

## LMC Update Email

24 August 2018

Dear Colleagues

I had a one-to-one meeting with Matt Hancock, the Secretary of State for Health and Social Care, this week. It was a positive meeting during which I was able to outline the wide range of issues facing GPs and their practices, and the need for the government to make clear commitments to invest in and develop General Practice as the foundation on which the rest of the NHS is built.

In particular we discussed how to tackle the workload pressures facing GPs, and the linked workforce crisis. Key elements to resolving some of these problems and making general practice a career that is more attractive to younger doctors as well as a role that older doctors want to remain in, is to address the unsustainable indemnity costs GPs have to bear. It was therefore good to hear the Secretary of State commit to continue with the work to implement a state backed indemnity scheme for GPs to be introduced by April 2019. He also supports the important partnership and premises reviews that are currently under way.

In his speech a few weeks ago, he said that his three priorities were the morale of the workforce, IT developments and prevention. These are all areas of importance to GPs. I made clear the damaging impact on GP morale of the failure to fully implement the DDRB recommendations. We also talked of the leading role GPs have played in developing electronic records and of the need to use the opportunity of the forthcoming [Long Term Plan](#), which will outline how the £20bn promised by the government will be spent, to focus on further investment in GP IT.

### **Recognition of GPs as specialists**

We have written a joint letter with the RCGP to the GMC to reiterate our support for the recognition of GPs as specialists. This follows on from our [joint statements](#) outlining the clear case for change. We welcomed the GMC's statement in January 2017 which accepted that a single advanced register would be more helpful and informative for the millions of patients, employers and doctors who use it. In addition to providing confirmation that this view still stands, we have asked the GMC to actively encourage the UK health departments to bring forward proposals to update the Medical Act to recognise GPs as specialists, granting them parity of esteem with senior doctors in other branches of medical practice. GPs are expert medical generalists who must be valued as such and given the recognition they deserve. This is also linked to the partnership review led by Nigel Watson.

### **No-deal Brexit papers**

The government has released a series of technical papers setting out their preparations for a no-deal Brexit, which included plans to stockpile medicines and instructions to drug companies to put in place arrangements to fly in supplies with short shelf lives should there be disruption at the border. One of these is a 'guidance' letter to NHS organisations and GPs, which can be read [here](#).

In response to this, Dr Chaand Nagpaul, BMA Chair of Council said: *"Many of the no deal outcomes outlined in this paper would result in the UK becoming both less influential within the health sector and a less significant market. The Government is addressing the immediate risks of a no deal scenario by encouraging providers to stockpile six weeks' worth of medicines, but we need greater clarity on underlying long-term concerns. Having two separate regulatory systems for medicines, for example, could lead to delayed access to new medicines and medical devices in the long term for patients in the UK. To avoid chaos at the border, the government is now instructing suppliers to make arrangements to fly radioisotopes and medicines with a short shelf life into the UK - no-one voted for this situation."*

Read the full press release [here](#). The story was also covered in [the Guardian](#), [Guardian](#), [the Independent](#), [Metro](#), [Pulse](#), [New York Times](#), and the chair GPC Northern Ireland, Dr Tom Black, was interviewed on the [BBC Radio Ulster Evening Extra programme](#).

### **PCSE / Capita service update**

As I previously shared with you, following the publication of the National Audit Office report into the procurement of PCSE earlier this year, I wrote to NHS England to again raise our serious concerns with the poor service delivery by Capita/PCSE to GP services and LMCs. NHS England has responded to us this week to update us on the progress that has been made to address the many issues we had highlighted. They have told us that following complete roll-out of the bar-code tracking system, 98.5% of records are now being delivered within 12 days of collection. In addition Capita's management of the performers list is improving, with complaints having dropped by 72% from the peak in August 2017 and turnaround times for changes to the performers list completed in less than two weeks.

They have said that both Capita and NHS England are committed to continuing to resolve outstanding issues and we meet with them both regularly to ensure this is happening. There is still much that needs to be done to get to an acceptable service, and if LMCs have specific issues that you want us to take up on behalf of your constituents, then continue to contact us by emailing [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk).

