

LMC Update Email

17 August 2018

Dear Colleagues,

Supporting small practices

As we reported in last week's update, we [wrote](#) to NHS England to highlight our serious concerns over the comments made about small practices. I have also discussed this with a number of senior members of NHS England, including this week in a meeting I had with Dr Steve Powis, NHS England's medical director. The GPC believes practices of all sizes have a future in the NHS and as the recent GP survey shows, there is clear evidence that many patients prefer to be registered with smaller practices that offer good quality continuity of care.

NHS England has now responded, being explicit that they 'remain committed to enable high quality general practice to be provided in a range of forms and sizes, including in small practices.' They also told us that 'the development of networks is designed to support collaboration between practices and is not about actively encouraging practice mergers. Their ambition is for all practices – irrespective of size – to be part of a network to enable general practice to work with local partners to reduce health inequalities, improve the health span of a population and create a sustainable and resilient multidisciplinary workforce'.

Record transfer safety breach Docman – survey

As per our previous communications, NHS England issued a CAS alert to practices last week, on the use Docman software (version 7) with Electronic Document Transfer (EDT) enabled, in which documents received by practices using NHS mail are not being reliably transferred into patients' electronic records. The GPC has serious concerns over this issue, and to estimate the size of the impact we would really appreciate if LMCs in England could ask practices to fill in our short survey, via this link: <https://www.surveymonkey.co.uk/r/GYZHJ5J>

The survey consists of the following questions:

- 1) Find the 'unprocessed' folder on your Shared Drive (Shared > PCTI > DOCMAN7 > DATA_S1 > EDT > UNPROCESSED). Enter the total number of files.
- 2) Download and run the Docman tool, then enter the total number of files left in this folder.
- 3) You will be asked to carry out a clinical risk assessment on the remaining files. Please enter the total number of risk assessments.
- 4) What is the total number of practice hours spent reviewing and completing this task?
- 5) Was the practice at the time of Docman installation instructed how to use the Docman Alert scheduler? Yes/No/Don't know/Not aware of the alert scheduler

Letter to Chancellor about pensions concerns

The serious problems caused by recent changes to the pension scheme are well known to most GPs. This week we have written to the Chancellor of the Exchequer to highlight our ongoing concerns about the application of the tapered annual pension allowance and its effects on a growing numbers of GPs. This issue has caused significant recruitment and retention problems across the health service, including GPs, and it is unacceptable that complex and rigid pension policies are presenting

financial disincentives to doctors taking on new positions or considering additional work. In our letter to the Chancellor we have asked him to consider greater flexibility in the way these limits are set, and in doing so prove that the government values our expert medical workforce and ensures it can continue to deliver high quality care in the future.

General Practice Premises Policy Review blog

Following our report last week that there will be a [review of General Practice Premises Policy](#), and NHS England's [call for solutions](#), inviting submissions from interested stakeholders, Dr Krishna Kasarareni, GPC Executive member, has written a blog welcoming the review. Read the blog [here](#).

Dr Bawa-Garba appeal and GMC review into gross negligence manslaughter

Following an appeal by Dr Bawa-Garba, supported by the BMA which made representation to the court, we are pleased that the Court of Appeal has overturned the decision to erase her from the medical register. In response to this, Dr Chaand Nagpaul, BMA council chair, said: "We welcome today's judgement of this important case reversing the erasure of Dr Bawa-Garba from the medical register and restoring the decision of the Medical Practitioners Tribunal. We recognise the hard work of all involved, including Dr Bawa-Garba's legal team, in securing a positive outcome. The BMA was pleased to be able to intervene in this case on behalf of the entire medical profession." You can read more about the case and the BMA's intervention [here](#)

In addition, the BMA's response to the GMC review into how gross negligence manslaughter and culpable homicide are applied to medical practice has been published [here](#). Our response to the ruling featured in the Times, [Guardian](#), [Independent](#), [iNews](#), [ITV online](#), [Press Association](#), [Pulse](#), [GP online](#) and [Leicester Mercury](#) with a mention on BBC Radio Leicester.

