Primary Care Network Addresses
CCGs will be requesting PCNs in their area to confirm an address for the group. This is to allow the allocation of ODS codes for PCNs, which will enable a move to automated payments in future years, as well as providing access to nhs.net email accounts for the PCN. PCNs will need to confirm if they want their nominated payee to be the postal address used and if not, to then confirm what address should be used.

Primary Care Network Premises Requirements for Additional Workforce
A number of queries have highlighted the issue of practices requiring additional space for Primary Care Network activities. As a Direct Enhanced Service of the GMS contract, Primary Care Networks are an extension of GP practices. The same rules should apply for PCN staff and premises requirements as for GMS. Any space utilised to provide PCN services should be treated as GMS space and treated similarly for rent reimbursements.

Indemnifying Flu Vaccines for Staff
Following the decision by the Department of Health and Social Care and NHS Resolution that CNSGP will not cover practices who vaccinate their own staff against flu, GPC have been in discussions with the Medical Defence Organisations on the matter. They have all provided reassurance that all current members will be indemnified through them for this activity. If you are in any doubt about any of your indemnity arrangements then we would advise you to contact your MDO who will be able to guide you. The Medical Defence Union have provided the following statement about indemnity for flu vaccination of staff in GP practices:

“Our current position on flu vaccinations is that we understand some practices may find it easier to provide flu vaccinations for staff themselves and want to help them to do that. We make no extra charge for indemnity for members whose practices provide flu vaccinations to staff as this is already within the benefits of membership for GP members. We encourage members who want to administer flu vaccinations to staff to contact us and advise the following: We advise members administering flu vaccinations to staff to follow their normal procedures for dealing with unregistered patients and to ensure they make a full assessment of each staff member’s suitability for the vaccine, for example, ruling out contraindications. Consent should be obtained in the usual way as for registered patients. Notes should be kept and, assuming the staff member agrees, their normal registered GP should be advised that they have had the vaccination.”

Inability to Log On to Access the Total Reward Statement
GPC have been informed that where members have changed their name for work purposes but have retained a former name for pension records access to the Gov.UK Verify portal is restricted as it does not link the two names. Individuals affected by this should contact NHS England (england.pensionescalations@nhs.net) who will support them in resolving their issue, which may include the submission of the marriage certificate to NHS Pensions.

EMIS issues
Following reports of problems with EMIS, the EMIS team has advised that there have been several issues in the last 7-10 days within the BT network affecting access to various suppliers’ clinical systems – including, but not limited to, EMIS. There have been no availability issues from the EMIS Web data centre during this period. NHS Digital has been working with BT to address and prevent these issues occurring in the future.
**GP Investment Report**

NHS Digital published report *Investment in General Practice, 2014/15 to 2018/19, England, Wales, Northern Ireland and Scotland* details the investment in General Practice and the reimbursement for drugs dispensed in General Practices from 2014/15 to 2018/19. The report draws on information from the financial reporting systems of the health departments of each country and other published data on reimbursement and remuneration for dispensing activity. The report reveals a 1.4% increase on the previous year in investment in general practice, and represents just 8.1% of the NHS budget going to general practice, falling far short of the BMA’s demand of 11%.

**NHS Payments to General Practice**

NHS Digital have also published their annual report on NHS Payments to General Practice in England for 2018/19. This provides information on NHS payments to individual providers of general practice services in England. Figures are given for the main payment categories - which include Global Sum, PMS expenditure, QOF and Local Incentive Schemes. It constitutes the majority of actual monies paid to practices for all activities and costs during the 2018/19 financial year. For further details please use this [link](#).

**Cervical Screening Capita Incident**

We have been informed of yet another incident due to Capita/PCSE not dealing with emails and letters relating to cervical screening and which were delayed or not processed correctly. A full review found the vast majority of these unprocessed items were correctly handled through another route, as part of the NHS Cervical Screening fail safes that are in place, but four women missed an invitation to attend their appointment. In response GPC commented: “Just months after a similar incident came to light, and a year after tens of thousands of women missed vital correspondence on cervical screening, it beggars belief that patients and GPs are dealing with the same issue once again due to Capita’s incompetence. The numbers may be far smaller, but if just one patient comes to harm as a result of this blunder, it’s one patient too many. While Capita has been rightly stripped of the cervical screening programme, this is further evidence that the company is unfit to hold further contracts for GP backroom services and NHS England must take it back in-house immediately.”

**Recognition of GPs as Specialists by GMC**

In January 2017, the General Medical Council (GMC) backed the long-standing call for GPs to be added to the specialist register. Together with the Royal College of GPs (RCGP), GPC released a joint statement in February 2018 calling for the formal recognition of general practitioners as specialists in the UK. The BMA, RCGP and GMC issued a further statement calling for changes to the Medical Act to formally recognise GPs as expert medical generalists and specialists in general practice. Read the September 2019 joint statement [here](#).

**Fire Arms Consultation Response**

On 17 September the BMA and the RCGP submitted a joint response to the Home Office consultation on statutory guidance to police on firearms licensing. The BMA and the RCGP have worked collaboratively with the Home Office and other key stakeholders including the National Police Chiefs Council to improve the system for firearms licensing with the core aim of improving safety for the public whilst also recognising the professional and resource implications for doctors.

