

## LMC Update Email

15 June 2018

Dear Colleagues,

### **Tier 2 visa caps for overseas doctors**

We welcome the change in position of the Home Office that overseas doctors and nurses will be removed from the Tier 2 visa cap. This arbitrary cap prevented thousands of non-EEA doctors from taking up jobs in the UK, placing additional pressure on existing staff as they seek to provide clinical cover and deliver patient care, as well as increasing temporary staffing costs for the NHS.

Responding to this, Dr Chaand Nagpaul, BMA council chair commented "it will be welcome relief to doctors and patients, who have witnessed first-hand the damage that this policy has caused.

Removing doctors and nurses from the Tier-2 cap would represent a huge victory for common sense and for the BMA, which has long-campaigned for the restriction to be reviewed."

Read the BMA press release [here](#).

Dr Nagpaul was interviewed on [Channel 4 News](#), BBC News and on LBC. I was also interviewed on this issue by LBC and BBC Radio Wiltshire.

This was also reported in [BBC News](#), [The Daily Telegraph](#), [The Guardian](#), [ITV News Online](#), [Pulse](#), [The Daily Mail](#) and The Daily Mirror (print only).

Read the press release responding to the official announcement [here](#).

### **Review of gross negligence manslaughter**

The findings of the [review into gross negligence manslaughter](#) (GNM) in healthcare conducted by Sir Norman Williams have been published. The review was set up to look at wider patient safety and the impact of concerns among healthcare professionals that simple errors could result in prosecution for GNM. In response, Dr Chaand Nagpaul, BMA council Chair, commented "As we have seen with recent cases, when mistakes occur in the medical environment, the outcome can be tragic in leading to an unexpected death, with extreme distress both for grieving families who have lost loved ones and to doctors and other healthcare professionals who may lose their career as a result. response to a number of patient safety measures and recommendations from Professor Sir Norman Williams' review on gross negligence manslaughter."

The story was reported in the [Independent](#), [Mirror](#), and [iNews](#). Read the [BMA news story here](#), the press release in full [here](#), and the BMA's written submission to the review [here](#).

### **GP trainee recruitment**

Health Education England (HEE) have announced they have recruited more GP trainees than ever before, and they expect to hit their target of 3,250 to start training this year. However, Professor Ian Cumming, CEO of HEE, told the NHS Confederation conference in Manchester that they expect around 1,200 of the 3,000 GPs that qualify annually to have left the Health Service within five years. This is a sign of the workload pressures many new GPs find themselves exposed to and something that must be addressed as part of the wider recruitment and retention strategies.

In response to this, the BMA GP trainees subcommittee chair Dr Tom Micklewright said: "In recent years, there have been real problems recruiting GPs, and these figures obviously show progress being made and we welcome any increase in numbers. Without urgent action and investment to address the ongoing pressures of increased workload, soaring demand and increased bureaucracy, we will see more and more experienced doctors leaving the profession or reducing their time spent with patients."

I was interviewed about the story this morning on [BBC Radio Essex](#). The story was also reported in [Pulse](#) and in [The Daily Mail](#).

### **Northern Ireland GP contract**

Northern Ireland GP committee chair Dr Tom Black has welcomed the announcement of the new GMS contract for 2019/18, including an investment of £8.8million in GP services. The contract was revealed by the Northern Ireland Department of Health on Monday and includes an extra £1million funding to cover increased indemnity costs, £1.8million towards patient number increases due to population growth and £1.5million for premises upgrades.

This was reported by [BBC News Northern Ireland](#) and [Irish News](#).

### **Scottish GP contract agreement letter**

Please see attached a letter from Scottish Government confirming all of the documentation included in the new GP contract in Scotland. This letter has also been added to the [GP contract webpage](#).

### **Focus on quality indicators**

We have produced a [Focus on quality indicators](#) briefing to provide background and context in preparation for the forthcoming negotiations on the Quality and Outcomes Framework (QOF) in England and the potential changes following the current QOF review, led by NHS England. The review brought together key stakeholders to analyse current evidence and other incentive schemes, with the intention of delivering proposals on the future of QOF. The report has highlighted, and NHS England agrees, that a significant proportion of QOF funding is core income for practices and is an essential resource used for the employment of practice staff, and is already committed to delivering important practice activities. The briefing can be accessed [here](#).

### **Out of hours recruitment supplement affecting GP trainees**

We are aware in some areas that employers are misinterpreting a clause in the previous junior doctors' contract which is resulting in some GP trainees not being paid for out of hours (OOH) work. On the previous contract of 2002, there was a 45% recruitment supplement, which was introduced to provide parity for wages between GP and hospital trainees. Confusion has arisen due to a common misconception that the 45% supplement was 'banding' for OOH work, and that GP trainees that transitioned onto the new junior doctors' contract half way through the year (such as academic and less than full time (LTFT) GP trainees) were paid for their OOH shifts in advance through the supplement. We believe this is clearly a misinterpretation of the previous contract and our view is supported by some employers locally.

Any remaining OOH shifts that are needed to make up their 72 hours of OOH work after transitioning should fall under the arrangements of the new contract, the main difference being that trainees should receive time off in lieu (TOIL) for these. This issue has been highlighted to some employers locally and this interpretation has been agreed.

We recommend that any GP trainee affected by this should exception report in the usual way to enable you to receive the time off in lieu that is owed and if necessary contact the BMA if you have difficulty claiming back time earned (follow this [link](#)).

