GPC Newsletter

BMA

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Friday 21 June 2013 **Issue 11**

Content

GPC meeting

The GPC held its meeting on 20 June 2013 and this newsletter provides a summary of the main items discussed.

The future of general practice

The GPC is continuing to develop strategy on the shaping the future of general practice. The project was initiated in January and incorporates a range of work streams being taken forward by the subcommittees of the GPC. Work has now begun on getting input from younger and sessional GPs on how general practice could and should evolve. Guidance is in production that is designed to provide practices with ideas on how they could adapt or develop in order to meet the challenges of the changing NHS environment. The project has also involved responding to the changes to the NHS and the GP contract imposition. A 'survival guide' is continuing to evolve and is now available on the BMA website. Meetings with patient groups are also being held.

The direction of this project has been influenced by the special debates on the future of general practice at the LMC Conference, more on which can be found in the LMC Conference report. We will keep you up to date as guidance is published and with future developments in the various work streams.

LMC Conference 2013 - report

The report of this year's Conference has now been published and is available on the BMA website. The report includes details of key debates and more information about many Conference resolutions.

Out of hours

The GPC had a detailed debate on out of hours, noting the following extant LMC Conference resolutions:

That conference recognises that out of hours (OOH) commitment is no longer the core responsibility of the majority of GPs, and:

(i) believes government must invest to obtain and maintain adequate, quality OOH services

(ii) believes that GPs should have a central role in commissioning out-of-hours services

(iii) calls on the GPC to resist vigorously any attempt to make GPs the providers of last resort of these out-of-hours services.

That conference:

(i) notes with alarm the underfunding of OOH contracts by commissioners and believes that this has degraded the OOH service nationally

(ii) demands that the government sets a realistic minimum OOH contract price per head of population to which commissioners must adhere

(iii) demands that the OOH contract price reflects rural costs and burdens generated by extra bank holidays

(iv) is concerned that the accounting of contingency reserves in the OOH tendering process places GP collectives at a disadvantage compared with large corporations who can cross-subsidise

(v) calls upon the government to level the playing field by making it a requirement of all OOH tenders to account for contingencies within the tendered budget.

The Committee will be continuing to do further work on this important policy area.

Monitor review of walk-in-centres

At the end of May, Monitor announced a review of walk-in centres in England. The review aimed to explore the recent closure of many walk-in centres and whether this has impact on patient choice and ability to access routine and urgent primary care.

Monitor outlined the purpose of the review as to:

- "Examine changes to arrangements regarding the services provided by walk-in centres that have taken place over the past two to three years;
- Assess the impact of these changes insofar as they may affect patient choice and competition; and
- Understand current commissioning practices in relation to walk-in centres and possible future developments."

The GPC discussed this review in order to inform the BMA response. Discussion included the fact that the decision to introduce walk-in centres was a centrally driven policy and didn't take into account local need or existing services. Discussion also included the cost effectiveness of the centres and whether walk-in centres have been successfully in relieving pressures on accident and emergency services. The BMA will be responding to the review.

Monitor consultation on guidance on Procurement Regulations

GPC also discussed the Monitor consultation on guidance on the Procurement Regulations. The guidance describes the requirements in the Regulations, sets out the factors Monitor will take into account in considering whether conduct is consistent with the Regulations, describes the analytical framework Monitor intends to apply when assessing conduct and provides examples of conduct that might breach the Regulations.

Key themes in the discussion were the need for greater clarity for commissioners about when a single tender process would be appropriate and also for clearer definitions of the terminology used in the guidance. The BMA will be responding to the consultation.

You can find more information about the Procurement Regulations on the BMA website.

Locum employers' pension contributions

As LMCs will already know, as of 1 April 2013, practices in England and Wales have become responsible for the employers' pension contributions for the locums that they engage. Previously, the payments were made by PCOs and the BMA Chair of Council, Mark Porter, has written to the Secretary of State for Health, Jeremy Hunt, to ask him to reverse this decision.

However, despite our strong opposition to the changes, it remains the case that payment of the employers' contributions is now a statutory requirement for practices. We have developed guidance for practices, and for individual locum GPs, which, along with the letter to Jeremy Hunt, is available on the GP contract survival guide pages of the BMA website.

