

Dear Colleagues,

### **Speech by new Secretary of State for Health and Social Care in England**

Matt Hancock, the new Secretary of State for Health and Social Care in England, gave a speech today, in a hospital in his Suffolk constituency. He talked about his priorities being workforce, technology and prevention. He spoke about general practice and said, "GPs need more assistance to tackle with their substantial workloads. There is currently a review of GP partnerships ongoing but I also want to see more training to those pharmacists based in GP surgeries and more staff to support them." He concluded with a commitment "to make the investment in primary care and community pharmacies so people don't need to go to hospital", but gave no specifics.

He also spoke about this registration with GP at Hand, "Not only do I have my own app for communicating with my constituents here in West Suffolk, but as you may have heard I use an app for my GP. The discussion around my use of a Babylon NHS GP, which works brilliantly for me, has been instructive. Some people have complained that the rules don't work for care provided in this revolutionary new way. Others have said the algorithms sometimes throw up errors. Emphatically the way forward is not to curb the technology – it's to keep improving it and – only if we need to – change the rules so we can harness new technology in a way that works for everyone: patient and practitioner. I want to see more technology like this available to all, not just a select few in a few areas of the country."

You can read the BMA press release commenting on the speech [here](#).

### **GPC England**

GPC England had their first meeting of the new session yesterday where we discussed the partnership review, QOF review, and consultations on digital-first, and evidence based interventions. GPC News and the policy lead summary will be issued next week.

### **GMS and PMS regulations amendments**

Following agreement in the last round of negotiations, the amendments to the GMS and PMS regulations in England have now been agreed and laid before Parliament. These have been released on [gov.uk](http://gov.uk) but will not come into force until 1 October 2018.

One of the main changes is to the section around removing a patient who is violent; these changes have been made following our concern that some practices were left vulnerable when patients with a recent history of violence registered with a new practice without the practice being aware of the situation. Such patients should instead be provided general practice services by a specially commissioned service. We were successful in agreeing some key changes to resolve this situation.

We agreed that a patient having a violent patient flag on their record, is reasonable grounds for a practice to refuse to register that patient (using paragraph 21 of part 2 of the regulations 'refusal of applications for inclusion in the list'). We also agreed the new addition to the regulations that if a practice does register someone with a violent patient flag on their record, they may remove them immediately by giving notice to the Board. While the latter will come into effect in October, the former is an agreement around

interpretation of the regulations and so can be implemented immediately. We would also hope that commissioners would recognise the change coming in October and so may provide some scope for this too to be implemented right away.

### **NHS e-Referral Service**

The hospital [Standard Contract for 2018/19](#) in England requires the full use of the NHS e-Referral Service (eRS) for all consultant-led first outpatient appointments. From 1 October 2018, providers will only be paid for activity resulting from referrals made through eRS. Earlier this year we secured agreement that the introduction of the eRS should be done in a supportive manner. Where a practice is having technical or other practical difficulties with eRS, it must agree a plan with the commissioner toward resolving the issues. Where the issues are not within the gift of the practice, it is for the commissioner to resolve.

NHS England has issued [guidance for managing e-referrals](#) which is aimed at commissioners, practices and providers of acute consultant-led outpatient services which accept referrals from GP practices. The [latest paper switch off \(PSO\) dates](#) for NHS Trusts can be accessed [here](#).

GPC England has regular meetings with the national eRS team and would like to hear of any implementation related difficulties you are facing by email to [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)

### **Antimicrobial resistance – point of care testing**

NHS England has launched the UK Antimicrobial Diagnostic Collaborative programme, which will initially focus on C-Reactive Protein (CRP) point of care testing in primary care, as part of the drive to reduce inappropriate antibiotic prescribing. In response to this, I commented: “We would be interested in exploring improved diagnostics to help support clinical decision making, however when those in general practice are dealing with large numbers of patients with a limited amount of time per consultation, any tests suggested must be almost instantaneous and consistently reliable to be practically useful.” NHS England has confirmed that the programme is in its early stages and that further details will be announced in the future. Read the full story in [Pulse](#).

### **Parliamentary question on SAR requests**

The issue of inappropriate subject access requests being made by insurance companies was subject to a question in parliament this week.

Asked by **Julian Sturdy**: To ask the Secretary of State for Health and Social Care, what estimate he has made of the costs incurred to the NHS from third-parties making subject access requests under General Data Protection Regulation (GDPR) instead of using the Access to Medical Reports Act (AMRA) 1988.

