



# Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 14<sup>th</sup> June 2022

## NHSPS Judgement

As you may know, the BMA is supporting 5 GP practices in their legal case against NHSPS for inflated service charges. The case has been broken into 2 phases by the court. Phase 1 to investigate the principles of which services NHSPS can charge the practices for and Phase 2 to investigate what the exact amounts of any charges will be. The judgment has been received on phase 1 of the trial and the court has determined the services which NHSPS can charge the practices for. With regards to which services practices are liable to pay for, the court has decided in favour of NHSPS.

The judgment confirms that practices facing demands for fees that they do not understand take a constructive approach and seek your own advice to investigate what is and is not recoverable by way of service charges. This has always been BMA's approach and have consistently advised practices to do their own due diligence.

On a positive note, during these proceedings' NHSPS' claims for outstanding service charges revised vastly, in one case being reduced by as much as 34% (more than £178,000), underlining the opacity of NHSPS' methods for calculating charges. Most significantly, had the BMA not supported the GP practices in this case to defend NHSPS' claims for charges they could have overpaid hundreds of thousands of pounds to NHSPS which NHSPS was unable to substantiate when required to do so.

We will keep you updated on further development.

## Monkeypox designated a notifiable disease

Legislation was laid on 7 June 2022 which made monkeypox a notifiable infectious disease under the Health Protection (Notification) Regulations 2010 from 8 June 2022.

This means all doctors in England are required to notify their local council or local Health Protection Team (HPT) if they suspect a patient has monkeypox. Laboratories must also notify the UK Health Security Agency (UKHSA) if the monkeypox virus is identified in a laboratory sample. Further details, including the [latest updates on Monkeypox](#), are available on the gov.uk website.

## CQC Searches

The searches deployed by CQC on all GP inspections are now freely available for all practices from [Ardens](#) to be as transparent as possible. Please see [attached](#) letter for more information.

## Primary care engagement event – Understanding what our colleagues need

All primary care colleagues are [invited to join an informative online event on 30 June](#). This will be an opportunity to hear about current, dedicated health and wellbeing support offers available to colleagues working across primary care sectors.





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## Long term conditions recovery guidance and new UCLPartners search tools

Emerging evidence suggests there has been an impact on non-COVID-19 long term conditions (LTC) management. This [guidance](#), produced by the RCGP with input from NHSE, outlines suggestions for how actions might be sequenced during the year (2022/23) to support those at highest risk or those with health inequalities. This includes suggested recommendations for system actions to support primary care in LTC recovery.

[New UCLPartners search tools for EMIS and SystmOne](#) will help practices identify patients with conditions such as hypertension, diabetes, asthma, COPD, and severe mental illness who have not been reviewed in the last 12 months.

## Lipid management – new search tool

Cardiovascular disease (CVD) kills 136,000 individuals a year and CVD prevention remains a long-term NHS priority. It is estimated that 20 million people have elevated cholesterol levels, putting them at serious risk of developing CVD. A [new lipid management search tool](#) is being launched by GP system suppliers to cover atherosclerotic cardiovascular disease (ASCVD) and the secondary prevention lipid management pathway. This is being launched with a phased approach and is expected to be available in all practices by the end of June.

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 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.

## Guidance on the use of FIT in Primary Care

The British Society of Gastroenterology (BSG) and the Association of Coloproctology of Great Britain and Ireland have produced new joint guidance on use of faecal immunochemical testing (FIT) in patients with signs or symptoms of suspected colorectal cancer. An [executive summary of the guidance is available](#) and the final guidance will be launched at the BSG conference on 21 June. The guidance recommends the use of FIT as a triage tool in primary care for patients presenting with all suspected colorectal cancer symptoms except anal / rectal mass or anal ulceration. It also recommends that those with a FIT threshold of fHb <10µg Hb/g are **not referred** and are managed in primary care, providing there is no ongoing clinical concern or unexplained symptoms, and appropriate safety netting is in place.

The use of [FIT is now incentivised in the Directed Enhanced Service \(DES\)](#) and it is expected that at least 80% of lower gastrointestinal urgent cancer referrals should be accompanied by a FIT result. For more information, please contact [england.cancerpolicy@nhs.net](mailto:england.cancerpolicy@nhs.net).