If a practice is unsure of its responsibilities relating to employers' pension contributions they should contact the BMA Pensions Department for individual advice. The same applies to any locum GPs who have queries about their own pension arrangements.

The GPC continues to urge NHS England to ensure that PMS practices receive an uplift to help cover the costs of locum employers' superannuation, in line with GMS practices. NHS England has confirmed that it has not yet made a decision on this matter. In the meantime, Area Teams should not be making unilateral decisions about this, but should wait for NHS England to complete its review of the issue. We will continue to pursue the matter.

Locum appraisal contributions / payments to appraisers

We learned recently that NHS England was not intending to allocate funds to Area Teams specifically to contribute towards locum appraisee costs, and also received reports from some areas that, where the payments had previously been made to locum GPs, these payments had now ceased. We approached NHS England to express our concern about this, making clear our position that locum GPs should not be financially penalised for taking part in appraisal compared with GP partners and salaried GPs, given that the time commitment involved in preparing for appraisal and the appraisal interview itself mean time out of work for locums.

It has now been confirmed by NHS England in a letter to English Responsible Officers that direct payment to locums undergoing appraisal can no longer be supported. This is completely unacceptable to us and we have again made our position clear to NHS England.

In the same letter, NHS England has confirmed that it believes a fair level of remuneration for appraisers is £500 per appraisal, with an additional amount of £70 for employer on costs. It has asked Responsible Officers to make efforts to move towards this standardised approach as quickly as possible, and by no later than 1 April 2014.

Repeat callers to NHS 111

The national service specification for handling repeat callers (ie patients who call NHS 111 three times in four days) states that these patients should receive an assessment from a GP within one hour.

Following recent concerns raised by LMCs regarding unwillingness by some commissioners to review inappropriate local arrangements for handling these calls, the GPC negotiators have agreed the following statement with NHS England:

> *NHS 111 commissioners and providers have a responsibility to ensure that repeat callers (those who have called the NHS 111 service three or more times in four days and, because of the potential risk, require a thorough senior clinical re-assessment by a GP within the hour) receive the service as specified.*
>
> *There is no national mandate as to how this service should be provided or resourced, nor is there a contractual obligation for practices to do this work. However, it is the responsibility of CCGs as the local commissioners of NHS 111 to ensure an appropriate service is commissioned. If local GPs are not satisfied with the current local arrangements for dealing with repeat callers, then commissioners and providers should work to find another solution.*

NHS England has also circulated this statement to relevant colleagues within Area Teams and CCGs to ensure they are fully informed of the national position.

It is now expected that, in areas where local GPs are not comfortable with the current local solution, regional 111 Clinical Leads will broker discussions to review arrangements. LMCs are encouraged to lobby for these discussions to take place as soon as possible.

CQC consultation - "A new start"

The CQC has published a consultation on changes to the way it regulates, inspects and monitors care and it is available on the CQC website. Some parts of the consultation relate to hospital inspection only, but there are sections that will have an important impact on the regulation of primary medical services.

In particular, Section 2 of the consultation applies to all providers that the CQC regulates and sets out the following:

- The five questions they will be asking of every service they regulate: Is it safe, is it effective, is it caring, is it responsive to people's needs and is it well-led?
- Three concepts to help the CQC judge the quality and safety of services: the "fundamentals of care", which are the basics of care below which standards of care should not fall, "expected standards of care", based on the five questions they will be asking of every service and "high quality care", which is intended to help the CQC make judgements about a provider's overall quality of care.
- Their proposals to appoint expert inspection teams, led by expert Chief Inspectors.
- A proposal to develop a ratings system for most providers of health and social care, including in primary medical services. The consultation does not provide details of how this will work in general practice; these will be developed in the next two years, led by their Chief Inspector of General Practice.

Section 4 of the consultation also applies to all providers registered with the CQC. It sets out proposals for changes to the CQC's regulations to introduce fundamentals of care, to introduce of a statutory duty of candour as one of the organisational requirements on all registered providers, and to strengthen the CQC's powers in holding providers to account. The Department of Health will publish draft regulations following the closing of the consultation.

