

## LMC Update Email

18 May 2018

Dear Colleagues

### **GPC England**

GPC England met yesterday and it was good to welcome Nigel Watson to give a presentation on the partnership review that he has been appointed by Jeremy Hunt to lead. This important work has just begun and will continue throughout the year. GPC News and the policy lead summary will be issued next week.

### **National Audit Office report on PCSE**

The [National Audit Office](#) has released a report on NHS England's management of the PCSE contract with Capita. The report underlines how ill-prepared both NHS England and the outsourcing firm were when the programme was commissioned, and illustrates Capita's failure to deliver backroom services for GP practices and individual GPs. My comments were widely reported in the press. I said that "This damning report lays bare the scale of the failures impacting patients, services and GPs due to this poorly thought-out and woefully-run programme delivered by Capita. That NHS England ignored the BMA's serious concerns and went ahead with massive cost-cutting by commissioning Capita to take charge of PCSE – with the expectation that they'd have to strip resources to the bone – with no thought of the consequences is nothing short of scandalous".

GPC has also launched a campaign, asking for all general practice staff members and individual GPs who have been negatively impacted by one or more of the service lines to sign the pledge. Despite GPC writing to NHSE numerous times to express disappointment that the operation of the service continues to fall short of an acceptable standard and calling for action to resolve the issues, this remains a daily challenge for practices and many sessional GPs. Therefore this campaign will be used to further demonstrate how far reaching the poor delivery of PCSE is on practice staff and show the Government the number of individuals demanding for the service level to be improved. [Pledge your support](#)  
Read the [BMA press release](#), [BMA News story](#) and GPC's [update on PCSE service failures](#).  
Read GPC executive member [Krishna Kasaraneni's blog](#) on the NAO report  
It was also reported in [BBC Online](#), [Guardian](#), [Independent](#), [iNews](#), [Financial Times](#), [Daily Mail](#), [The Times](#), [Telegraph](#), [Huffington Post](#), [GP Online](#), [Pulse i](#), [Pulse ii](#).

### **Capita Performers List delays**

GPs who are left unable to practise because of problems with Capita's management of the Performers List are having to wait four months without work before being able to claim compensation. NHS England, which commissions PCSE services to Capita, said settlements would be offered on a "goodwill basis" only in "exceptional cases", where applications had been delayed by more than 16 weeks. Dr Ian Hume, GPC premises policy lead, said: "Imagine not being allowed to do your job – despite being professionally qualified and positions being available – because of an admin error. Now imagine being told to sit on your hands for four months, without work, before your case is deemed "exceptional" enough to even consider compensating you for lost earnings."  
Read the BMA press release in full [here](#).

### **GP workforce**

NHS Digital has produced the quarterly update on GP workforce figures. There are [316 fewer full-time equivalent GPs in England since December according to new figures from NHS Digital](#), and 1,000 fewer GPs since September 2015 despite the government pledging to recruit more family doctors. It is extremely concerning that the workforce has fallen from 33,890 FTE GPs to 33,754 in only three months, and I commented that "It's more than two and a half years since the Health Secretary promised to recruit 5,000 more GPs before 2020, and these figures are a damning progress report. With less than two years until this target date, the trend is clearly going the other way and it's a sign that a step change in action needs to be taken. As GPs struggle with rising demand, increasing workloads and burdensome admin, and are expected to do so with insufficient resources, it's no surprise that talented doctors are leaving the profession and although the number of GP training places have increased, this is not enough to address the dire recruitment and retention crisis". Read the full article in Pulse, and the BMA press release [here](#). Read GPC executive member Krishna Kasaraneni's [blog on workforce numbers](#)

### **GPs as foundation of primary care is one of NHS's greatest achievements**

In a special feature for the BMJ, marking the 70<sup>th</sup> anniversary of the NHS later this year, being interviewed alongside other leading health voices, I explained why general practitioners, and their role as the foundation of primary care, are one of the NHS's greatest achievements. I said "The past 70 years have seen the health landscape change considerably. One thing that hasn't changed over that time, however, is the role that general practice plays as the cornerstone of the NHS." Read the full feature in the [BMJ](#).

### **OTC prescribing cuts**

[Pulse](#) reported that GPs in the UK are having to handle an increasing volume of patient complaints as they have been forced to ration over-the-counter prescriptions. I commented "Everyone wants to make best use of scarce NHS resources but far too little has been done to make patients aware about NHS England's and CCG's aims for a move to buying these products over the counter. This has therefore left GPs unfairly at the sharp end of understandable patient disquiet. NHS England and CCGs need to do far more not only to educate and inform patients, but also to provide much stronger support for prescribers." Read the GPC guidance on OTC prescribing [here](#).

