulletin 402 – 15.10.19**

### **Flu Vaccinations: general practice and pharmacy interface**

CLMC recently met with the LPC for Tees to discuss how we can strengthen working and, in particular, tackle the flu vaccination programme which is commissioned from both general practice and pharmacy by NHS E placing competition within the sector in a bid to increase flu vaccination uptake. Whilst we do not necessarily believe it has increased uptake we do believe it has been contentious and has led to competition between general practice and pharmacy that has made joint working less productive than it could be. [This statement](#) has been drafted jointly between LMC and LPC and has been shared across pharmacies as well as practices.

### **ACTION REQUIRED: RPOS and sharing of email addresses**

Within the LMC/LPC meeting mentioned above we also discussed the RPOS process and the difficulties that are being encountered for both parties on this. Whilst discussions will continue between LMC, LPC and CCGs to improve the process we identified a very simple issue that can be resolved through the LMC and LPC. Part of the issue is around communication and the sharing of the general practice and pharmacy email addresses by NECS. It seems that a view has been taken that general practice cannot have a list of email addresses for pharmacies and, likewise, pharmacies cannot have a list of email addresses for general practice; this is irrespective of the sharing of addresses for flu vaccination purposes.

Our suggestion and request is simple; are all practice happy for a generic email address for the practice (be it the same as you use for flu vaccination or a different address) to be shared with pharmacies? If we have permission to do this we can collate the list and share this via the LPC in a bid to improve communication and remove the red tape. The LPC is asking exactly the same of pharmacies. We will send a separate email for your response but please looking to for this and ensure you do respond so we can remove this red tape madness.

### **Pharmacy Contract Changes**

Continuing on the pharmacy theme, within the meeting we also touched on the new pharmacy contract. In July 2019, the Pharmaceutical Services Negotiating Committee (PSNC), NHS England & NHS Improvement and the Department of Health and Social Care agreed a [five-year deal for community pharmacies](#). Some elements of this deal do impact on general practice and will lead to approaches by pharmacists and/or patients around key areas. For example, there is a requirement for every pharmacy to be actively involved with the PCNs in their area through a pharmacy PCN lead! We are arranging for the LPC to come to future LMC Committee meeting (hopefully in January) to explain the new contract, implications and how we can work together. In return, we will be attending a forthcoming LPC Committee meeting to explain the GMS contract and the PCN DES so we can each better understand the others position and requirements.

Further to these contract changes, GPC contacted the PSNC following some reports about practices being approached by patients about diabetic checks. The PSNC has now produced a [web page outlining how these changes are relevant to GPs](#), including a [briefing document](#) which summarises the changes that would be of particular interest to practices. GPC will also be meeting with the PSNC to discuss how these changes impact on practices.

### **Primary Care Networks Survey**

The BMA has launched an [annual survey to understand progress and inform the future development of Primary Care Networks \(PCNs\)](#). This is part of the BMA's commitment to PCNs and to ensure they provide them with all the support they need. This annual survey will provide an opportunity for clinical directors to share their perspectives on how PCNs are operating on the ground, to tell GPC how they see their PCNs developing, providing the necessary information to use in GPC negotiations with NHS England. Please do also access the recently launched [PCN package of support](#).

### **Respond to the NHS Pension Scheme Consultation**

The Government has reissued its consultation on introducing flexibilities to the NHS pension scheme. Many may believe it's too little too late and there needs to be a commitment to reform pension taxation, in time for the next tax year. That said, this is your chance to raise your concerns – you can [use the GPC template to respond](#).

### **Locum Guidance on Pension Annualisation**

The BMA has sought clarity from NHS Business Services Authority on annualising for sessional GPs who are members of the 2015 career average revalued earnings scheme. Locums who work out-of-hours can now be afforded a different pension status as part of the 2015 scheme. This will change how their pensions are annualised. Read more [here](#).

### **GDPR and SAR: update on the provision of medical records to solicitors**

You may have seen the outcome of a recent court case which considered a dispute about how medical records are made available to solicitors requesting them on behalf of patients; the court found in favour of the practice declining to send to solicitors as they had already made the records available to the patient for collection. At this time, practice should continue as they are with regard to GDPR requests but GPC is urgently seeking full information about the case. Once they have this they will review the details to ensure they provide the most up to date guidance to members.

### **Learning Disability Registers**

NHS England have published [new guidance](#) for practices to ensure that learning disabilities registers are comprehensive and up to date and vulnerable patients are given the opportunity to receive flu vaccinations and annual health checks. GPC encourage practices to use this guidance to regularly review their learning disabilities registers to ensure they are up to date so that the right patients are being invited to attend vaccinations and health checks. However, they have raised concerns with NHSE about the significant amount of GP time that it will take to manually update registers to include all of the conditions listed and are pressing NHS England and NHS Digital to commission an automated system as soon as possible. Meanwhile, where diagnosis of a learning disability is unclear, GPs should refer for a specialist assessment.