Answered by **Jackie Doyle-Price**: No such assessment has been made. The GDPR is not the correct route for such requests. The right of access under GDPR confers more personal information than is needed or is justified for insurance underwriting. Accordingly, insurance companies should instead use the established mechanism of the AMRA 1988 to obtain summary medical reports from GPs. The AMRA allows the GP to charge a reasonable fee to cover the cost of copying the report.

Read the full transcript [here](#).

### **HPV vaccination for boys**

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended to extend the HPV vaccination programme to boys after they found it to be cost-effective. After the statement, the Scottish and Welsh governments announced they would add this to the immunisation schedule, however, the government in England has yet to announce whether they would follow suit. Professor Dame Parveen Kumar, BMA board of science chair, said it was an important moment for public health, and that “to properly protect people against HPV infection, this should be added to the school immunisation schedule as soon as possible.”

The JCVI statement can be read [here](#).

Read the BMA press release [here](#).  
It was also reported in the [BMJ](#) and the trade blog [Medscape](#) .

### **Update for practices in NHS Property Services and Community Health Partnerships premises**

We continue to work on the ongoing issues with NHS Property Services (NHS PS) and Community Health Partnerships (CHP). We are aware that a written question was submitted to the Secretary of State about money owed to NHS PS and CHP by GPs. We would like to remind LMCs and practices about our guidance on this issue. In respect of current charges, practices should only make payments to both the extent that they are both satisfied as to the legal basis upon which they are payable and their accuracy.

GPC England are aware that this issue is causing practices significant stress, and we would like to reassure you that GPC will stand with you in circumstances where, despite there being no legal basis to do so, NHS PS seek to enforce these charges. To this regard, if NHS PS take action to enforce charges against you please let us know immediately by emailing [gpcpremises@bma.org.uk](mailto:gpcpremises@bma.org.uk)

Further guidance and updates are available on our website, please follow this [link](#).

### **Evidence Based Interventions consultation**

NHS England has launched an [Evidence Based Interventions consultation](#), which looks at design principles of the programme, the interventions that should be targeted initially and proposed clinical criteria, including proposed new terms in the NHS Standard Contract. This follows research evidence which showed that some interventions are not clinically effective or only effective when they are performed in specific circumstances. This is counterpart to the [items that should not be routinely prescribed in primary care programme](#), which the BMA [responded to](#). The BMA will be responding to the evidence based interventions consultation (deadline 28 September), and GPC England will be feeding in to that response. For information on how to submit a response individually, see [here](#).

### **NHS funding settlement briefing**

On 18 June Government announced a long-term plan for the NHS. This included a funding increase of 3.4% in real terms each year from 2019/20 to 2023/24, increasing the NHS

England budget by £20.5b. The BMA have published a briefing that discusses how this will impact health funding in the UK, suggests where it should be spent and highlights that it is not enough to cope with growing patient need. The BMA is calling for primary care to be one of the key areas that should be prioritised for this extra funding.

[Read the briefing](#)

[Visit the web page](#)

### **Survey – Unfairness in the 2015 NHS Pension Scheme**

The BMA is gathering data to find out whether certain groups of GPs are being discriminated against under the NHS Pension Scheme Regulations 2015. We believe that GPs who take breaks from work are ending up paying more without receiving any increase in their pension. This is happening through a method for calculating contributions called 'annualisation'. If you are in the *2015 Career Average Revalued Earnings scheme*, please to complete our short [survey](#). If you are unsure whether you are in this scheme you can find out [here](#). To get the best possible data, we need as many GPs as possible to complete the [survey](#). Our objective is to persuade the Department of Health and Social Care to acknowledge and remove the unfairness in the way the NHS Pension scheme currently operates.

### **Supply chain update July 2018**

The Department of Health and Social Care (DHSC) has published a supply chain update for primary care for July (attached). In addition, the DHSC has informed us that they have been working with clinical experts to produce advice on the Priadel 520mg/5ml Liquid supply issue, due to the important nature of this medication and the issues around switching formulations / brands of lithium. The advice is now available on the [Specialist Pharmacy services website](#). Sanofi are advising that the next supply of Priadel 520mg/5ml Liquid will be available mid-August.

Read the latest GPC newsletter [here](#)

Have a good weekend

Richard