

CLMC Bulletin 395 – 06.08.19

Erroneously Archived Medical Records by Capita

As you know, Capita reported to NHS England that they had realised, nationally, 160,000 patient medical records had been erroneously archived instead of sending to the subsequent GP practices (following further investigation, the number is closer to 148,000). These records will need to be sent to the practices that currently have the patients registered, and NHS England expects those practices to undertake an assessment of harm for each patient affected. GPC England has highlighted to NHS England the impact this would have on practices (as well as them not being to blame for the issue) and their patients, and they have been negotiating to ensure practices receive support to compensate for this, not only for the inconvenience caused by Capita's error, but to ensure that GPs and other practice staff are not taken away from direct patient facing provision.

Unfortunately, NHS England is not prepared to provide the necessary funding that we believe is necessary to cover GP and practice staff time to do this assessment properly and GPC is not prepared to accept a substandard settlement for practices to compensate for the problems created by Capita. GPC have instead instructed their legal team to pursue alternative actions that are available. We are aware this is having a local impact and it is not just the resource in terms of funding but also in terms of capacity of workforce; a point that has been repeatedly by CLMC (and other LMCs) to GPs and NHS E. We will keep practices up to date on developments as they arise.

Firearms Update

The BMA has agreed a [Memorandum of Understanding](#) with the Home Office and the National Police Chiefs Council (NPCC) on the licensing of firearms, which addresses and clarifies the long-held concerns of GPs around liability, making it clear that the legal responsibility for judging whether someone is suitable to possess a firearm or shotgun certificate rests solely with the police. The [blog](#) by Mark Sanford-Wood, GPC England Deputy Chair, outlines how the BMA are engaging with the Home Office, police chiefs, the RCGP and others to agree a consistent, funded and transparent approach to firearms licensing across the country. Our priorities continue to be public safety, professional autonomy and sufficient resourcing.

National Framework for Healthcare Professional Ambulance Responses

A new [national framework for ambulance responses to requests from health care professionals \(HCPs\)](#) has recently been published. Urgent care leaders within the NHS have been working on this for 18 months but the final draft was only shared with GPC in June. Since then, GPC have engaged to revise the obviously unworkable elements of the proposals and now have a framework that sets clear standards for response times. An area of significant concern was the requirement to provide a [National Early Warning Score](#) (NEWS2) in all situations. GPC raised the point that NEWS2 scoring has not been fully validated for assessing response priority in the community. However, recognising that the project group saw this as the best available measure of risk, and was disinclined to change, GPC agreed that NEWS2 scoring should be provided **only where available**, especially given that GPs visiting patients at home will often not have access to pulse oximetry. GPC also agreed that the original requirement that the requesting HCP *must* make the phone call should be revised to encouragement that the HCP **should** make the call. This was for reasons obvious to people working in practices with small teams where the imperative is often to deliver life-saving patient care whilst asking supporting staff to make the emergency call.

Notwithstanding these adjustments, this framework is welcomed as a national set of standards against which GPs and their staff can expect delivery in situations of stress and need. GPC have been aware for some time of unacceptable variability in response times to patients in GP settings and encourage practices to reference this framework in ensuring consistently high standards.

Emerade 500 Microgram and 300 Microgram Adrenaline Auto-Injector Devices Supply Issue

The Department of Health and Social Care (DHSC) has been notified of a supply issue with Emerade 500 microgram and 300 microgram adrenaline auto-injector (AAI) devices. Bausch & Lomb UK, the sole suppliers, are experiencing a short-term disruption in supply of these products and as a result, are out of stock of Emerade 500 microgram AAIs, resupply expected on 28 August. For the 300 microgram devices, a gap in supply is anticipated from early- mid August until end of September.

To ensure that all those affected are aware and provided with information during this time, the DHSC has issued guidance on the supply issue and on switching patients to alternative adrenaline auto-injector pens via the MHRA's [Central Alerting System \(CAS\)](#). DHSC has confirmed that there should be sufficient quantities of stock from alternate AAI suppliers to support the whole UK market during this period. DHSC continues to closely monitor the supply position for all adrenaline auto-injectors to ensure the situation is resolved as quickly as possible and to ensure that patients can continue to receive the treatment that they need.

Pensions Tax Charges

The BMA has published the [results of its survey on of GPs and hospital doctors about pension taxation charges](#), which showed that 34% of the GPs who responded said they plan to reduce their work commitments in the next 12 months, and that over half of respondents said that they planned on retiring early due to pension taxation charges.

The BMA will be responding to the [consultation on proposals to make the NHS Pension Scheme more flexible](#), where they will make clear that [the 50:50 option does not resolve the pension crisis which GPs are facing](#). We encourage practices to also respond.

Letter to the New Prime Minister

The BMA Chair of Council, Chand Nagpaul, has written to the new Prime Minister, where he warns that the pension's crisis is the biggest threat to the medical workforce. The letter also says "In your first speech as Prime Minister on Wednesday afternoon, you highlighted your wish to bring down waiting times for patients to see their GP. Fulfilling this welcome ambition will necessarily require action both to address the GP workforce crisis and the inadequate infrastructure of support in the community, which is currently impacting on primary care." Read the full letter [here](#).

CCG Mergers

GPC have now received a response to their letter to NHS England about concerns that some CCGs that are planning mergers are not properly consulting their member practices. NHS England advised: *"In terms of engagement the guidance remains clear that CCG must consult with their membership and other key stakeholders. It also reiterates the primacy of clinical leadership to ensure that a proposed new CCG is a clinically-led organisation and sets a clear expectation that all members of the new CCG should be able to participate in its decision-making. How CCGs engage with their membership as they develop their merger application will be determined by their Constitutions. It remains the case that the views of the membership have to be presented in the merger application; NHS England will consider those views when making a decision on any merger application."*

As advised last week - practices that have concerns about local CCG merger plans should discuss them with the LMC so that we raise them with CCGs and NHS England regionally.

Active Practice Charter

Sport England and the Royal College of GPs have launched the Active Practice Charter, which is a new toolkit that aims to help GPs encourage physical activity and reduce sedentary behaviour in their patients and staff. Read more [here](#).

Hepatitis Resources

Public Health England has produced some resources to raise awareness of hepatitis B and C, and to encourage GPs to refer infected patients for life-saving treatments. [Eliminate hepatitis B and C resource summary](#) contains links to an online testing quiz, videos, posters, and banners in multiple languages. Read the GPC's [focus on hepatitis B immunisations here](#).

GPC Newsletter

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

GPC Sessional GP Newsletter

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