Dear Colleagues,

**GP contract in England guidance**
We continue to publish guidance relating to the GP contract agreement in England [here](#). GPC England executive team member, Krishna Kasaraneni, has also written a blog about how LMCs can support practices to engage with Primary Care Networks, which you can read [here](#).

Because of wider political pressures, not least Brexit, changes to the GMS and PMS regulations relating to the contract in England will not happen in time for April 2019, but may be later in the year (July or October). The SFE and funding entitlements will still go ahead from 1 April.

**CQC Update**
This week practices in England were sent an update on the new approach to regulation of general practice, being introduced from 1 April 2019. The updates outlined that practices rated good/outstanding will no longer be routinely inspected every two years, with their inspections changing to a maximum interval of five years. Instead these practices will have an annual regulatory review including the outcome of a “provider information collection” (PIC) with an annual phone call to the practice, as a satisfactory IT solution for the PIC has yet to be developed.

That letter links through to updated guidance on CQC’s website: [How we monitor GP practices](#) and a new page on the [questions that we'll ask on the calls](#). GPC England has worked closely with the CQC through various iterations of this in order to mitigate the impact on practices and our engagement has hopefully made the process considerably less burdensome and more fit for purpose that it otherwise would have been; it has also been piloted, though not in a huge number of practices.

**Firearms licensing process**
We have updated our [GP support guidance about the firearms licensing process](#). Mark Sanford-Wood, GPC England executive team member, has also written a blog about medical involvement in firearms to explain the clarifications which you can access [here](#).

**ICS briefing**
We have published a [new briefing on Integrated Care Systems](#). This provides a background to the changing ways of planning and organising the delivery of health and care services in England. The briefing describes what they are, where across England they are being established, and what they mean for doctors, in both primary and secondary care.

**BBC investigation into violence against GPs and practice staff**
[BBC Online](#) reported on an investigation into rising levels of violence against GPs and practice staff in England, with latest figures showing more than 3,000 patients have been barred from...
visiting their GP owing to violent incidents. My comments, following an interview I did with BBC Yorkshire on the issue, were widely quoted: "When GPs are delivering over a million consultations every day, the number of incidents and number of patients involved are very, very small. But one incident is one too many and we can't tolerate situations where patients are putting front line healthcare staff at risk." It was featured on a large number of BBC bulletins and also carried on BBC Radio Five Live, BBC Lincolnshire, BBC Tees, BBC Humberside, BBC Oxford and BBC Shropshire. I did separate interviews for BBC WM, BBC Cumbria, BBC Kent and BBC York.

**Britain’s opioid ‘epidemic’**
The *Sunday Times* reported on a major investigation into opioid use in England and Wales, which showed that 91,000 deaths have been linked to the drugs in the last two years alone. In its analysis of NHS figures, the paper found that prescriptions had increased by 30 per cent in the last decades, and overdoses were up 89 per cent. GPC clinical and prescribing lead Dr Andrew Green told the paper that there “is no doubt that we have an epidemic of opioid use”. This was also reported by MailOnline, i News and BBC Online.

**Four in 10 GPs intend to quit in next five years**
A survey of 929 GPs by the University of Warwick was published this week and found 40% want to leave the profession within the next five years, an increase of nearly a third since 2014. The survey, published in the *BMJ* Open, looked at GPs in the Wessex region, comparing it to a similar sample in 2014. In the latest survey, 18% said they intended to quit within the next two years, compared to 13% in 2014. I was quoted in response saying: “This is yet another worrying report about the state of the GP workforce crisis and these findings are consistent with other surveys which give rise to growing concerns for practices and their patients. Added to this is the fact that almost one in every two GPs are over the age of 45. The medical workforce is ageing, and many experienced older doctors are finding that working in today’s NHS is too taxing on their work-life balance and can have a detrimental impact on their health and wellbeing, causing some to seek early retirement. It comes as no surprise that many want to quit within the next five years, and now is a critical time to address the underlying issues that are causing GPs to want to leave the profession.” The story was also covered in the Telegraph, The Independent and Metro.

