



# Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 16<sup>th</sup> August 2022

## Patient referral rejection & 'unable to fulfil request from secondary care' templates

Please see the following templates on our [website](#) to assist practices with [inappropriate requests](#) and [referral rejections](#) from secondary care which you may find of use.

## Pay Transparency update

In April 2022, amendments to the GP contract regulations were made that removed the requirement for individuals within scope of the general practice pay transparency provisions to make a self-declaration of their 2020/21 NHS earnings by 30 April 2022. Individuals within scope of the pay transparency provisions are not required to take any action in relation to their 2020/21 NHS earnings at this stage.

Pay transparency remains part of the current regulations, however, DHSC has confirmed that commissioners should not enforce the requirement at this time.

Currently the individuals in scope of the regulations introduced in October 2021 will need to make a declaration of their 2021/2022 earnings in April 2023 as the provision remains in the GP contract. The latest position on Pay Transparency is available on the NHSE website: [NHS England » General practice pay transparency](#)

The BMA GPC continue to request further suspension of the requirement to declare earnings as it is harmful to morale of the profession and could lead colleagues to reduce their working commitments or to retire. It is also inequitable to single out general practice for this requirement.

## Changes to COVID-19 Vaccination ES (Phase 5)

Significant concerns were raised about recent amendments to the Enhanced Service for the COVID-19 vaccination programme, particularly in relation to the reduction of the item of service charge from £12.56 to £10.06, the removal of the care home administrative payment, and the decision to pass the cost of consumables (needles and needle disposal, cotton swabs etc) onto practices.

The BMA GPC wrote to Nikki Kanani (Medical Director of Primary Care) and Amanda Doyle (Director of Primary and Community Care) to raise these concerns. GPC strongly urged NHSE to reverse its decision, and to extend the opt-in window to reflect these late changes. They also implored NHSEI to adopt a collaborative approach on these crucial issues, noting that GPC was not afforded a meaningful opportunity to negotiate these amendments.

Nikki Kanani and Caroline Temmink (Director of Operations and Delivery, CVP) responded making it clear that NHSE was not willing to make any of the concessions requested to ensure that the ES remains sustainable. Whilst this is a frustrating outcome, GPC will continue to make representations on this issue to NHSEI.





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## Calculation of Holiday Pay/ Rules on Calculation of Holiday Pay

All workers have right to a minimum holiday pay entitlement of 5.6 week per annum.

In that context a week's pay represents a worker's average weekly remuneration in the period of 52 weeks prior to the calculation being made. Weeks where no payment have been made, however, must be discounted from the calculation of a week's pay so the 52 weeks only includes those weeks for which a payment has been received.

For workers who do not work every week and, therefore, receive irregular remuneration, this may result in a higher proportion of holiday entitlement compared to workers who work regular hours.

In practice, calculation of holiday pay must be based on worker's average weekly pay of the previous 52 weeks excluding any weeks not worked. Instead, remuneration of earlier weeks should be considered up to the 52 weeks required.

## Patient Lists

NHSEI has asked PCSE to recommence data quality checks on GP practice patients lists, this includes a reconciliation of practice patients lists. This work was paused during the COVID-19 pandemic but started again on Monday 1 August 2022. Copies of the communication circulated to practices can be found here: [Patient list reconciliation](#) and [Patient list maintenance](#).

Although some targeted list reconciliation activity continues during the pandemic as essential groundwork for the decommissioning NHAIS, it has now been un-paused as a 3-year rolling cycle for all GP practices. The reconciliation checks the practice-held list with the NHAIS list held by PCSE. PCSE plan to start a new 12-month cycle, meaning a third of practice will be contacted over the next 12 months that have not previously had a reconciliation request.

The BMA GPC have raised concerns with NHSEI that this is a bureaucratic burden for practices which will detract from practices' capacity to provide patient care. They asked that the process be delayed until practices had their full complement of clinical and administrative workforce.

Whilst NHSEI have acknowledged and considered the points raised, they have declined the BMA GPCs request, stating that the process will only affect a small proportion of practices nationally and that there will never be an ideal time to restart the process.

## Reminder: 1 August changes to access requests for a deceased persons patient record

In line with the change made in March 2022 to the GP contract, the management of applications made under the Access to Health Records Act 1990 (AHRA) for deceased patient records has changed. GP Practices are no longer required to print off digitised records and send them to Primary Care Support England (PCSE) after the death of an individual.

