

CLMC Bulletin 386 – 04.06.19

Updated PCN Network DES Guidance

The Network DES guidance is available on this [NHS England GP contract page](#), with a direct link [here](#). Further details about the CLMC/CCG PCN event on 25 June are included in a separate email.

Annualisation Guidance

Krishan Aggarwal, the deputy-chair of sessional GPs committee and pensions committee member, has worked with the BMA Pensions department to produce an updated guidance on annualisation. From 1 April 2019 any break in pensionable service, for any type of GP, will be required to be taken into account when calculating annualised income in order to arrive at your pension tier. [Read the GPC guidance](#) to understand how annualisation might work in practical terms.

GPC Pension Letter

GPC sent [a joint letter](#) with the Consultant Committee and Pension Committee Chair to the Health Secretary, Matt Hancock, regarding his expected announcement on flexibilities in the NHS pension scheme. The letter highlighted concerns with a possible 50:50 style approach, and called on him to focus on more effective solutions to the pension problems growing numbers of GPs and consultants face. You can raise concerns regarding the tapered annual allowance directly with your MP via the [BMA's 'write to your MP' tool](#).

Pension Taxation Research

NHS Employers has commissioned First Actuarial to carry out some research into the impact of pension taxation on NHS staff and employing organisations. The objective is to provide a strong evidence base to influence changes to the NHS Pension Scheme including the potential for scheme flexibilities to allow members of the NHS Pension Scheme to control the value of pension they earn within the allowances. The research would involve First Actuarial conducting either face to face interviews, telephone interviews or online surveys with staff earning over £60,000. If you are interested in taking part in the research please contact Sean Docherty sean.docherty@firstactuarial.co.uk

Emis Move to Amazon Web Services (AWS)

GPC have been informed that EMIS has sent out a communication to practices which is believed to be potentially misleading. In relation to the plan to move NHS records to AWS (Amazon Web Services), which the GPC supports, their communication states that practices “may wish to inform your patients”. This is incorrect. It is a requirement under GDPR to be ‘transparent’. Practices must inform their patients of significant changes to the way their data is processed, and failure to do so will almost certainly be a breach of GDPR.

Given the potential sensitivity of moving NHS records to AWS this seems to be counterintuitive when GDPR expects openness, transparency and accountability. [BMA guidance on GPs' responsibilities under GDPR](#) states that: ‘Practices must ensure they continue to provide updated information to patients about new data sharing arrangements’. This involves updating practice privacy notices (PPNs) and where practices have the ability to provide electronic alerts to patients relatively easily then these methods should be used. In practical terms this means that where mobile numbers or email addresses are held the practice should use these to make patients aware that new arrangements for data sharing exist and invite them to read the updated PPN. This is set out in the [BMA guidance 'GPs as data controllers'](#) (see bottom page 6, from ‘Ensuring ongoing transparency – keeping patients updated’ to the top of page 8).

The communication also states “and/or undertake a Data Protection Impact Assessment (DPIA)”, which is also incorrect. A DPIA is not an optional alternative to informing patients, it is a standalone mandatory standalone requirement under GDPR that must be carried out prior to any significant or new processing arrangement. If you don't do a DPIA you are in breach. However, EMIS have helpfully provided a link to a template DPIA that practices can use. It is acceptable under GDPR to “borrow” or share DPIAs where the changes apply equally to many parties.

Community Pharmacy Guidance

GPC have updated their joint guidance with the Pharmaceutical Services Negotiating Committee about [Community Pharmacies](#). The guide is aimed at GPs and practice staff and gives more in-depth information about running a community pharmacy, the NHS Community Pharmacy Contractual Framework, funding and FAQs. Read the guide [here](#).

Falsified Medicines Directive

The Falsified Medicine Directive (FMD) and Delegated Regulation came into force in 9 February 2019. NHS England has sent out an update with the start dates for distribution of vaccines in FMD-compliant packs. GPs should note that they are not within Article 23 and will not be supplied with decommissioned medicine. However, GPs will still be able to use vaccines even if they cannot decommission the packs. In the meantime [GPC advice](#) to practices remains the same.

Biosimilar Medicines

NHS England has updated their guide '[What is a biosimilar?](#)' which looks at the role of biosimilar medicines in the NHS and aims to support the safe, effective and consistent use of all biological medicines, including biosimilar medicines, to the benefit of patients.

We would specifically like to draw attention to paragraphs 4.3, 4.4 and 4.5, which refer to the need to prescribe by brand and the mechanism by which switches for reasons of price can be made. GPs should note that these should only be done by the responsible prescriber in consultation with the patient, and where these drugs are prescribed in general practice as part of shared care arrangements we would regard the responsible prescriber as being the initiator of the treatment and not the doctor providing ongoing prescriptions.

MenACWY and EMIS flags

In August 2015, a meningococcal vaccine programme was introduced for teenagers and young people in response to a rapid increase in meningococcal meningitis and septicaemia due to serogroup W (MenW). The programme involved offering MenACWY vaccination through general practice to teenagers leaving school in the summers of 2015, 2016 and 2017, including sending invitations to those teenagers in the relevant cohort. Younger teenagers were vaccinated through school over the same period. Following the programme those who were eligible can be opportunistically vaccinated up to the age of 25 years, under the GP contract.

Coverage in the school programme has been high (>70%) [but levels in the GP programme were much lower](#) (40%). PHE has been working with the meningitis charities and others to raise awareness of the need for those young adults who have missed out to attend their practice for catch-up vaccination.