### **Medicine Shortages**

The Department of Health and Social Care has shared the following communications about supply issues for [Adrenaline Auto-Injectors](#), [Detrusitol](#) XL (tolterodine) 4mg capsules and [Nardil](#) (phenelzine sulfate) 15mg tablets.

In addition, some supermarkets have reported shortages of ibuprofen, claiming it is due to global shortages. In response to this, Farah Jameel, GPC England executive team member said: "While any supply issue impacting the availability of commonly used medicines can worry patients, for those buying painkillers on the high street paracetamol is often a very safe and effective alternative to ibuprofen. If in doubt, patients should speak to a pharmacist for further advice."

### **STPs and ICSs Guidance**

The BMA has published new guidance designed to support members to engage with and influence their local STPs and ICSs, building on previous work on integration and wider messaging around the importance of clinical engagement. The guidance, which is available on the [STP](#) and [ICS](#) webpages, is intended to help frontline doctors to secure and capitalise on local engagement. It provides advice on the changes taking place within ICSs and STPs, suggested questions and tips on engagement, as well as contact information and a template letter to assist members in contacting their system leaders. CLMC continues to work with the CCGs and continues to build on and develop relationships with the newly formed ICS and ICP (see [minutes](#) from September 19 Board meeting where ICS attended). If you have any questions about the guidance, any feedback you would like to share regarding the changes happening in your area, or would like support in engaging with your local ICS or STP, please contact Tom Bramwell at [tbramwell@bma.org.uk](mailto:tbramwell@bma.org.uk)

### **Sunday Mirror Campaign**

The Sunday Mirror has launched a campaign calling on the Government to end the crisis in doctors' surgeries, by boosting the number of trainee GPs, creating 30 million extra appointments, and reduce the number of GPs leaving the NHS by improving working conditions. In response to this Richard Vautrey said: "Recruitment efforts have been significant over recent years, but despite these efforts, we are still desperately short of GPs across the UK. Despite their best efforts, surgeries are struggling to fill vacancies making it hard to cope with growing patient demand. This leaves teams demoralised, and communities frustrated as they wait longer to get the care they need." Read the full quote and article [here](#).

### **Decline in GP Pay**

The Daily Mail reported on a survey by the University of Manchester over a 10-year period, which showed that, after adjusting for inflation, GPs earn 14% less than they did in 2008. In response to this Richard Vautrey noted the fall in GP income since 2006 and added that "Since 2017, we have seen positive efforts to redress the balance with negotiated contract changes that in the most recent official figures showed a long overdue pay uplift. But the now deepening problem of pension taxation rules is no doubt a looming threat to GP recruitment and retention; add this to increasing workload and demand, and it paints a sorry picture for GPs and others working in general practice". Read the full article [here](#).

### **BMA Response to No-Deal Readiness Report**

The BMA has responded to the Government's [No-Deal Readiness Report](#), which outlines what will change should no Brexit agreement be reached by October 31. Chaand Nagpaul, BMA council chair, said: "With little more than three weeks to go until Brexit day, there's no sign of who is going to provide an emergency transport service for critical medicines and medical supplies, or extra freight capacity to guarantee that patients can continue to get the drugs they need in the event of a no-deal. Overall, this document underlines the sheer scale of the task at hand, with almost no area of industry and society unaffected, not least the NHS and the health of the United Kingdom." Read the full statement [here](#).

### **NHS App Campaign**

NHSX are carrying out an information campaign about the [NHS App](#). The App can be used by 96% of people in England, providing a core and consistent digital offer from the NHS, in line with commitments set out in the [NHS Long Term Plan](#). NHSX wanted to make sure the NHS App provides a good service and user experience, and as such, are taking the approach of launching this campaign with staff and partners first, promoting it incrementally, while asking for feedback in order to improve. NHS staff will be able to feed back directly within the NHS App.

They have created a [toolkit of materials](#) to help NHS organisations promote the app to staff, which can be used in organisations' internal communications channels. All this work is supported by the promotion taking place in many GP practices across the country, telling patients about the [benefits of the app](#). NHSX will be refreshing GP practice materials to coincide with a public facing phase of our campaign later in the year. If you have any feedback, please send it to [appfeedback@nhs.net](mailto:appfeedback@nhs.net).

### **CMO Report on Childhood Obesity**

The Chief Medical Officer, Professional Dame Sally Davies, has published a special report on *Time to solve childhood obesity* – read it [here](#).

### **Vacancy for New Member on GMC**

The GMC are recruiting for a new member of our Council. Applications are open to medical candidates with a licence to practice, from diverse communities in the four countries of the UK, until 31 October 2019. You can find out more information about the [role on the GMC website](#)

**GPC Newsletter**

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