We would encourage all LMCs to read and respond to the consultation, which closes on 12th August 2013.

New directed enhanced services (DESs) – participation agreement

NHS England has recently published a participation agreement for use between practices and CCGs for the four schemes within the new national DES.

Guidance on conflicts of interest

Decisions about allocation of resources, population need and service design are complex, particularly at a time of financial constraint. As CCGs adopt their statutory duties, doctors in commissioning roles have responsibility for significant amounts of public money. We have produced new guidance on conflicts of interest for GPs as commissioners and providers. The guidance covers issues such as the governance of CCGs, GMC obligations for doctors in commissioning roles, primary care incentive schemes and what membership of a CCG means for GP practices.

Delayed payments to practices

The GPC has written to NHS England about the recent delays in payments to practices, caused by both administrative problems and uncertainty about which organisations are responsible for payments. NHS England has responded and will be looking into specific issues that have been raised by LMCs, and addressing problems with SBS.

Dispensary Services Quality Scheme (DSQS)

From 1 April 2013 the responsibility for overseeing the Dispensary Services Quality Scheme (DSQS) has been passed to Area Teams (ATs). NHS England has not yet established a single operating policy or procedure for DSQS. However, in East Anglia, following consultation with the LMC, the AT has agreed to use the previous PCT's procedures and documentation to manage this process for 2013/4. The AT has also set up a pharmaceutical services e-mail account which will be used for DSQS queries and to disseminate information to dispensing practices. The AT will use the self- assessment documentation from last year to assess whether the DSQS requirements have been met, with a small number of practice visits undertaken for verification purposes. The AT has agreed to work with the LMCs to ensure a smooth transition into the new single operating policy for DSQS that will be developed for 2014/5.

We would like to know if other ATs are deviating from this sensible position – please email cohman-smith@bma.org.uk with information of what is happening in your local area.

084 numbers

Ofcom have been in touch with the GPC office to bring our attention to a couple of reports in the Daily Mail and Daily Telegraph, which suggest that some GP surgeries are still entering into contracts for 084 numbers.

The Daily Telegraph article suggested that non-compliant telecoms arrangements do not breach regulations as they only applied to PCTs. This is not the case. Practices should note that the regulations require practices to satisfy themselves as to the cost of calls, and makes no mention of a role for other organisations, such as primary care organisations.

Imminent Ofcom changes will mean that any bodies that use 08 revenue share phone numbers will be required to advertise the part of the call charge they receive wherever that number is published, so that consumers know what service charge the bodies receive from each call.

Ofcom cannot tell any organisation which number to use, but are concerned that individual surgeries may not be aware of their forthcoming changes. They have also requested that we remind GPs of the GPC's advice on the use of 084 numbers.

The changes will come into effect in early 2015. The changes will occur exactly 18 months after Ofcom publishes its final statement in the summer.

Updated v25.0 of the QOF Business Rules

Following some queries, the HSCIC has made some changes to v25 of the QOF Business Rules to the following rulesets:

- cardiovascular disease primary prevention
- hypertension
- rheumatoid arthritis
- secondary prevention of coronary heart disease.

These four documents have now been updated to v25.1 and have been added to the PCC website to replace their v25.0 versions. Full details also attached.

AST002 indicator - coding in business rules to be reverted

We have been informed that the coding in the business rules for QOF indicator AST002 has to be reverted. Amendments were proposed to the relevant codes for Asthma8 (now AST002) during the 2013/14 QOF business rules review in order to refine the code clusters. During the review of the business rules - a process through which a number of identified experts including GPs, system suppliers, lay people and representatives from the four countries review the rules sets - no comments were received to suggest that the revised codes would be problematic. However, the usual process when introducing changes to the code clusters for cumulative indicators such as AST002 is to reset the indicator so that historical diagnoses do not need to be revisited. On this occasion, this process did not take place.

NHS Employers has discussed this further with NICE and HSCIC and have agreed to revert to the previous code clusters for the AST002 indicator (i.e. to use those applied to Asthma8 prior to 1 April 2013 – v24). **The changes to the business rules will be made to v26 meaning that it will not be necessary for practices to recode any patients this year.**

Please note that until such time as the code clusters are updated in clinical systems, any extracts being run will show an under achievement. This will, however, correct itself once the code clusters are updated.