Following the tragic death of Tim Mason from group W meningococcal disease in March 2018, the coroner sent a letter to NHS England about the missed opportunities for Tim to have been vaccinated. He was eligible for vaccination in the first catch-up year but had not been called in, and, despite attending the practice subsequently, had not been offered a catch up. Tim's mother discovered that EMIS contains a flag that could have prompted his practice to offer Tim his missing dose, but that the default setting for the flag was off. Earlier this year, after prompting by the meningitis charities, the public health minister contacted NHS Digital who in turn contacted EMIS.

From April 2019, therefore, the default setting, for the EMIS flag will be on. Practices using EMIS will notice the flag appear for any young adult born after 1 September 1996 who is not recorded as having received the vaccine. [Practices should offer the missing dose and can claim reimbursement for administration using CQRS](#). The latest [data from PHE](#) shows that cases of group W meningococcal infection have now started to fall.

Providing Flu Vaccinations for Staff

The Specialist Pharmacy Service has published a factsheet and written instruction template for registered nurses to administer seasonal influenza vaccine as part of an occupational health scheme, both of which are available [here](#).

Vaccine Acceptance in England 2018

Public Health England has also provided the following statement, after recent press interest which highlighted growing amounts of anti-vaccination messages on social media, to reassure general practice staff that most parents remain confident in the programme and trust the advice that they get from GPs and practice nurses.

Each year PHE undertakes a cross-sectional interview [survey exploring parental attitudes to infant vaccination](#). In 2018 a total of 1,674 interviews of parents of children aged 0-4 were held. Ninety-three percent of parents reported that they were confident in the immunisation programme with almost 80% believing that all immunisations were safer than the diseases they protect against. The majority of parents perceive each of the infant immunisations to be either completely safe or just a slight risk. The MMR vaccine was the most likely to be deemed as a moderate or high risk – but this was reported by only 9% of parents.

Only 4% of parents had ever flatly refused an immunisation. Of those, the flu vaccine was the most refused (44% - 31 parents) followed by MMR (17% - 11 parents). Satisfaction with all aspects of the immunisation process and trust in immunisation information provided by health professionals and the NHS were all over 90%.

The [NHS website](#) has a range of useful information for parents and for those who have more detailed questions the [Vaccine Knowledge Project](#) run by Oxford University is excellent. PHE also produce a range of leaflets for parents of young children which can be ordered free of charge to be available in the surgery using [this link](#)

NHS Digital Workforce Data

The recent [NHS Digital's workforce data](#) shows that whilst there has been an increase in the number of healthcare professionals working in practices, the number of GPs continues to fall. There are now 7,302 more full time equivalent (FTE) health professionals working in primary care than three years ago. Read more [on the NHS England website](#).

Shortage Occupation List Now Includes GPs

Earlier this year, the BMA workforce team, with input from GPC and the International team, responded to the call for evidence from the Migration Advisory Committee. The MAC have now published their [review](#) and recommended that all medical practitioners be included on the Shortage Occupation List. In response to this, BMA council chair Chaand Nagpaul said: 'The BMA is delighted that such a respected body as the MAC has listened to the BMA and proposed a bold, but much needed, recommendation to place all doctors on the shortage occupation list. This welcome proposal is a victory for the BMA and for the sustained lobbying by the association to address the chronic workforce shortages which are undermining the delivery of patient care across the NHS.'

BMA GP Trainee Elections

The nominations for the BMA's GP trainees subcommittee 2019/20 are open until 12pm on Wednesday 5 June 2019. Seats are available in the North East. More information is available [here](#).

Diamorphine and Microgynon Supply Issue

Department of Health and Social Care has informed GPC about impending supply issues affecting supplies of ethinylestradiol 30 microgram/levonorgestrel 150microgram tablets and diamorphine 5mg injection. Please see the three documents in relation to this: Diamorphine [update](#), Microgynon HCP [update](#), Microgynon Ovrnette [update](#)

Guidance on Requesting Transfers of NHS Property Companies

The Department of Health and Social Care [new guidance](#) allows transfers of estate owned by NHS Property Services and Community Health Partnerships. NHS trusts will be able to apply to own buildings on their estate where it is intended to speed up improvements to frontline services. The guidance says that this applies to NHSPS/ CHP properties, but in instances where they do not own the freehold (NHSPS own the freehold for about half of their 3,500 buildings) they can't assign a lease or license to a provider without consent from the landlord.

This new policy will not directly impact on GPs but it will affect GPs who are tenants of buildings owned by NHSPS which are transferred. In these circumstances the GP tenant will need to understand the new relationship with the new landlord, particularly in situations where there is no formal lease.

If practices have any concerns about any potential transfers of ownership please contact us via info.gpc@bma.org.uk or your LMC. LMCs are reminded to send any queries to info.lmcqueries@bma.org.uk

RCGP Vision for General Practice

The RCGP has published its [Vision for general Practice – Fit for the future](#), which is their outline of what general practice should look like by 2030. It calls for an end to the standard 10-minute consultation to allow GPs to spend more time with patients with complex needs, recommending that it should be at least 15 minutes, with longer for those patients who need it. The document also predicts that there will be an overhaul of the GP-patient record into a personalised 'data dashboard', and that networks of GP practices will evolve into 'wellbeing hubs'. Richard Vautrey, GPC Chair, attended the launch of the document in Westminster this week and commented: "This important piece of work from our colleagues at the RCGP mirrors much of what the BMA has been saying for some time about the direction of general practice and what is needed to ensure its future. Most positively it also highlights areas that we're already making progress on."

GPC Newsletter

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

GPC Sessional GP Newsletter

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