



Update from the Consortium of Lancashire & Cumbria LMCs

Wednesday 31st August 2022

LMC Survey – How are we doing?

The LMC has created a survey to gather feedback so that we can continue to perform our role efficiently and prioritise what matters to you. Your feedback will help shape our support, advice and services to what people need and want.

We would be so grateful if you could please complete the survey which should take you no longer than 10 minutes. [Please carry out the survey here.](#)

GPC England Officer Team election

Congratulations to Dr David Wrigley who has been elected to the GPC England Officer Team as deputy chair. He is a GP partner working in Carnforth and an elected member of the BMA's UK Council. He was also a former regional representative of GPC, and currently vice chair of Morecambe Bay LMC.

Read the full statement [here](#) and read more about GPC England [here](#).

GP workload and workforce

GP practices across the country continue to experience significant and growing strain with declining GP numbers, rising demand, struggles to recruit and retain staff and has knock-on effects for patients. GP numbers are falling, with little increase in the overall number of GPs since 2015, and a significant decline in the number of GP partners over that time.

The number of [GP appointments](#) remains high, with the July total of 26 million, of which 44.3% were same day appointments. Read more about the pressures in general practice [here](#) and [GP practice workforce data](#).

Practices are encouraged to control their workload to mitigate the impact of unsustainable demand and overworking. The BMA [Safe working in general practice](#) guidance enable practices to prioritise safe patient care within the present bounds of their contract with the NHS.

COVID Booster

Read the [BMA statement](#) responding to the announcement of the [autumn COVID-19 booster programme](#).

New Flu Enhanced Service Specifications and Flu Collaboration Agreement

NHSEI has now published the [service specifications](#) for 2022/23 flu childhood flu vaccination programmes.

As practices will be aware from the previous [NHSE/I flu letters](#), practice staff are still not included within the cohorts for the programme. The BMA GPC have serious concerns about this as including practice staff within the eligible cohort would improve uptake, protect patients, and help maintain workforce.

The BMA GPC have repeatedly raised concerns about this with NHSEI, especially as practice staff were included in last year's programme, and this is something that they are continuing to discuss with NHSEI as a matter of urgency.





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Trust registration requirements

On 10 January 2020, the Fifth Money Laundering Directive (5MLD) was transposed into UK law. One objective of the 5MLD was to broaden the scope of trusts required to comply with and sign up to the Trust Register Service (TRS), which may apply to some GP surgeries depending on how they are structured.

Property-owning GP partners may be required to register, particularly where the names on the land registry entry do not match the names of the property-owning partners, or where there are more than five surgery-owning partners. Similarly, and depending on the precise wording of your PCN agreement, monies held by one practice on behalf of a PCN could be construed as the formation of a trust and may trigger a registration requirement.

Unless exempt, 5MLD requires the express trusts to register with the TRS. HMRC has published [guidance on what may constitute an express trust](#) and [instances where exemptions may apply](#).

If you are unsure whether you need to register with the TRS, it is important that you receive independent legal advice, as a failure to register may result in financial and criminal penalties. The deadline for registration is **1 September 2022**.

Government's reported plan for GPs to prescribe heating bill discounts is 'beggars' belief'

In response to the [report that GPs would be asked](#) by government to 'write prescriptions for money off energy bills', David Wrigley, GPC England deputy chair, said:

"We completely reject any suggestion that GPs do this work. They do not have the time or the skills to do the work of the welfare system. At a time when GPs are already overwhelmed with the greatest workforce crisis and are supporting patients on hospital waiting lists which are longer than ever, this addition to their workload would be totally unacceptable. It is beggars belief that government ministers think it is appropriate to suggest GPs undertake it. The government has not discussed this with us in any form - floating these sorts of proposals via the media is deeply unprofessional." Read the full statement [here](#).

Social prescription trial on walking and cycling

The [Government is introducing social prescriptions for walking, wheeling and cycling](#), as part of a new trial to improve mental and physical health and reduce disparities across the country. This is a step in the right direction for public health - physical activity is key to good physical and [mental health](#) and brings huge benefits to society and the environment.

But the impact will be minimal without a clear commitment to long-term funding and consideration of the wider context. Without properly addressing resources and the capacity of GPs, this approach risks frustrating doctors as well as the public. The initiative needs public health and primary care to have joined up policymaking and adequate funding, however, if prevention is to stay the course and deliver long-term health benefits, especially for the poorest.