**One GP dealing with 500,000 out of hours patients**
The *Daily Mail* reported that just one GP in Shropshire is responsible for delivering out-of-hours care to 500,000 patients due to staff shortages and funding cuts, and that some patients who wants to see a doctor at evenings or weekends have been told to drive an hour over the border to get help in Wales. In response to this I said that that providers’ “budgets have flat-lined in the past decade and the number of cases requiring help is increasing. Many areas, particularly rural locations, are struggling to recruit GPs. If you are working longer hours during the day you may be less willing to do another four or six hours overnight.”

**Elective care waiting list crisis in Northern Ireland**
The Belfast Telegraph reported on the elective care waiting list crisis in Northern Ireland and
stated that “figures released to the BMA by the Western Trust show the waiting time for a first outpatient appointment in some specialties stands at over four years”. In response, the Northern Ireland GPC chair, Alan Stout, said: “There will be those people who wait so long for their appointment that they die before they are seen. There are also those who have other conditions that get worse over the period of time they are waiting to be seen. It actually gets to the point that they are no longer medically fit to have an operation.” Read the full article in Belfast Telegraph

LMC UK Conference agenda
The agenda for the 2019 LMC UK Conference to be held on 19 and 20 March 2019 at the ICC Belfast, has been updated and re-published. The agenda and further information can be accessed here.

GPC UK regional representative elections
Voting is open in the elections for the following regional representatives to GPC UK:

- North & South Essex
- Barking & Havering, Redbridge & Waltham Forest, City & East London
- Cumbria & Lancashire
- Ayrshire & Arran, Borders, Dumfries & Galloway, Lanarkshire
- South & West Devon, Cornwall & Isles of Scilly

To vote, click here. You do not need to be a BMA member to vote or create a BMA website account. Voting closes at 12pm 12 March. If you have any questions, please contact elections@bma.org.uk.

LMC UK conference representatives to GPC UK elections
Nominations are open for the 7 representatives to GPC UK for the 19-20 session elected at LMC UK conference. To nominate yourself, click here. Nominations remain open until 12pm 12 March. You do not need to be an LMC representative to the UK LMC conference 2019 to nominate yourself.

Please be aware that confirmation from an LMC representative attending conference must be received by the nomination deadline, otherwise the nomination cannot be accepted. This confirmation can be sent to elections@bma.org.uk and the LMC representative needs to state their name and that they nominate the individual in question for the position they are running for.

Metoprolol 50mg and 100mg tablets
The Department of Health and Social Care has shared the following information on the current supply issue with metoprolol 50mg and 100mg tablets.

- DHSC has been made aware of an ongoing supply issue with the following two products:
  - Metoprolol 50mg tablets
• Metoprolol 100mg tablets.
• The issue has been caused because of some manufacturers discontinuing the products and others having supply difficulties.
• Milpharm/Aurobindo, are currently the sole supplier of both presentations to the UK market.
• Supplies of both presentations are currently available but may be limited, further stock is arriving over the coming weeks however supply is likely to be intermittent for a number of months.
• If patients are having difficulty obtaining metoprolol, they may need to be switched to an appropriate alternative treatment.
• Please see a memo with had been developed by UK Medicine Information with input from national experts at NHSE and NHSI, which advises on management options for patients affected by this supply issue, including the use of alternative beta blockers, dosing information for these alternative beta blockers and monitoring requirements.
• This is available on the SPS website
• Suppliers of alternative beta blockers have been contacted to determine if they can meet any additional demand and currently, the manufacturer of carvedilol has indicated it would be unable to meet demand if patients were switched to this product. Manufacturers of bisoprolol, atenolol and propranolol have indicated they have capacity to support any additional demand on their products.
• DHSC are continuing to work with the manufacturers Milpharm/Aurobindo, to expedite future deliveries will continue to monitor the overall situation.

Read the latest GPC newsletter here

Read the last Sessional GPs newsletter here.

Have a good weekend

Richard