### **Reimbursement for locum cover for sickness**

Following several requests from GPs and LMCs for clarification around reimbursement for locum cover for sickness, NHS England has confirmed to GPC England that where a GP is signed off sick as part of a phased return then the SFE entitles the practice to locum reimbursement where the requirements under the SFE are met. Where a GP is not signed off sick but has agreed a phased return or does not meet the requirements of the SFE, this would be a discretionary matter. Practices and LMCs are encouraged to quote this clarification from the Head of Primary Care Commissioning (Medical Services) if they are having problems with this issue when liaising with their CCG.

### **Update on diamorphine supply**

Following reports of a diamorphine supply issue last month, the Department of Health and Social Care (DHSC) and NHS England (NHSE) have been working with Accord and their supplier in Germany, and the manufacture of diamorphine 5mg and 10mg injection will soon resume with an anticipated resupply date of beginning of September 2018. DHSC and NHSE have also been working with the remaining supplier, Wockhardt, which has been able to increase the production of diamorphine 5mg and 10mg but are unable to support the entire market in July and August. A management plan has been developed to manage the supply issue during July and August 2018. From 1<sup>st</sup> July 2018 primary care and drug misuse centres can continue to order diamorphine in line with historical demand whilst secondary care will have access to restricted supplies of diamorphine.

#### Recommended Local Action- Primary care and drug misuse centres:

- Although diamorphine will be accessible as per historical demand, the DHSC is encouraging prescribers to be aware of the supply issues and reduce prescribing where appropriate
- Please order responsibly during this time, in line with historical demand and do not stock pile to avoid lengthening the stock out period.
- In the case that diamorphine cannot be accessed, please refer to the [clinical guidance issued by UKMI](#) which provides more information on suggested alternatives to diamorphine (the first-choice is morphine). If you require clinical guidance locally, please liaise with secondary care prescribing partners in substance misuse services or pain specialist services
- Further information in the [Patient Safety Alert on high dose morphine and diamorphine](#)

#### Distribution Arrangements (From 1<sup>st</sup> July):

- Diamorphine 5mg and 10mg will only be available to order from Alliance. No minimum surcharges will be levied
- Morphine 10mg injection (Martindale) available to order from AAH only.
- Diamorphine 30mg injection (Wockhardt), diamorphine 100mg (Accord) and diamorphine 500mg (Accord and Wockhardt) – usual wholesalers.

For further information on ordering processes please contact **Alliance:** 0330 1000 448 / [customerservice@alliance-healthcare.co.uk](mailto:customerservice@alliance-healthcare.co.uk), or **AAH:** 0344 561 8899

Please also see attached a patient information leaflet which has been developed by NHS England.

### **Workforce Minimum Data Set – June 2018 extraction**

The next regular extraction of practice workforce data will take place on Saturday 30 June, so it is recommended that practices have completed updates by the end of the day on Friday 29th June. NHS Digital will be sending out a reminder to practices on 19<sup>th</sup> June. This is important information that helps us to highlight and respond to the recruitment and retention crisis impacting general practice, and we would encourage all practices to take part so we have as accurate a picture as possible.

### **Supporting doctors who want to retrain as a GP**

Health Education England has received an increase in the number of enquiries from doctors who are considering retraining as a GP. There are [some case studies](#) and [FAQs](#) on the GP National Recruitment Office (GP NRO) website – please share this with anyone who may be interested in switching career and considering re-training as a GP. The final specialty training application adverts for this year will appear on NHS Jobs, Oriel and Universal Job Match websites on the 19 July with applications open 31 July – 17 August 2018. If you would like to be put in contact with a GP who has gone through the re-training programme or to find out more information from a pool of local experts, please email [gprecruitment@hee.nhs.uk](mailto:gprecruitment@hee.nhs.uk). For further information go to the [GP NRO website](#)

## **CQC updates**

### CQC fees – invoice issues

CQC has been made aware that a number of practices received duplicate copies of invoices when the original invoices were sent out by NHS SBS, its outsourced financial services provider. CQC have confirmed with SBS that this was caused by an administrative (printing) error. CQC expects SBS to write to all practices affected to confirm they only need to pay one invoice and to offer an apology.

### CQC – Provider Information Collection (PIC) and routine inspections

CQC has also reviewed progress on the development of the GP Provider Information Collection (PIC) tool and the associated Annual Regulatory Review (ARR) process. They have decided that more time is needed to ensure that the whole process and digital solution is right and there is sufficient time for inspectors and practices together to test the end-to-end process before it goes live, and GP PIC will be launched on 1 April 2019. This will have a knock-on effect on routine focused inspections of good and outstanding practices, which will now commence in the middle of Quarter 1 2019. CQC believes this is the least disruptive option and by choosing to further test and refine the system, they have made a positive decision not to introduce a new approach before it is fully ready for both practices and inspectors. Inspections of good and outstanding practices where information and intelligence suggests there is a risk to patients will continue as normal.

### CQC - GP Improvement

Leadership, communication and collaboration are among the key drivers of improvement for ten GP practices featured in a new CQC report, '[Driving improvement: Case studies from 10 GP practices](#)', which draws on interviews with a broad group of staff from ten practices – nine of which were originally rated as inadequate and, through dedicated effort, improved to an overall rating of good on their last inspection. The tenth practice improved from a rating of requires improvement to outstanding.

### **Queen's birthday honours**

Congratulations to GPC member Dr Nigel Watson on being awarded an MBE this week. He has been rightly recognised for the excellent work he has done for Wessex LMC. It was also good to see that former BMA president, GP and NICE chair Professor David Haslam will also be knighted as part of the honours. Read more on [BBC News online](#) and in [Pulse](#)

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

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

Have a good weekend

Richard