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GPC meeting

The GPC held its meeting on 20 February 2014 and this newsletter provides a summary of the main items discussed.

Care.data – delay to roll-out

NHS England has this week announced a six month delay in the roll-out of care.data. This follows concerns raised by the BMA and GPC particularly on the grounds that the public awareness campaign has not worked, with many patients still unaware of care.data and their right to object to the extraction of data from their medical record.

GPs will welcome that NHS England has allowed more time to ensure that patients are made fully aware of the implications of care.data, how their information is stored and used, and their right to object. The BMA continues to support the use of anonymised data to improve and plan NHS services, but will be seeking further assurances from NHS England around the scheme, working closely with

them to ensure that the public is properly informed and that safeguards are in place before uploads begin in the autumn.

The BMA will update LMCs and practices via GPC News and on the BMA website. GPs should continue to enter the objection code(s) to patient records where requested by their patients.

Guidance on Named GP for patients aged 75 and over

We have published guidance on the requirement for a named GP for patients aged 75 and over, which has been agreed as part of the GP contract changes beginning from April 2014. The guidance includes information on the responsibilities of the named GP and how practices should decide on the identity of each patient's named GP, and is [available on the BMA website](#).

Funding redistribution

NHS England has recently published guidance on funding redistribution for both PMS and GMS practices, as highlighted in previous editions of GPC News.

£325m of "premium" PMS expenditure has been identified by NHS England as the amount by which PMS expenditure exceeds the equivalent items of GMS expenditure. The premium will reduce to £235m over the seven years to 2021/22 as GMS correction factor funding is phased out and global sum funding increases.

Area Teams will have up to two years from April 2014 to review their local PMS contracts, with the pace of change on the redeployment of funding following the reviews being left to local judgement. They are expected to invest the premium funding in GP services according to criteria set by NHS England, with local discretion within these criteria about how the funding should be invested. This is set out [in NHS England guidance](#) and [an accompanying presentation](#).

For GMS practices, NHS England sent [a letter to its Area Teams](#) shortly before Christmas about outlying practices caused by the phasing out of MPIG. The letter refers to 98 national outliers whose details have been sent to relevant Area Teams. It provides some options for Area Teams to consider in dealing with these practices - for example, encouraging collaboration or agreeing a new contract type with the practice. It is likely that many practices not identified in the 98 outliers may have equally strong cases for local support because of significant funding cuts. While we have been informed that data about the 98 outlier practices cannot be shared due to commercial sensitivity, Area Teams have been encouraged to engage with LMCs in finding solutions for outlying practices.

There are problems with NHS England's approach for both GMS and PMS practices, not least the inequity that will be caused by the amount of discretion being left to Area Teams by both sets of guidance. We also believe that the PMS premium expenditure should have been redistributed to core GP funding, providing greater certainty for practices and allowing them to invest for the future with greater confidence. We have made our concerns clear to NHS England.

In both areas, we have encouraged LMCs to meet with their Area Teams as soon as possible to discuss their plans. We would welcome local intelligence about how these discussions are progressing - please e-mail the GPC office at info.gpc@bma.org.uk with this information.

King's Fund report

The King's Fund has published a new report entitled [Commissioning and Funding General Practice: Making the Case for Family Care Networks](#). The report argues for increased collaborative working between GPs and increased funding for practices to meet the demands on primary care, but within a new contractual framework.

In response to the report, Dr Chaand Nagpaul has said:

"It is important that we constantly look for ways to improve the way we deliver care to patients. The King's Fund are right to recognise the unique contribution general practice makes to the NHS and that we need more resources to be allocated to GP practices so that they can continue to deliver the high quality service patients have come to expect. We do also need to encourage more collaborative working to help GPs take on the role of providing new services in the community, including the care the government wishes to move out of hospitals.

"However, general practice does not need another reorganisation on the back of the incredibly time consuming and costly restructuring GPs have only just undergone. Instead we should be focusing on tackling the serious workload and financial challenges facing GP practices, and supporting them to evolve and develop rather than wasting resources rearranging the NHS' already complicated bureaucracy.

"There is also no evidence that changing wholesale the contractual basis of general practice would deliver any real benefits to patients. In its current form, the GP contract enforces nationally agreed standards of care across the country while allowing practices the flexibility to tailor their services to the demands of their local community. The King's Fund alternative would see GP services subsumed into wider commissioning budgets that would both make it more difficult to guarantee national standards and hinder the ability of local GPs to truly manage the services they deliver.

"While we need to be bold in addressing the problems facing general practice, we must ensure that we don't implement needless, disruptive policies that focus more on structures than patient outcomes. The BMA's GP Committee's own [vision for the future of general practice](#) shows how we can achieve many of the King's Fund aspirations by building on practices' current contracts, and focusing on supporting innovation, such as through the pooling of resources under a federation system. We also need to back general practice with targeted funding in the areas that really need support."

Changes to pension arrangements for GP locum appraisers in England and Wales

The NHSPA (NHS Pensions Authority) has stated that freelance GPs who carry out appraisals can now choose to pension that income. Until now, only salaried and partner GPs appraising other doctors could do so. This move comes after continued lobbying of NHS England by the GPC sessional GPs subcommittee.

GP locum forms A&B will be updated by the NHSPA in the coming weeks to reflect this change, which comes into effect from 1 April 2014.

