

## LMC Update Email

27 July 2018

Dear Colleagues,

### **Annual pay review for doctors in England announced**

This week the Government announced its pay deal for doctors in England and, in doing so, ignored recommendations from the DDRB (Review Body on Doctors' and Dentists' Remuneration). The government announced a consolidated 2 per cent pay increase for GPs backdated to April 2018, with an additional 1 per cent potentially available from April 2019 subject to contract reform.

As you are aware, each year the DDRB makes recommendations on the pay for all doctors in the UK. While in the recent past, the pay for GPs has been agreed through direct negotiations by GPC, this year we included evidence to the DDRB and asked them to make a recommendation. The DDRB listened to our evidence and expressed its concern about the workforce issues and made recommendations accordingly. Following the DDRB recommendations, the government then makes a decision about an increase in pay, taking all doctors into account. This year, the government announced it is lifting the 1% pay cap for all public sector workers and so its decision was coordinated across all public sector workers (who are covered by various pay review bodies).

Our original agreement in the negotiations back in March was for an interim 1% pay uplift for all GPs and their staff and for any further uplift to be implemented based on the government's decision on the DDRB recommendations. Now that we have the government's decision we published a briefing which explains what the uplift means for general practice in England, which can be accessed [here](#)

The GPC Executive has been in direct contact with the Secretary of State and NHS England and we have expressed very clearly the anger of the profession. The BMA has also responded to the announcement with a statement expressing the profession's astonishment and Chaand Nagpaul, BMA Chair of Council, wrote to the Secretary of State for Health and Social Care requesting an urgent meeting to discuss what can be done to address the profession's anger. Read the letter [here](#)

Richard Vautrey, GPC committee chair, commented on this in Pulse and GP online: "It is deeply concerning that the government has chosen not to honour the findings of its own independent pay review body across the entire NHS, but specifically for GPs.

The announcement was also covered in the Guardian, Independent, Mail online, Mirror, Express, ITV online, Press Association and the Daily Star.

### **GP social prescribing investment**

The new health secretary, Matt Hancock, has promised a £4.5m investment towards social prescribing schemes such as gardening or arts clubs, which could help practices employ staff to signpost patients to local organisations, or establish new social prescribing options. In response to this, Dr Krishna Kasaraneni, GPC Executive, told Pulse: "Social prescribing schemes have the potential to have a positive impact for patients as well as in reducing GP workload. However, in order to inform best practice, the evidence base must be expanded, and new and existing schemes should be appropriately evaluated, including considering the long-term impacts on patient outcomes." The story was also first reported in [The Times](#)

### **Compensation for Capita failure**

NHS England has been ordered by MPs to show how it has compensated GPs for the botched outsourcing of primary care support services. In response to this, Dr Richard Vautrey, GPC Chair, said: "It is only right that the Public Accounts Committee be so damning in its assessment of Capita's running of the PCSE contract. The programme has been run woefully and negatively impacted patients, services and GPs. GPs experienced two years of chaos as a result of this contract. It's clear that Capita were incentivised by the contract awarded by NHS England to close support offices and cut staff as quickly as possible regardless of the problems that were quickly developing. Prioritising money over services has been very damaging for general practice."

Read the full article in [Pulse](#) and the BMA press release [here](#).

### **Most GPs wouldn't consider working for online private services**

In a survey done by Pulse, the majority of 760 GPs said they would not consider working for an online private provider of general practice. They believed it is a high risk to patient safety and a threat to core general practice. However, other news outlets, including [Mail Online](#), led with the fact one in four (25 per cent) of GPs said they would consider it. Dr Krishna Kasaraneni, GPC Executive member commented: "What this survey shows is that the majority of GPs questioned clearly wish to continue working in the NHS providing face-to-face care to their patients, and that many have well-founded concerns over the ethics and safety of online models. However, as GPs face unmanageable workloads in the face of rising demand and chronic underfunding, doctors are understandably frustrated by this. Within this climate, private providers that are able to cherry-pick healthier, better-off, patients, and offer a more flexible workload to practitioners, may be an attractive option to some." Read the full article in [Pulse](#)

### **Dr Bawa-Garba appeal hearing – summary statement**

The appeal hearing which could see Dr Hadiza Bawa-Garba reinstated to the medical register concluded yesterday, with judges still considering their ruling. A summary statement of the BMA's submission to the Bawa-Garba appeal has now been published on the BMA website.