The response includes a significant number of changes that we believe would be helpful to ensure that the guidance can be effectively implemented at a local level by police authorities. GPC priority has been to provide a response in sufficient detail that the perspectives of frontline GPs can be fully recognised, particularly as this consultation is in relation to statutory guidance. The consultation response also includes a flowchart on firearms licensing that is intended as a helpful guide for GPs and police authorities to follow through the various stages of the licensing process. The GPC joint response document and flowchart will also be available on our website shortly. In the meantime, see the GPC firearms support guide [here](#).
New Medical School
The University of Sunderland’s has opened a new School of Medicine, welcoming its first cohort of 50 medical students this week. Dr George Rae, chair of the BMA’s North East regional council and previous member of the GPC, was interviewed about this on BBC Radio Newcastle, and he explained how the new medical school could help with the current regional workforce pressures in general practice. “The fact that very much it will be concentrating on primary care, which is general practice, is very welcome news but one has got to realise that to train fully a GP starting from scratch when you’re going to medical school is going to take eight or nine years there can be no doubt that we still are in a crisis in general practice and the reason for that is workload.” Listen to the interview here (from 1 hour 10 minutes).

Integrated Urgent Care: Direct Booking Roadshow
NHS England and NHS improvement, via PCC, are running a number of free integrated urgent care events focused on supporting practices with direct booking from NHS 111. Our local event is: Leeds, 22 October 2019, Cloth Hall Court, Well Met https://www.pccevents.co.uk/2254

Opioid Prescriptions
Public Health England has published a review on prescribed medicines. The findings show that 5m people in Britain have been prescribed opioids every year, or one in eight of the adult population. Commenting, Andrew Green, BMA Council member and previous GPC prescribing lead, said: “To reduce prescription levels, we need significant investment in support services; this will enable patients and GPs to manage dependencies in the community. GPs will often be the sole clinicians who are often managing a patient’s withdrawal, and there is a real need for better clinical guidance in this respect. We are glad that NICE is in the process of developing these. While there remains a place for prescribing these drugs, we need many more alternatives to medication, such as pain clinics, improved access to mental health services, and physiotherapy – the universal provision of which are all lacking.” Read the full statement here. A link to the review is here.

No Deal Brexit Warnings
The BMA has published a briefing highlighting the dangers of a no deal Brexit and a member-focused resource, information for doctors if there is a no deal Brexit, which includes information on how to prepare for medicine shortages. The government has now published the ‘Operation yellowhammer’ document, which confirms the warnings on a ‘no deal’ Brexit. In response to this, Chaand Nagpaul, BMA Chair of Council, said “This alarming document reinforces the BMA’s stark warnings about the devastating impact a ‘no deal’ Brexit could have, and vindicates those doctors who have had the courage to speak out on the risks that crashing out of the EU without a deal poses to the NHS, patients and the wider health of the UK.” Read the full statement here. A link to the review is here.

Public Accounts Committee Investigation into NHSPS
Following publication of the NAO report into NHSPS in June, the PAC - a powerful committee of MPs scrutinising public spending- heard from senior officials at NHSPS, NHSE and the DHSC who answered questions on how the Service is managed and what action can be taken to improve how it manages its tenants. The BMA submitted written evidence to the committee highlighting the significant increases to service charges to GP practices without their agreement and the impact this is having on the profession. The GPC were concerned by comments made by NHSPS during the hearing in relation to the BMA’s position on GP leases. NHSPS stated that a template lease was agreed with the BMA but whilst the BMA shared this they subsequently ‘retracted’ their support for the lease. This is not the case. The BMA did and continues to support the principle of lease agreements between NHSPS and practices, and continue to host the lease template letter on their website. GPC have written to the committee to highlight this inaccuracy. The session is available to view online. Practices should be mindful that the BMA are proceeding with legal action to address historical charges. Practices should ensure that in reaching any agreement independently of this they do not put themselves at risk of any future liability or compromise their future position.
BMA Report: Vision for the Future of the NHS
The BMA published *Caring supportive collaborative: Doctors’ vision for change in the NHS* which outlines the changes needed to ensure safeguarding patient care, making the NHS a great place to work and transform services for the better. It draws on the experience and expertise of BMA members across all branches of medical practice in the UK.

The report sets out specific recommendations aimed at government and NHS bodies, including:

- radically changing the way patient safety incidents are investigated so that they are seen as an opportunity to improve future care rather than assigning blame
- new legislation in England to create much clearer lines of accountability for safe staffing in line with recent developments in Scotland
- investing in IT systems that work across different parts of the NHS, so that patient information can be securely shared between clinicians and with patients
- underpinning these changes with sufficient resources by reversing the underfunding that has left the NHS in crisis over the last decade.

Some of the changes demand the immediate attention of government and MPs, set out in an accompanying manifesto document.

**GPC Newsletter**
Read the latest GPC newsletter [here](#).

**GPC Sessional GP Newsletter**
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