



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 31st January 2023

Pressures in General Practice – RAG Rating System

This is a reminder to report your RAG rating to us via enquires@nwlmc.org whenever there is a change to your practice rating. You can see current figures on [our website](#).

Prospective Access to Medical Records

As you will be aware, practices who sent in template letters asking their system suppliers not to enable the accelerated access programme are not currently part of this programme. Practices who didn't send in letters (or equivalent) will have the accelerated access programme provisioned in due course. EMIS practices are being informed prior to going live when this will happen.

It is not too late to ask the system suppliers not to enact this change, assuming it hasn't yet happened. The address for EMIS is aapostpone@emishealth.com. BMA GPC have no oversight of how their rollout is progressing.

It has also come to light that some practices have added 104 codes in bulk ("Enhanced review indicated before granting access to your own health record") but have not sent in template letters. This is sending a mixed message as the accelerated access programme will be provisioned yet might have limited effect. If the code hasn't been applied to 15-year-olds, for example, as they turn 16, they will get access automatically.

The BMA is working with NHSE to try to improve the programme and one part of this will be to determine how to deal with the 104 codes that have been added in bulk by some practices. Practices who have not yet opted out, or who may wish to pause their systems at whatever stage of rollout they are at, may wish to write to their system suppliers to communicate this desire. System suppliers, as data processors, will abide by the instructions of the data controllers.

Some practices who have bulk added 104 codes to large parts of their population have had communications from their commissioners asking them for plans on how access is going to be given moving forward. A national approach is needed, and the BMA is working with NHSE to achieve this. Practices are advised to not take any action on this issue or any commissioner requests of you at the present time.

The original advice issued last year remains available [here](#).

Health Education England education contract

Queries have been raised regarding the HEE (Health Education England) education contract that some practices have been asked to sign. Following BMA GPC discussions with HEE, it is advised that practices do not need to sign this contract if they are not happy to do so. The contract was introduced in some locations to formalise the payment mechanism for practices to be paid for training and supervision, however, the contract was not general practice specific and included much which applied to hospitals.

BMA GPC will now be working with HEE and NHSE towards a more suitable contract for general practices and we will update you when there are any developments.





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Backing the independent contractor model

Recent weeks have seen huge stresses on the health service in the media and on political agendas, with politicians having their say on how they would alleviate the current unsustainable pressures.

The Labour Party and its shadow health secretary Wes Streeting have come out with several pronouncements on how it would, if in power, overhaul general practice, firstly by phasing out the independent contractor model, replacing it wholesale with a salaried service.

BMA GPC is wholeheartedly in support of the independent contractor model, which, when supported properly, is value for money and invaluable for continuity of care. Read BMA GPC acting chair Kieran Sharrock [response to Mr Streeting's comments here](#).

Meanwhile, BMA GPC [raised concerns](#) at plans introduced by Labour leader Sir Kier Starmer to allow more direct-to-specialist referrals, outlining how it could in fact be counter-productive, creating higher demand on services, and worsening delays for secondary care.

BMA GPC are due to discuss all of this with Mr Streeting soon, to ensure that he understands the pressures on the frontline and how these can realistically be alleviated for the benefit of both staff and patients.

Update on the Digital Firearms Flag

The digital firearms flag will soon be relaunched on EMIS systems in March 2023. The digital marker and flag have been tested and brought before the Joint GP IT Committee since being taken down in July 2022. GPs should add the appropriate Snomed code to a patient's record when they receive notification of a firearms certificate application or when a certificate is granted, and this will automatically add a marker to the patient's record. If a potentially relevant condition of concern is added to their medical record during the application process or after a certificate has been issued, an alert will pop up.

Further information will be announced in due course. Please do not hesitate to get in touch for any queries relating to firearms in the meantime.

Communication between DWP and GP practices

To support the NHS move away from use of fax as a method of communication and in response to the removal of fax machines from GP surgeries, the Department for Work and Pensions (DWP) has been working with Centre for Health and Disability Assessments (CHDA), to respond to this change.

As of yesterday, 30 January 2023, CHDA will be using email in place of existing fax processes for some communications with GP surgeries across England, Scotland and Wales. The email from CHDA will be in the format firstname.lastname@chda.dwp.gov.uk or location.furtherevidence@chda.dwp.gov.uk. GPs should reply to the indicated location.furtherevidence@chda.dwp.gov.uk email address.

DWP has confirmed that this process meets information governance standards and is covered by existing data sharing agreements. Please note, as per the current arrangement, for all urgent information CHDA will call the GP surgery by telephone. For further information, please contact hdas.digitalchange@dwp.gov.uk





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Registering without proof of identity or address

We would like to remind practices that there is no contractual duty to seek evidence of identity, immigration status or proof of address. Practices should not refuse registration on the grounds that a patient is unable to produce such evidence. Practice staff do not have to make any assessment of immigration status or eligibility for NHS care; they are not expected to act as immigration officials.

The same rules as above regarding identity and proof of address applies to homeless patients. Homeless patients are entitled to register with a GP using a temporary address, which may be a friend's address or a day centre. The practice address may also be used to register them.

For any queries relating to patient registrations, please get in touch.

Junior doctors' ballot on strike action – guidance and webinar for GP trainees

Please share with your GP trainee colleagues and junior doctors:

The ballot on [strike action for junior doctors in England is open](#), including GP trainee colleagues as an important group of the junior doctor workforce. They are acting as a result of the significant pay erosion they have experience over the past decade. This situation is made worse by the government also failing to address the undervaluation of the GP Flexible Pay Premia, despite making commitments to do so back in 2019.

Two webinars have been arranged to provide tailored advice specifically for GP trainees over the next few weeks at the following dates:

Saturday 11 February, 10-11am | Monday 13 February, 6-7pm

All GP trainees are welcome to click [here](#) to register your attendance for either date.

You can also download the latest GP trainee materials to share with colleagues on the [BMA website](#).

NHS Talking Therapies

[Improving Access to Psychological Therapies \(IAPT\) services are being renamed NHS Talking Therapies](#) after an extensive engagement process which concluded to make IAPT more accessible.

General practice plays a key role in supporting people with anxiety and depression to self-refer to NHS Talking Therapies services. GP teams are asked to support the rebrand by removing all references to IAPT from all patient and public facing communications channels. Nationally, the programme is exceeding its waiting targets and NHSE are encouraging more referrals in a context of rising mental health needs.

New Practice Managers & GPs

This is a reminder to please let the LMC know when you have a new Practice Manager or GP, so that we can update our records accordingly and offer our support if needed.

Future Training events

Please see [our website](#) for a range of training events for GPs and Practice staff.