Referral management briefing

The BMA has published a briefing which provides an up to date account of the various referral management schemes that are currently operating in England. The briefing summarises existing evidence regarding the effectiveness of referral management and restates our existing concerns about the risks associated with many referral management schemes. It also provides recommendations for CCGs, NHS England and the Department of Health and Social Care, based on evidence and member views. Read the briefing [here](#).

Dangers of a no-deal Brexit

The BMA has published a briefing paper on the dangers of a no-deal Brexit to the health service, which is available [here](#). Commenting on the briefing paper, BMA council chair, Dr Chaand Nagpaul, said: "The BMA believes the public should have a final informed say on the Brexit deal and, to reject the notion of a 'no deal' given all the serious risks that such an outcome carries."

To coincide with this publication, Dr Nagpaul has also written an opinion piece for the [Independent](#), warning that the NHS has not been prioritised in the Brexit negotiations. The story was also covered in the Financial Times, [Daily Mail](#), [Irish News](#), [iNews](#), [BMJ](#), [Cornwall live](#), [Plymouth Herald](#), [Daily Record](#), [GP online](#) and was mentioned on [Talk Radio](#).

Update on Diamorphine supply issue

The Department of Health and Social Care has provided an update on the Diamorphine supply issue. Accord are still out of stock of diamorphine 5mg/10mg injection but have advised that new stock of both strengths will be available during the w/c 27 August. There are further deliveries scheduled from September onwards. Wockhardt still have supplies available but cannot support the full demand for primary and secondary care. The DHSC has advised that this supply issue should

hopefully be resolved by early September, and until then please continue with the management plan as previously stated:

- Primary care and drug misuse centres will be able to continue to order diamorphine in line with historical demand.
- Secondary care will have access to limited supplies of diamorphine

Recommended Local Action - Primary care and drug misuse centres:

- Although diamorphine can be accessed as per historical demand, prescribers should 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.
- If you can't access diamorphine, please refer to the [UKMI clinical guidance](#) which provides more information on suggested alternatives (the first choice is morphine). For local clinical guidance please liaise with secondary care prescribing partners in substance misuse services or pain specialist services
- For further information see: [Patient Safety Alert on high dose morphine and diamorphine](#)

Distribution Arrangements:

- Diamorphine 5/10mg 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; **AAH**: 0344 561 8899

Please also see the attached patient information leaflet to support this medicine supply issue.

Managing mental health at work

The charity Mind's research has found that 9 in 10 of primary care staff experience workplace stress, while two in five GPs said they had experienced a mental health problem. The poll of over 1,000 NHS workers in primary care, including GPs, nurses and practice managers, also showed that work is currently the most stressful area of their lives, ahead of their finances, health, family life and relationships. That is why Mind is campaigning for improved mental health support for people working in primary care.

Working in healthcare doesn't make it any easier to find the words to talk about your mental health at work. In fact, it can make it harder. It needs to be acceptable and possible for health care staff to talk about their mental health and by getting people talking about mental health we can break down stereotypes, improve relationships, aid recovery and tackle stigma. Mind asked a group of people working in GP surgeries to talk about their own experience of mental health problems. [Watch their film here](#).

At the BMA, we have resources to help staff manage their mental health at work, which you can access [here](#). We encourage you to have a conversation with a colleague about mental health today – [Time to Change](#) have resources to help you get started.

New Ombudsman's Clinical Standard

The Parliamentary and Health Service Ombudsman (PHSO) has introduced a new Ombudsman's Clinical Standard. For complaints about NHS clinical care and treatment in England, including those made directly to GP practices, PHSO aims to establish what would have been good clinical care and treatment in the situation complained about and whether what actually happened fell short of that.

PHSO states that the new Clinical Standard gives greater clarity to how the appropriateness of care and treatment is considered. Clinicians and health organisations can inform the PHSO which professional guidance or standards they based their practice on, and the PHSO will consider the explanations of those complained about and balance them against the relevant standards or guidance. The intention is that this will offer a clearer opportunity to explain how the decisions about care and treatment were reached. We are seeking a meeting with the PHSO to discuss this with them.

A copy of the Clinical Standard is available on the PHSO [website](#). If you have any questions or comments, please email PublicAffairs@ombudsman.org.uk. BMA guidance on complaints is available [here](#)

Read the latest GP newsletter [here](#)

Have a good weekend

Richard