Read more in this [article](#) by Penelope Toff, Chair of the BMA's Public Health Medicine Committee





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Improvement to suspended patient records

GP practices are now able to receive suspended patient health records electronically with electronic health records (EHRs) arriving via GP2GP. Practices will still receive a Lloyd George envelope from PCSE.

Practices still need to print electronic records, in line with the usual process, for patients who de-register from their practice list and do not register elsewhere. Changes later in the year will mean that these suspended patient records will be held in a national electronic records repository.

Once a patient is registered, GP2GP will transfer from your patient's previous practice - it is important that you integrate/file this record into your system. Practices should have a process in place to integrate/file a new patient's EHR as soon as it is received (usually within minutes of the patient registration). EHRs received by GP2GP must be manually integrated within eight days. If not, they need to be printed by the sending practice, breaking the digital record's continuity, and adding administrative burden for both practices.

PCNs – clarification on CQC registration

Following concerns and some confusion regarding PCNs and CQC registration, the following clarification has been provided by CQC:

'It is important to remember that only legal entities can register with CQC. If a provider is a collaborative, such as a PCN, and is not a legal entity then it cannot carry out regulated activities and therefore it cannot be registered with CQC. In a situation where a PCN is not a legal entity, and the constituent members are already registered with CQC for the delivery of regulated activities they provide as part of the network (including extended access) they will not need to register separately from the constituent practices, however it is advised that providers amend their statement of purpose to accurately reflect the additional roles they will assume as a participant member of a PCN.'

In a situation where a new or currently unregistered provider organisation is formed as a legal entity AND the organisation will have ongoing direction and control of the delivery of regulated activities it would be required to register with CQC. If a PCN becomes a legal entity but does not directly control and deliver regulated activities (for example by supplying staff to assist constituent practices to deliver their regulated activities) there is no need to register with CQC. Please note that new applications for registration can take up to 10 weeks to process. The exact timeframe will depend upon the complexity of the application and the availability of key information requested by the registration inspector.'

In addition to this statement, GPC England officers and staff will be working with CQC to develop and publish responses to a range of FAQs addressing PCNs and registration.





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GP 'bureaucracy busting concordat'

Last week the Government published its GP '[bureaucracy busting concordat](#)', which outlines seven principles to help reduce unnecessary bureaucracy and administrative burdens in general practice. Developed with input from the BMA, the concordat includes principles around medical evidence, certification and designing processes around ease of use for both GPs and patients.

Section 49 report guidance

Under section 49 of the *Mental Capacity Act 2005* (the "MCA"), the Court of Protection (the "CoP") may require NHS health bodies and local authorities to arrange for a report to be made for the purpose of considering any question relating to someone who may lack capacity. Producing a report is a complex process involving assessing the patient, reviewing notes, discussing with relevant professionals, and compiling information. The amount of time required to review a long and complex set of medical records presented can be significant.

The definition of 'NHS body' does not include GP practices, even if their contractor CCGs/PCOs are. Therefore, practices cannot be directly ordered by the Court of Protection to produce a report under section 49.

Although it is possible for an NHS body (e.g. an NHS Trust) that had been ordered to arrange for a report to be made to request that someone else produce a report (under section 49(3)), e.g. a GP - in doing so, the trust *cannot compel a GP as an independent practitioner to do the work* and if the GP agrees to do the work, he/she is entitled to be paid a rate agreeable to the GP.

Read more in this [guidance](#) by the BMA's [Medico Legal Committee](#).

Supporting GP Practices in offering patients access to their future health information

In just over two months, patients with online accounts, such as through the NHS App, will be able to read new entries in their health records. This applies to patients whose practices use the TPP and EMIS systems.

NHSE recently [wrote to general practice staff](#) to detail the need to prepare for this change and the support available, including an updated [RCGP GP Online Services toolkit](#), [videos](#) covering key topics, [learning from early adopter sites](#) and [communication materials](#) for general practice to use to inform their patients.

A [GP practice readiness checklist](#) has also been produced to help practices ensure they have completed all the necessary actions, such as staff training and reviewing of relevant policies and processes.

All staff, including locums, should receive the necessary training with regards to checking and entering information into patient records and familiarise themselves with any change in business processes and GP system functionality. To find out what the changes mean for you and what you need to do next, register for one of the upcoming [awareness webinars](#).

