

LMC Update Email

19 October 2018

Dear Colleagues,

Premises survey

As you may be aware, GPC England is currently participating in a review of the GP premises system, which is being led by NHS England and the Department of Health and Social Care. A '[Call for Solutions](#)', seeking input from interested parties for ways in which the GP premises system could be altered to address issues in the system, was recently undertaken with a wide range of proposals submitted for consideration, and detailed assessment of these proposals is currently underway.

In order to help inform this process and the continuing discussions with NHS England and others, GPCE will be running a premises survey in order to build a fuller picture of the current landscape for GP premises. This will be launched in the coming weeks and we would ask you keep an eye out for future communications on this, and encourage all practices to respond to the survey. The survey will only require one response per practice and should only take a few minutes to complete.

Vision for digital, data and technology in health and care

The Secretary of State, Matt Hancock, published his [vision for digital, data and technology in health and care](#) earlier this week, along with a [draft framework for technology standards by NHS Digital](#).

The vision document focuses on improving tech, on interoperability and data-sharing, on supporting the professionals who work in the NHS and on building the right culture. The Department of Health and Social Care and NHS Digital would welcome views and feedback on both of these documents.

General practice has always been at the forefront of IT innovation and adoption in the NHS. We have already highlighted to the Secretary of State for Health and Social Care the needs for investment and development in IT infrastructure and capabilities to enable us to use systems both for the benefit of patients but also to help manage workload pressures better. We will therefore be looking closely at the plans issued yesterday and working with the government to take them forward in a way that delivers for general practice and our patients.

Secretary of State's speech at NAPC 'Best Practice' Conference

The Secretary of State for Health and Social Care also gave a speech at the [National Association of Primary Care \(NAPC\) annual conference](#) yesterday, where he reported on a 10% increase in GP trainees compared with last year, with 3,473 trainees recruited against a target of 3,250. We commented that it is good that we are making progress on recruitment but there is clearly much more to do on GP retention.

He also reaffirmed his commitment to delivering a state-backed GP indemnity scheme from April, subject to negotiations on the primary care contract and engagement with stakeholders, and that he wants to reduce indemnity costs as a barrier to doctors entering or staying in general practice. Linked to this we have received a letter from the Department of Health and Social Care with an update outlining the scope of the scheme. We are continuing to discuss these proposals as part of the GMS negotiations. We expect DHSC to produce more public information for GPs shortly.

New QOF indicators for diabetes

NICE has published [new diabetes indicators](#) for consideration for inclusion in the Quality and Outcomes Framework (QOF). The GPC has been active in producing these new indicators which would support GPs to ensure that patients with diabetes receive care tailored to their individual

circumstances. These new NICE indicators will now be considered as part of the current negotiations between GPC England and NHS England.

The GPC prescribing policy lead, Dr Andrew Green, commented that the new indicators will 'encourage GPs to ensure that patients with diabetes will receive care tailored to their individual circumstances. It is vital to balance the need of younger fitter patients for good risk-factor control with the importance of avoiding overtreatment in frailer people, and we are pleased that this principle has been incorporated into these indicators.' This was reported in [Pulse](#) and [Nursing Times](#)

Relocation package for GPs in Australia

It was reported by Pulse that some CCGs are in talks about bringing over GPs from Australia with a relocation package worth £18,500 under NHS England's international GP recruitment programme. NHS Birmingham and Solihull CCG has said that they considering becoming the 'first pilot' to recruit GPs from non-EU countries. However, NHS England has said the recruits from Australia have chosen to work in a variety of locations.

Dr Krishna Kasaraneni, GPC England Executive team workforce lead, welcomed the focus on recruiting GPs from Australia, adding: 'There are of course costs associated with relocating and taking up a role – including training, regulation and induction – so it's only right that these are covered if we are to encourage more GPs to come and work here, not just from Australia but elsewhere across the globe. It is hoped that overseas GPs will come to work in the UK to help deal with workforce shortages, however, more must be done to address the intense workload pressures and funding constraints to attract new doctors to the profession and keep those GPs with the most experience in practice.' Read the full article in [Pulse](#)

Pregabalin and gabapentin

The [Home Office announced](#) this week that pregabalin and gabapentin are to be reclassified as class C controlled substances from April 2019 amid concerns people are becoming addicted to them and misusing them. This is in line with what the BMA has been calling for following an ARM resolution to lobby the appropriate authorities to make pregabalin a controlled drug.

In response to this, Dr Andrew Green, GPC prescribing lead, said: "While an important drug for treating several conditions, there has been an increase in the prescribing of pregabalin in the past five years. Our members working in prisons are particularly concerned about problems of pregabalin addiction, overdose and violence towards staff who won't prescribe the drug. Granting pregabalin controlled status will help tackle this problem but the government must also invest in specialised support services for prescription drug dependence so people with dependence issues can receive the help they need." This was reported by [Pulse](#), [The Huffington Post](#) and [BBC News Online](#)

Investment in public mental health

The BMA has published a report calling for greater investment in public services to prevent poor mental health, in response to growing concerns from doctors about the sheer scale of the mental health problem in the UK. There is an urgent need for a bigger picture approach on the social causes of poor mental health to truly tackle the rising demand. Read the report [here](#).

Statutory regulation for physician associates

The Secretary of State for Health and Social Care has announced the introduction of statutory regulation for [PAs \(physician associates\)](#) and physician assistants in anaesthesia. This follows a consultation on the regulation of the four MAPs (Medical Associate Professions) which concluded in December 2017, and [in response to which the BMA called for statutory regulation for PAs](#).

We are yet to receive and written confirmation of the regulation decision. So far there has been no indication of when full regulation can be expected or which body will have responsibility for regulation of these roles. It also has not been confirmed whether the remaining two MAPs professions (Surgical Care Practitioners and Advanced Critical Care Practitioners) will be regulated and that this remains under 'active consideration'.

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

Read the latest Sessional GPs newsletter [here](#)

Read the latest Trainee GPs newsletter [here](#).

Have a good weekend.

Richard