### **Decline in GP numbers**

An [NHS Digital report](#) has shown a further decline in the number of full-time GPs, which are down 523 since March. Responding to these figures, I commented, "The continued fall in the number of GPs is causing major problems around the country as practices find it harder and harder to meet the growing needs of their patients. It leaves patients waiting too long for appointments and GPs and their practice team members under increasing stress as they do their best to cope. The new secretary of state for health and social care in England made workforce his top priority, and these figures show that its work to recruit and retain GPs that must be addressed urgently." The story was covered in [Pulse](#) and [GPOnline](#).

### **Interim Seniority Factors 2018-19**

The Interim Seniority Factors 2018-19 for England and Northern Ireland have now been published on [NHS Digital's website](#).

### **Concerns over military GP IT systems**

The Times carried a front page story about IT problems in military general practice last weekend. Colonel Glynn Evans, BMA Armed Forces Committee chair, warned that poor IT systems were placing troops' healthcare at risk. Responding to the concerns, the surgeon-general, Lieutenant-General Martin Bricknell, wrote in [a blog post](#): "The use of any medical IT system that poses even the smallest hazard to our people deserves our full attention. If there are problems, we are committed to addressing these in the most efficient way possible." Read the full article in the [Times](#). The story was also covered by [Politics Home](#), [The Guardian](#), [The Sun](#) and [MailOnline](#).

### **Practice closures in Wales**

Figures show that 17 main and 28 branch surgeries in Wales have closed since 2013, leading to 42,800 patients needing to find a new practice. Dr Charlotte Jones, GPC Wales chair, said that surgeries were struggling to stay afloat due to problems recruiting and retaining doctors, the "sheer volume" of workload, "under-resourcing" and "overwhelming bureaucracy." Read the full article on [BBC online](#).

### **Data Protection Officers in GP practices**

The BMA has published guidance on the requirement for Data Protection Officers in GP practices under GDPR. In particular, members should note details of the recently published [Addendum to the GP IT Operating Model, Securing Excellence in GP IT Services](#). The guidance is available on the [GDPR page](#), in the *FAQs about the role of the DPO* section.

### **GPs experiencing mental health problems**

Mental health charity Mind found in their recent survey that 40% of family doctors are experiencing symptoms of depression, anxiety or post-traumatic stress disorder and feel unable to turn to their colleagues for support. This was covered by [iNews](#) highlighting that the vast majority (86 per cent) of GPs affected said that they were much more likely to look for help from family and friends or their own doctor. 48% said they would seek help from a colleague just a third said they would turn to their practice manager. Dr Krishna Kasaraneni, GPC England executive team member, was quoted as saying, "This report is extremely concerning and highlights the need for better support for GPs and their teams. The BMA is calling for a properly-funded universal occupational health service, so that GPs and the wider practice staff are able to access the support they need, and in turn are better equipped to care for their patients. After all, no one wants to be treated by a sick doctor, and strains on clinicians' mental health will only lead to more turning away from the profession."

### **GPC regional representative by-election**

Voting is now open in the election for the position of Hertfordshire representative to GPC for the 2018-19 session. GPs who pay the voluntary levy in this region are eligible to take part. For more information, click [here](#).

### **New appointments to Scottish GPC**

I was pleased to attend the first meeting of the new session for SGPC yesterday. It was also the first meeting for Andrew Buist as chair, as he has now taken over from Alan McDevitt. Andrew Cowie and Patricia Moultrie have been elected joint deputy chairs, and the following were elected as members of the Scottish GPC Executive: Chris Black, John Ip, Denise Mcfarlane, Iain Morrison and Kirsty Robinson.

### **LMCs – change of details**

If there are any changes to LMC personnel, addresses and other contact details, could we please remind you to Karen Day with the changes at [kday@bma.org.uk](mailto:kday@bma.org.uk).

Read the latest GP newsletter [here](#)

Have a good weekend

Richard