

CLMC Bulletin 373 – 08.01.18

NHS Planning Guidance for 19/20

NHS England has published its [NHS planning guidance for 2019-20](#). Further guidance is due to be published later this month and will include what is expected from year one of the Long Term Plan.

For primary care, NHS England inform CCGs that they should build on the £3/head in the primary care transformation fund that was spent during 2017-19, and must now commit £1.50/head recurrently to develop and maintain primary care networks (PCN). This funding should be provided in cash rather than in kind. PCNs must also be provided with data analytics for population segmentation and risk stratification to help networks to understand their population's needs for symptomatic and prevention programmes, including screening and immunisation services. It is expected that all practices will be in a PCN by July 2019.

The document states that STPs and ICSs must have a primary care strategy in place by April 2019 setting out how they will ensure the sustainability and transformation of primary care. There is also a big emphasis on tackling provider and CCG deficits. CCGs are told to deliver a 20% real terms reduction in their running costs by 2020/21. The NHS is expected in the next five years to deliver 1.1% efficiency per year. This will therefore continue to be very challenging at a time when demand is growing and there is a long term underinvestment in the system, something that could ultimately affect services. Read the BMA's briefing [here](#).

Given the expectation outlined above (all practices will be part of a PCN) you may wish to tune in to the [NHS E webinars outlined on this page](#).

NHS Long Term Plan Published

You will have heard various news articles on the publishing of the NHS Long Term (10 year) Plan. Further details will be released shortly as this will have an impact on budget allocations and the services CCGs will wish to commission. Keep your eye on this webpage <https://www.longtermplan.nhs.uk/> !

The assurance is that the guaranteed investment of £4.5 billion a year will be NEW money invested in primary, community and mental health care. Focus appears to be very much on prevention.

Influenza Season 18/19: Use of Antiviral Medicines

Public Health England (PHE) surveillance data indicates an increase in influenza cases in the community. As is usual when this happens they have informed prescribers that they may now prescribe and community pharmacists may now supply antiviral medicines for the prophylaxis and treatment of influenza at NHS expense. This is in accordance with NICE guidance, and Schedule 2 to the National Health Service (General Medical Services Contracts (Prescription of drugs etc) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS).

Antiviral medicines may be prescribed for patients in "clinical at-risk groups" as well as any who are at risk of severe illness and/or complications from influenza if not treated. For information on clinical at risk groups and patients eligible for treatment in primary care at NHS expense with either oseltamivir or zanamivir, please see the guidance on the [PHE website](#). The CMO CAS alert is also available [here](#).

Meeting the Reasonable Needs of Patients

This is a phrase that practices often hear and some (nationally) are being challenged by commissioners on whether they are meeting the reasonable needs of their patients. It appears commissioners are seeking to rely on guidance from NHS England that the GPC have pointed out does not change the contractual obligations of practices.

GPC issued [this guidance](#) at the end of last year that sets out practices' obligations.

Medopar (co-benedopa) Supply Issues

The Department of Health and Social Care has sent the following update about a supply issue with co-benedopa, as well as a letter from Roche (below).

- Roche, the manufacturer of Madopar (co-benedopa), is experiencing supply difficulties with some of the Madopar range, due to an unforeseen increase in demand on their Madopar products throughout 2018.
- Supplies of some Madopar presentations may be constrained during December, but is expected to improve in January
- **Madopar 125mg Dispersible Tablets** – will be unavailable from mid-December until mid-January. There is enough supply of Madopar Dispersible 62.5mg to meet additional demand during this time. Patients may need to have their prescription amended to obtain stock of the 62.5mg dispersible tablet.
- **Madopar 125mg Controlled Release Capsules** – there will be limited stock between now and mid-late December when further deliveries are being received. Roche are providing stock against valid prescriptions, if pharmacies have any queries they can contact Roche Customer Service on the following number: 0800 731 5711
- Other Madopar presentations remain unaffected at this time

If patients are having difficulties obtaining supplies of Madopar the DHSC recommends they see a clinician to discuss alternative treatment options.



Madopar Supply
Issues, updated vers

Pensions Consultation

The Department of Health and Social Care has announced that it will be consulting on proposals to change NHS pension scheme regulations. Click [here](#) to read the consultation. Proposed changes include introducing a new contribution rate of 20.6% for employers from 1 April 2019, renewing current member contribution rates so that the same rates continue to apply beyond 31 March 2019, providing civil partners and same sex spouses with the same survivor pension rights as widows and extending the current forfeiture of pension benefits rules.

Many understandable concerns have been raised by practices and GPs since the consultation was published as this clearly has serious implications. GPC will be working to ensure this new cost is fully funded by government and will be responding to the consultation about the wider implications to GP pensions.

NHS Payments to General Practice in England

This [NHS Digital report on NHS Payments to General Practice in England 2017/18](#) provides detailed information on NHS payments to individual providers of general practice services in England. Figures are given for the main payment categories made to every practice in England.

For all contract types combined, the average annual payment per registered patient was £152.04. GMS practices received £148.92 whilst PMS practices received £155.52 per patient.

GPC Newsletter

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