A full review of the codes for AST002 will be undertaken, giving consideration to the fact that this is currently a cumulative indictor. NHS Employers has assured us that any future changes going forward will be more clearly explained to practices.

QOF guidance - Scotland

Scottish guidance on the Quality and Outcomes Framework (QOF) for the 2013/14 General Medical Services Contract in Scotland has been published and is available on the BMA website.

Fitness to drive regulations

The DVLA has amended the epilepsy and vision elements of the minimum medical standards for group two drivers (driving lorries and buses) in the UK. They have updated the form for doctors reporting on patients' fitness to drive and their information leaflet about the requirements. Because the visual standards now require a higher level of response from doctors, we advise GPs to refer patients requesting certification to optometrists for the vision section of the assessment, unless the patient has either 6/6 vision uncorrected or 6/6 vision corrected and with recent evidence of prescription strength.

CQRS training session reminder

Practices should have received the latest CQRS training bulletin from the Health and Social Care Information Centre (HSCIC) on 13 June. The bulletin includes information on how to book onto part 1 and part 2 of the phase 2 training. GP practices are advised to book early to secure the preferred training time and date – training completes on **26 June**. To book onto the training please use the HSCIC website.

It is important that GP practices undertake part 1 and part 2 of the phase 2 training to learn how CQRS works and what is required to ensure practices continue to receive accurate payments throughout the financial year. The training sessions are run as a webinar and hosted by a facilitator - users will be able to interact and ask questions. Alternatively, you can complete online modules that contain the same material but are not facilitated. Further information on the content of the training is available on the HSCIC website.

If you need help in accessing or undertaking the training registration, please contact the CQRS team at: CQRSServiceDesk@GDIT.com

We have received feedback from LMCs and practices about the CQRS training, including comments about technical issues and the availability of preferred slots. We have fed these concerns back to the HSCIC and will continue to do so. If you would like to provide feedback directly, the address is: CQRSfeedback@hscic.gov.uk

Please also note that the CQRS implementation guidance for GP practices will be sent out by the HSCIC soon.

GP trainees subcommittee elections

The GP trainees subcommittee is holding elections for 14 regional constituencies this summer. Nominations are now open for 14 regional representative seats.

Posts are held for two years, unless the representative qualifies as a GP during the first year, in which case they will only serve for one year.

Nominations close at **5pm, Friday 19 July 2013**. Nomination forms and further information about the elections are available on the BMA website.

Anyone can stand who is either:

(a) on a GP training programme that will not finish before 24 September 2013;
(b) starting a training programme between 28 June 2013 and 29 June 2014.

Candidates do not have to be BMA members.

Please spread the word to any GP trainees you know that may be interested. If you have any queries, please contact Karly Jose (kjose@bma.org.uk) or Christopher Scott (cscott@bma.org.uk).

Sessional GP newsletter

The Sessional GP Subcommittee's Newsletter for Spring 2013 is now available on the GPC webpage. It contains updates relating to pensions, injury benefit, claims for unfair dismissal and revalidation and appraisal. It also features articles from several contributors detailing their experiences with support groups for Sessional GPs, including advice on how to set up your own.

Sessional GPs subcommittee election results

The results of the election to GPC's sessional GPs subcommittee for 2013-2016 have been announced and are available on the BMA website.

LMC Secretaries Conference 2013

The 2013 LMC Secretaries Conference will be held on **Thursday 5 December** at BMA House. A letter and application form will be sent to LMCs in July.

MMR flyers and templates

Please find below two flyers that Public Health England has published relating to measles. One is for GPs and the other is for schools.

- Measles - don't let your child catch it - flyer for GPs
- Measles - don't let your child catch it - flyer for schools

It has also published template letters for inviting patients in for the vaccine. These can be found online. There is more than one template depending on age and whether or not a dose has already been received.

Information about the MMR catch-up programmes in England and Wales, including the specification and new joint FAQs [GPC, NHS England and NHS Employers], is now available on the BMA website.

