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### Care.data – delay to roll-out

NHS England has announced a six-month delay in the roll-out of care.data, with extracts now due to take place in autumn 2014. This follows concerns raised by GPC 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 is 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.

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.

### DEP001 QOF business rules

Following a query regarding the QOF business rules of DEP001, where a practice had found that their performance on this indicator dropped following the upgrade by EMIS to v27.1 of the business rules, we have had the following advice from the HSCIC:

Originally indicator DEP001 was developed to follow the guidance which requires that the diagnosis of depression and the bio-psychosocial assessment (BPA) codes are recorded on the same date to meet the requirements for this indicator and that a patient would only have one BPA recorded for each new episode of depression.

The BPA code was a new code in April 2013, however it was found that some practices were recording the code again following diagnosis (as well as at diagnosis), which was a use that HSCIC hadn't anticipated. It has since been brought to HSCIC's attention that a patient may have more than one BPA recorded in a given QOF year. This has been discussed with QOF stakeholders and as the numbers of patients affected was expected to be small any change to the indicator was to be implemented in 2014/15, however this indicator will now be retired on 1 April 2014.

HSCIC have considered whether a change can be made to the business rules at this stage, however this is not possible as there will be an impact on GPES as all the suppliers would need to go through re-certification.

If practices feel that they have been unfairly disadvantaged for 2013/14 QOF they are advised to negotiate with their area team. Where a patient newly diagnosed with depression in the current QOF year, has received more than one BPA in the current QOF year the area team would need evidence that at least one BPA had been recorded on the same day as the depression diagnosis.

Alternatively, practices could delete the second offending code, and re-enter it as free text to preserve the integrity of their record.

## **Important information for GP practices – Quality and Outcomes Framework (QOF) 2013/14**

The Health and Social Care Information Centre (HSCIC) sent an email [bulletin](#) out to practices last week on the QOF for the 2013/14 financial year. A step-by-step guide for practices will be issued in March by the HSCIC.

We recommend that practices read last week's bulletin, which explains how the General Practice Extraction Services (GPES) will operate for the QOF extraction. The bulletin also explains how practices should prepare for and participate in the QOF using the Calculating Quality Reporting Service (CQRS).

The GPC has emphasised to NHS England and the HSCIC the need for the necessary functionality and training to be in place so that practices can effectively use the CQRS with minimised disruption.

In the event that data is not available via GPES for all practices by the end of March, the HSCIC has provided some detail on their contingency plan – this is also set out in the bulletin with further information to follow.

Please also see the [HSCIC's FAQs](#). We will continue to update LMCs and practices via GPC News.

## Workplace pensions

Neither the GPDF nor GPC provides financial advice to individual GPs or LMCs; however it is incumbent on us to draw to GPs' and LMCs' attention areas of change in legislation which may have an impact on GPs, their practices or LMCs.

Workplace pensions place responsibilities on employers including LMCs and GPs, both as practices and individuals (eg for nannies), to provide a pension.

- Workplace pensions, or '**Auto-Enrolment**', began rolling out in October 2012.
- Roll out will continue for several years through until April 2017 for the smallest businesses, and that extended timetable will deal with many LMCs and practices.
- The legislation requires all employers to enrol automatically some or all members of their workforce, depending upon age and wage level, into an employer organised pension scheme with certain minimum standards.
- The NHS pension schemes may not be the solution for all GP employers as some workers may be ineligible to join the scheme.
- An individual does not have to remain in the scheme and can opt out within one month of being enrolled.
- Every employer will be allocated a date from when the duty to establish a scheme first applies and this is known as the staging date; for the GPDF this will be 1 April 2014.
- There is a particularly important consequence of Auto-Enrolment. It may lead to loss of fixed or enhanced lifetime protection already obtained with the possibility of a 55% tax rate.

The GPDF and GPC urge you to begin by taking independent financial advice in so far as Auto-Enrolment is likely to impact you personally, your practice and your LMC. Planning is the key. The [BMA](#), [NHS Confederation](#) and [Pension Regulator](#) websites all provide very helpful further information.

## Notification of consultation: framework for managing performer concerns closes 20 March

NHS England has begun a formal consultation on its framework for managing performer concerns. The documents have [been published online and will be open](#) for four weeks, closing midnight on Thursday 20<sup>th</sup> March.

The framework incorporates the policy and high level procedures that together detail NHS England's responsibility for holding and maintaining performers lists in respect of primary medical, dental and ophthalmic performers as detailed in the [National Health Service \(Performers Lists\) \(England\) Regulations 2013](#). The framework aims to support area teams in managing their responsibility for performers seeking to join the relevant list and to support the few performers that may fall below expected standards once on the list.

NHS England expects to publish the framework, annexes and a range of further guidance in April/May 2014.

The GPC will be preparing a submission to the consultation on behalf of the BMA, but if LMCs, GPs or other relevant individuals would like to contribute, they can do so by contacting Kate Rogers, Responding to Concerns Project Manager, via [kate.rogers2@nhs.net](mailto:kate.rogers2@nhs.net)

## **LMC Conference 2014**

The 2014 LMC Conference will be held on **Thursday 22 and Friday 23 May 2014** at the [York Barbican](#). The Conference dinner on Thursday 22 May will be held at the [National Railway Museum](#). Information on the venue, expenses and submission of motions has been sent out, and is accessible on the [BMA website](#).

The closing date for motions to amend Standing Orders of LMC Conference is **Friday 21 March**. The deadline for motions for the LMC conference main agenda is **12 noon on Monday 24 March**. We would be very grateful to any LMCs which assist the GPC secretariat by submitting their motions **(one copy of the final version only please)** as early as possible. Please do not leave the submission of motions until the final morning, as it potentially risks slowing down the electronic system and your motions may fail to be received by the noon deadline. Motions received after the noon deadline on 24 March 2014 cannot be accepted.

If you have forgotten your password for inputting motions through the LMC Conference motions database or wish to see a copy of the instructions again, please contact Karen Day on [kday@bma.org.uk](mailto:kday@bma.org.uk) as soon as possible.

## **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](mailto: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](mailto: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