### **Surgery closure**

The Mail on Sunday reported that a surgery in Harlow, Essex, has been wound down by the local CCG because it was too small, too expensive and no other practice would take on the contract. The practice was run by The Practice Group, which is majority-owned by the Centene Corporation, a Missouri-based health insurer with revenues of £45bn. I commented that "Private companies are more likely to walk away from those contracts than GPs who are committed to the local community. If you are the business owner and also on the shop floor day by day seeing patients, then you are likely to be more responsive to their needs than if you are a remote business owner who doesn't have direct contact with patients on a daily basis. The key point is that whoever is running the business needs to be directly connected with the local community". Read the full article in [The Mail on Sunday](#)

### **Wales to help GPs with clinical indemnity costs**

The Welsh Government is set to introduce a state-backed scheme to provide clinical negligence indemnity for GPs in Wales. The Western Mail and South Wales Echo reported that Dr Charlotte Jones, GPC Wales chair and Dr Peter Horvarth-Howard, GPC Wales deputy chair, are positive that the move towards a state-backed indemnity system for all GPs represents a very important step towards increasing the sustainability of general practice in Wales. Dr Peter Horvarth-Howard was also interviewed on [BBC Good Morning Wales](#) on Monday 14 May. The story was also covered in [Pulse](#).

### **Britlofex (lofexidine) tablet shortage**

The Department of Health and Social Care (DHSC) have informed us that Britannia will no longer be supplying Britlofex (lofexidine) tablets from the end of May, as all stock they have on hand is due to expire at the end of this month (see attached company letter). Due to ongoing manufacturing issues, Britannia are unable to confirm when they will next be back in stock, and the out of stock period is likely to last several months. They are the sole supplier of this product in the UK. The DHSC have been in discussion with specialist importer companies but have been unable to source supplies from abroad, as this product is not used in many other countries. They will update us when they have any further information about the resupply of this product. UKMI have also prepared the following shortages memo, available [here](#).

### **Antimicrobial resistance symposium**

The BMA Board of Science held a symposium on antimicrobial resistance this week at which the Deputy Chief Medical Officer, Professor Jonathan Van-Tam, attended. The aims of the symposium were to inform the current development of the UK's next AMR Strategy and to discuss opportunities for health and veterinary sectors to combat AMR, how barriers might be overcome and identify collaborative solutions. Read the BMA's guidance on AMR [here](#).

### **Hospital contract implementation toolkit - call for case studies**

The BMA is working with NHS England to develop a contract implementation toolkit, primarily aimed at CCGs, to support implementation of the hospital contract changes. It is widely recognised that improvement in implementation is needed, and CCGs will be encouraged to work with local providers and LMCs to this end. The purpose of the toolkit is to set out some practical ways in which organisations can collaborate locally to implement the contract provisions and to better understand what steps could be taken to overcome any particular barriers. The toolkit will include general guidance to support implementation; detailed guidance to facilitate conversations between CCGs and providers to better understand how each of the measures is being implemented and to help identify and unblock any issues in any particular area; template local agreement aimed at LMC, CCG and secondary care provider (building on the work of Humberside Group of LMCs, who have kindly shared their tripartite agreement); and local case studies of where organisations have worked together across the system.

If you are able to share a local example of where organisations have successfully worked together to implement one or more aspects of the contract, please contact Marie Rogerson on [mrogerson@bma.org.uk](mailto:mrogerson@bma.org.uk).

### **Sponsorship licence process review**

The Health Secretary, Jeremy Hunt, has written to the Health Committee on the issue of Non-EEA GP Visa regulation and in response the Committee is seeking case examples where the process set out in his letter is not working as planned. Read more [here](#).

The BMA's International and Immigration team are aware of trainees on GP training schemes, who towards the end of their training are unable to secure a post or are having to leave the UK because many GP practices do not hold a sponsorship license. The team is collating examples to forward to the Health Committee, which will be used as evidence that the process itself needs to be looked at again, and not to prompt any examination or re-examination of individual cases. Please email any case examples to Caroline Strickland at [CStrickland@bma.org.uk](mailto:CStrickland@bma.org.uk).

[Read](#) the latest GPC newsletter.

Have a good weekend

Richard