Flu immunisation programme 2013 / 14 and vaccinations update

The Department of Health, NHS England and Public Health England have written to GPs, Area Teams and CCGs outlining the arrangements for the flu vaccination programme for 2013/14 - the letter is available online. Note the extension of the flu programme from 1 September 2013 to include children aged 2 who are to be given a nasal flu vaccine.

The GPC has also drafted a summary table outlining the recent changes in relation to various immunisation programmes, including Pertussis for pregnant women, Meningitis C, MMR catch-up programme, Rotavirus, childhood flu and Shingles - to be published on the BMA website shortly.

We are in the process of updating our Focus on Vaccines and Immunisations document to reflect these changes - this will be republished shortly.

Shingles catch-up and children's flu vaccination programmes

The specifications for the shingles catch-up programme and the children's flu programme have now been published by NHS England, and are available from the BMA website.

From 1 September, in addition to the current influenza DES, practices should vaccinate children who are 2-3 years old, but not yet four, on 1 September 2013 on either:

(a) a proactive call basis, if not considered at-risk, or
(b) a proactive call and recall basis, if considered at-risk.

From 1 September 2013, practices should provide the shingles vaccine to patients aged 70, but not yet 71 [route cohort] and all patients aged 79 [catch-up cohort], on an opportunistic basis.

We are drafting some joint FAQs and a summary table to cover all the recent vaccination changes, which will be published shortly.

Extension of the Pertussis vaccination programme for pregnant women

The Department of Health has announced the extension of the Pertussis vaccination programme for pregnant women for a further 6 months – a letter was sent out to Area Teams and practices in May and is available online.

Information about the original NES which was published in October 2012 is also available on the BMA's website.

Changes to the Meningitis C vaccination programme

The Department of Health has announced that, following advice from the JCVI, there will be some changes to the current vaccination schedule for Meningitis C in that the second dose currently given at four months will be replaced by a booster dose given in adolescence.

The initial change will be to cease giving the four month dose from 1 June 2013, and from mid-August 2014, there will be a catch-up programme for first time university entrants under the age of 25 years. We await further details on this catch-up programme, and will let LMCs know as soon as we know more. A letter sent to Area Teams and practices earlier this week is now available online.

Crisis support for victims of domestic abuse - helping victims get a non-molestation order

Many victims of domestic abuse come in contact with their GP long before seeking help elsewhere - on average, female victims of domestic abuse are subjected to 37 beatings before they involve the police. In addition to the healthcare needs these victims may have, they commonly need help in getting immediate protection from their abuser. A non-molestation order, granted by a civil court, can provide this protection by preventing the abuser from using or threatening violence against the victim, or intimidating, harassing or pestering them.

While it is possible for victims to apply for this injunction themselves, they are often unsure how to do so, and are commonly put off from seeking legal support because of the cost of seeking advice. The National Centre for Domestic Violence (NCDV) provides a free, fast emergency injunction service to victims of domestic abuse, regardless of their financial circumstances, race, gender or sexual orientation. They help anyone apply for an injunction within 24 hours of first contact (in most circumstances), and work closely with the police, local firms of solicitors and other support agencies to help obtain protection.

To help victims get this support, the NCDV provide a range of materials (posters, cards or other literature) about this service, which can be distributed directly to a patient, or in waiting areas. More about the NCDV, and how to order any materials can be found at www.ncdv.org.uk.

Eric Gambrill Memorial Fund Award - Winners for 2013

The two Award winners, who will receive £3,000 each, were selected at a recent board meeting by the Board of Trustees.

The Award Winners are:

Dr. Nicola Bellerby (Leeds) for her project 'Access to Family Planning services in rural Zambia', which she is commencing in April 2014

Dr. Clare Goodhart (Cambridge) for her project 'Sexual and reproductive health training for health care workers and teachers in Uganda', which she commenced in May 2013.

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 1. We would be grateful if LMCs would direct all enquiries to their liaison officer. A copy of the LMC regional structure is also attached at appendix 2.

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 18 July 2013, 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 8 July 2013. 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

GPC News is available via the Internet, via the BMA's web pages: www.bma.org.uk

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