

CLMC Bulletin 316 – 24.01.17

Prime Minister Announcements on 7 day opening

You will have heard the recent announcement where Theresa May demanded that GPs extend their opening hours to provide care seven-days a week to alleviate pressure on emergency departments or lose funding.

The Chair of the BMA wrote this [letter](#) to Theresa May setting out serious concerns with her comments.

The Chair of GPC spoke to the Department of Health and received clarification that there is no proposal to "withhold funds" from GPs.

NHS England has also indicated that there will be no impact on the GPFV access monies. As set out in the GPFV and the NHS Planning Guidance, CCGs will receive local recurrent funding to improve and increase capacity in general practice, totalling £138m by 2017/18 and increasing to £258m by 2018/19. This will contribute to the overall ambition of investing an extra £2.4 billion in general practice services by 2020/21.

Sessional GP Newsletter

The latest [e-newsletter](#) focuses on, amongst other things, Capita and the NHS Pension, Indemnity arrangements for sessional GPs, and death in service benefits for sessionals.

DoH Response to Nice Terror Attack

The Department of Health is planning to write to the 37 individuals whose contact details were recorded by the MET Police following the terrorist attack in Nice on 14th July 2016 with a letter containing advice about the effects of trauma and how to access mental health services. It is possible that this group of people may need treatment for mental ill health caused or exacerbated by the attacks and some may require proactively supporting into mental health services via primary care and self-referral to Improving Access to Psychological therapy services.

They will also include an NHS leaflet about the symptoms of trauma and an open letter that the individual can take to their GP or Healthcare Professional, notifying them that the individual has been the victim of a terrorist attack and may require referral to a mental health service such as IAPT, NHS England's talking therapy programme. Only a small number of GPs will be affected.

The Department has suggested from its experience dealing with those caught up in the attacks in Tunisia, Paris and Brussels that there are three elements of a mental health response that are particularly important:

- Identifying those suffering from poor mental health as a result of the attacks and proactively inviting them into treatment
- Accessing services
- Delivering NICE approved treatment until the patient has recovered.

This process will retain the important elements of proactive outreach recommended by NICE, whilst building on the expertise in the NHS.

Consultation on Work, Health & Disability Green Paper

The Government is consulting on plans to change the welfare system to support disabled people and people with long term health conditions to take up work. At the heart of the consultation is an aspiration to tackle the employment gap amongst disabled people and the stigma and discrimination that disabled people face in employment. As part of this review the Government is looking at how people are supported to take up work following long term illness/disability, including the role of GPs and fit notes. The consultation is particularly focussing on people with mental health and musculoskeletal conditions who are particularly disadvantaged in accessing work.

The BMA is responding to this consultation and would like to hear GPs' views about how the health and welfare system needs to change to better equip disabled people who want to work with the necessary support and skills. Please send any comments/ responses to: Clare Woodford, Senior policy advisor (Equality, inclusion and culture): cwoodford@bma.org.uk by 8 February 2017).

[More information on the Green Paper](#)

BMA Project on Poverty & Health

In response to BMA members expressing concern about poverty and social inequality, and the negative effect this has on physical and mental health, and life expectancy; the BMA Public Health and Healthcare team are working on a project on poverty and health and are looking to hear from doctors on their experience of how poverty impacts on their day to day practice of being a doctor, as well as anything being done or are aware of in terms of mitigating the harmful impact of poverty on peoples' health.

If you would like to share your experience on this topic please respond to info.lmcqueries@bma.org.uk.

National Audit Office Report on Patient Access

The National Audit Office (NAO) published this [report](#) on patient access to general practice. The GPC issued a [press release](#) following the publication of the report, robustly stating that funding in general practice has failed to meet patient demand, NHS England and commissioners need to fully consider the consequences of their plans to extend access. To proceed without any sort of evaluation into the cost-effectiveness or the consequences of its objectives is irresponsible and could lead to much needed investment being spent on measures which don't adequately meet patient needs. The government must deliver on much needed extra investment in general practice.

It is important to reflect for a moment on the recommendations outlined in the NAO report (strongly correlating as they do with both many of the GPC Urgent Prescription proposals and messaging around the workforce and workload crisis facing general practice) which are that:

- NHS England and commissioners should fully consider the consequences of their plans to extend access. This assessment should cover the implications on continuity of care and existing arrangements for providing services outside core hours. NHS England and commissioners should also ensure that services provided outside of core hours are cost-effective and not paid for twice.
- NHS England should seek greater assurance that services in core hours meet the reasonable needs of patients. There are unexplained variations in practice opening hours. NHS England needs to assess and monitor what effect these variations have on patients and other health and care services.
- The Department and NHS England should seek to improve the existing data from general practice to better understand the capacity of, pressures on, and demand for services. A cost-effective service will balance access with demand; however, some of the Department's and NHS England's objectives are based on a crude understanding of the level of demand and what influences it. They need to continue to address the shortcomings in data highlighted in our first report.

GPC particularly draw attention to the comment "as at October 2015, some 46% of practices closed at some point during core hours. In particular, 18% closed at or before 3 pm on at least one weekday, despite three-quarters (76%) of these practices that closed receiving additional funding in 2015-16 to provide access outside of core hours" and the first recommendation and the implications of the underlined double payment section as well as the observation that NHSE have "...used pilots to understand the demand for, and provision of, extended hours, and have used these to refine their expectations. However, they have not yet fully assessed the cost-effectiveness of the approach and overall resources that will be required," equally, the report notes that, "...GPC have not seen evidence that the Department and NHS England fully understand the effect of this commitment to extend hours on continuity of care or other arrangements for providing general medical services outside of core hours."

The NAO's analysis also suggests that, unless clinical commissioning groups provide more than the minimum additional consultation capacity, such as wider improvements in access, the new requirements may prove expensive compared to existing services.

Growing Older in the UK Briefing

In September 2016 the BMA Board of Science published a series of briefing papers on [Growing older in the UK](#), which explore a range of topics relevant to supporting and improving people's health and wellbeing as they grow older in the UK. The briefings reflect on the substantial pressures facing underfunded health services across the UK, which are in part due to the complexity of supporting the health of a population that contains a greater proportion of older people, more likely to suffer from multiple long-term conditions. This was followed up with a stakeholder roundtable event in parliament, a report of which is available [online](#).