We were granted permission to intervene in the appeal on the basis that it "raises issues of wider importance, both for the medical profession and more generally". We were particularly concerned that the previous High Court judgement could restrict the ability of a Medical Practitioners Tribunal to form its own view of the facts and of any public confidence considerations in cases involving a criminal conviction.

Our intervention focused on what is meant by the promotion and maintenance of public confidence in the medical profession and on the distinct role of the Medical Practitioners Tribunal. We now await the outcome of the appeal.

Read the [BMA News article here](#), and the summary statement can be accessed [here](#).

This was also reported in [Pulse](#) and their article mentions the BMA's support for the case.

### **Apprenticeships in England**

The apprenticeship levy can be accessed by employers, including NHS Trusts and GP Practices in England, to help assist with the employment of apprentices by covering training and assessment costs. While only larger employers (those with a pay bill over 3 million) will be required to pay the levy, all employers (including GP practices), regardless of size, will be able to benefit from the fund. The BMA has produced guidance on apprenticeships in England looking at what funding is currently available for employers, how the apprenticeship levy works and useful resources for those who are considering employing an apprentice. The guidance can be accessed [here](#).

### **Clinical pharmacists in General Practice**

NHS England has published an evaluation of the phase 1 pilot of the [clinical pharmacists in general practice programme](#). The evaluation was undertaken by the [School of Pharmacy at the University of Nottingham](#), supported by patient representatives and the University of Queensland, Australia. The evaluation aims provides an overview of the Phase 1 pilot to integrate clinical pharmacists into general practice and identifies how best to implement and evaluate the final roll out. The report shows that clinical pharmacists significantly increase patient appointment capacity and reduces pressure on GPs. For more information and the full evaluation [please find the report here](#).

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

As reported last week, 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, which is happening through a method for calculating contributions called 'annualisation'. If you are in the *2015 Career Average Revalued Earnings scheme*, we would be really grateful if you could 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 – and our objective is to persuade the DHSC to acknowledge and remove the unfairness in the way the NHS Pension scheme currently operates.

### **CQC recommendations on the management of controlled drugs in health and social care services**

The CQC has released their annual report on controlled drugs including four new recommendations:

1. Prescribers should ask patients about their existing prescriptions and current medicines when prescribing controlled drugs. Where possible, prescribers should also inform the patient's GP to make them aware of treatment to minimise the risk of overprescribing that could lead to harm.
2. Commissioners of health and care services should include the governance and reporting of concerns around controlled drugs as part of the commissioning and contracting arrangements so that these are not overlooked.
3. Healthcare professionals should keep their personal identification badges and passwords secure and report any losses as soon as possible to enable organisations to take the necessary action.
4. Health and care staff should consider regular monitoring and auditing arrangements for controlled drugs in the lower schedules, such as Schedules 4 and 5, to identify and take swift action on diversion.

Read the full CQC report [here](#).

### **Public health photo competition**

The Faculty of Public Health has launched a photo competition with the aim of celebrating what 'public health looks like'. There are cash prizes available and the top twenty photos will be promoted amongst the membership of the Faculty who will vote for their favourite images – so if there are any keen photographers, it's a great opportunity to get some exposure. The ten winning images will be displayed at a photography exhibition taking place in Spring 2019. To find out more about the competition, [read this blog](#) and to enter, [click here](#). You can also find out more on Twitter with the hashtag [#PublicHealthLooksLike](#).

Read the latest GP UK newsletter [here](#)

Have a good weekend

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