From 1 August, the patient's last registered GP, as the holder of the record, is responsible for responding to access requests under AHRA. Supplementary AHRA guidance is currently going through the approval process and will be published shortly. [Guidance is available if you require a copy of the deceased patient record, held by PCSE, to support an AHRA request.](#)





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## Improvement to suspended patient records

From Monday 8 August practices will receive the EHR (Electronic Health Record) of suspended patients via GP2GP at registration, reducing the amount of time you spend on administration at summarisation.

You will still receive the Lloyd George Record and a printed version of the EHR from Primary Care Support (PCS) and you should continue to print records for patients removed from your lists without a new registration according to your usual processes.

All EHRs received by GP2GP must be manually integrated or filed within eight days or GP2GP will assume an error has occurred and the practice sending the record will be asked to print it and send it to you via PCS. [Find out more about these changes on FutureNHS.](#)

## Lipid management search tool

The new [lipid management search tool can now be used in all GP practices](#). It covers atherosclerotic cardiovascular disease (ASCVD) and the secondary prevention lipid pathway. Cardiovascular disease (CVD) kills 136,000 individuals a year and CVD prevention is a long-term NHS priority. The search tool uses information within primary care systems and a specific set of search criteria to identify patients who may benefit from a treatment intervention or review in line with NICE guidance.

The searches can be run by each general practice, and while the use of this tool is not mandatory, it is designed to be an additional resource to help optimise patient care in lipid management.

## Sickle Cell Disease: clinical care pathways review

The [NHS Health Inequalities Improvement Programme \(HIIP\)](#) is working with stakeholders to improve services for people with Sickle Cell Disease. A review of the clinical healthcare pathway for sickle cell disease is being undertaken with reports of significant gaps in the quality of healthcare. Work is then being conducted to review the healthcare pathway for primary care services, community care services, personalised care, palliative care, and end of life.

NHSE want to hear from anyone with expert knowledge of sickle cell disease primary care pathways who have examples of initiatives, innovations and planned or current service improvements that are working well and designed to improve access, experience, and outcomes. To get involved, nominate someone, or share any relevant materials, please email [scwcsu.scdreview@nhs.net](mailto:scwcsu.scdreview@nhs.net) by Thursday 25 August 2022.





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## Improvements to the Personal Demographic Service

The Personal Demographics Service (PDS) team are making some [changes to the way addresses are updated in PDS records when they reach the Spine from your clinical systems](#). Spine will now filter out address updates where there is no real change to the address data. This is to improve the quality of patient addresses held in the system and reduce the admin burden for staff accepting these updates. They have designed the changes together with system suppliers to ensure this does not negatively impact systems that integrate with the PDS (such as SystemOne or EMIS Web).

## FIT Policy & drop in sessions

The Cancer Alliance have organised drop-in sessions to discuss the FIT step-down pathway for urgent suspected bowel cancer referrals across Lancashire and South Cumbria.

There are some links to the policy guidance in the letter [attached](#), and it is encouraged you look at resources on both the ACPGBI and BSG websites.

[FIT-Flowchart.pdf \(bsg.org.uk\)](#)

The two drop-in sessions to discuss the FIT step-down policy will take place:

- 1<sup>st</sup> drop in session- **Wednesday 17/08/22 12:30-13:30**
- 2<sup>nd</sup> drop in session – **Tuesday 23/08/22 12:30-13:30**

\*Please join the drop-in session using the below teams link\*

[Click here to join the meeting](#)

Meeting ID: 326 199 391 21

Passcode: afQjUS

## Right Person, Right Care

Lancashire & South Cumbria ICB have launched the 'Right Person, Right Care' campaign, highlighting the roles of healthcare professionals in general practice.

The campaign aims to raise awareness of services available to patients other than their GP, outlining some of the responsibilities for each role and how patients can access them.

Digital and printed assets are available to share on social media, websites and in practice to help raise awareness and point patients in the right direction to the most appropriate care.

[These are outlined in the communications pack for practices which you can find enclosed.](#)  
[Also enclosed is a copy of the press release that has been sent to media outlets.](#)

To request posters and foldout leaflets, please e-mail [luka.bidwell@nhs.net](mailto:luka.bidwell@nhs.net) with your desired amount by this Friday (19 August). They will do their best to facilitate each practice's request and may be able to do future print runs dependent upon budget.