Changes in pensions arrangements for salaried GPs in England and Wales

The NHSPA has also announced changes that mean all the practice income of salaried GPs will now be pensionable. Practice-based overtime is not currently pensionable for salaried GPs - for example, if they work a Saturday morning that income is not pensionable if it is outside their contracted hours.

Now all practice income can be pensioned, even if it takes salaried GPs over their working time hours.

Networks and federations survey

The GPC has launched a survey of grassroots GPs to find out their views on how a model based on networks or federations of GP practices might find solutions to the challenges facing 21st century general practice. All GPs - whether a partner, salaried or a locum - [are encouraged to give their views in this survey.](#)

Updated enhanced services guide 2013 / 14

[The enhanced services guidance for 2013/14](#) has been updated following the October 2013 read codes release and is available on the [practice funding pages](#) on the BMA website.

The Information Governance Toolkit

Version 11 of the Information Governance Toolkit for general practice went live in June 2013 and the deadline for final submission is **31 March 2014**. The toolkit encompasses 13 requirements against which general practice should self assess. The Health and Social Care Information Centre (HSCIC) states that completion of the toolkit is necessary in order for practices to ensure that their HSCIC services, such as the N3 connection, continue to be provided. This is because every practice receiving these services needs to sign up annually to an Information Governance Statement of Compliance and the only way this can be signed or submitted is through the IG Toolkit online assessment.

One person from a practice will have been nominated as the IT lead and they will register for a user account and complete the online self-assessments on behalf of the practice. A link to the toolkit is [available here](#).

We recommend that practices submit their 2013/14 self assessments by the deadline.

Death certification

Death certification reforms in England and Wales have been expected for some time now, and while delays continue, we remain positive that implementation will occur. Ministers are committed to reform in all the countries of the UK, although the details may vary. Implementation is expected in October 2014. The new process will involve the introduction of a new role of medical examiner, commissioned by local authorities. Scrutiny of deaths by the medical examiner will effectively replace the existing cremation system involving three different doctors (two medical attendants signing the

MCCD and cremation forms, and the medical referee). In England, a training programme for medical examiners has been produced by e-Learning for Health in collaboration with the Royal College of Pathologists. A number of issues relating to local authority recruitment, and to cost, are still under consideration. The BMA Forensic Medicine Committee continues to be a part of the Department of Health's Implementation Board and will provide updates to members as and when further information is available.

GP committee webpages

The [GP Committee pages](#) on the website have been updated and include biographies of GPC members, which can be accessed via an interactive [map available on the same page](#).

The GP Committee pages will also be further updated to include information about the devolved nations and GPC subcommittees.

Information about the GP contract changes can be [accessed on the BMA website](#).

NHS 111 Focus on the Future event

NHS England is holding a national event to discuss the 111 service of the future on Tuesday 4 March 2014 at the Renaissance Hotel in Manchester. The event provides an opportunity for GPs and LMCs to shape and influence national 111 policy going forward. One of the key aspects for GPC will be to convey the need to reunite call handling with GP-led out of hours services. This will enable better local integration of urgent, unscheduled and emergency care, helping to improve efficiency and cost-effectiveness across the NHS.

The event will include keynote speakers Dame Barbara Hakin, Dr Steven Rawstone, NHS 111 National Medical Advisor, Ian Greenwood, NHS 111 Senior Responsible Officer, and Deborah El-Sayed, NHS 111 Futures Programme Director.

Delegates will have the opportunity to explore and input into discussions around:

- Clinical Model: Exploring Increased Clinical Input
- Clinical Model: Integration with GP Out of Hours Services
- Clinical Model: Accessing Records
- Procurement Advice and Support
- Patient and Public Engagement.

Anyone with an interest in attending the event [is invited to register online](#).

Getting ready for general practice
Thursday 27 March 2014
BMA House, London

Please pass this message on to all current GP trainees

Have you started your GP training, but need information and support about your career options?

Do you need help making sure you are starting your career in good financial health?

Find the answers you need and make new contacts among colleagues at our informal, friendly seminar. With BMA staff on hand to advise you about how we can support you as you begin your career, this event allows you to personalise the programme to meet your needs with a selection of breakout sessions.

The seminar is open to BMA members and non-members. If you have already started GP training but are looking for further information and support about the types of career open to you and the practicalities of working as a qualified GP, this event is for you.

Registration fees

Members: £90.00 including VAT

Non members: £150.00 including VAT

Find out more and [book your place on the BMA website.](#)

LMCs – change of details

If there are any changes to LMC personnel, addresses and other contact details please can you email Karen Day with the changes at kday@bma.org.uk.

The GPC next meets on 20 March 2014, and LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items is 11 March 2014. It would be helpful if items could be emailed to Christopher Scott at cscott@bma.org.uk. You may also like to use the GPC's listservers to exchange views and ideas.

GPC News

LMCs are reminded that their regional representatives can provide more detailed information about the issues covered in GPC News, and other matters. Other members of the GPC would also be pleased to accept invitations to LMC meetings wherever possible. Their names and addresses are in the GPC Yearbook. The secretariat can also provide a written background brief if required, but it would be helpful to have such requests well in advance of your meetings.

Finally, if LMCs require assistance on local issues, they can also contact the BMA's local offices: addresses are on page 3 of the GPC's yearbook.

This newsletter has been sent to:

- Secretaries of LMCs and LMC offices
- Members of the GPC
- Members of the GP trainees subcommittee
- Members of the sessional GPs subcommittee