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## GPC meeting

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

## Doctors' and Dentists' Review Body

In its report published last week the DDRB recommended an uplift of 0.28% to be applied to the overall value of GMS contract payments for 2014-15, intended to result in an increase of 1% to GP contractor income after allowing for movement in expenses. This was due to an apparent reduction in practice staff costs, using the data Annual Survey of Hours and Earnings. Obviously we strongly disagree with the contention that a 0.28 uplift to the contract value will produce a 1% increase in contractor income, and are looking at ways to challenge this figure.

For salaried GPs, the DDRB recommended that the minimum and maximum of the salary range should be increased by 1% for 2014-15.

For the trainers' grant, the DDRB recommended an increase of 1% along the same lines as basic pay for other doctors.

Given ongoing doctors in training contract negotiations, no recommendation on any change to the GP specialty register supplement has been made. It will remain at 45%.

### **Unplanned admissions enhanced service**

There have been a number of complications which have resulted in a delay in finalising the details of the unplanned admissions enhanced service, which comes into effect next month. We have stressed to NHS England and NHS Employers that practices need the details of this and the other contractual changes as a matter of urgency.

### **GP practice checklist for QOF 2013/14 year-end**

The Health and Social Care Information Centre (HSCIC) has sent their latest email [bulletin](#) to practices, providing a step-by-step checklist on what they need to do to for the QOF 2013/14 year-end. We recommend that practices read the full bulletin.

The [checklist is available online](#) and advises practices to:

- Use local searches to check QOF achievement before submitting QOF data;
- Ensure you can log on to CQRS;
- Understand what you need to do once HSCIC has notified you that you are participating in QOF on CQRS;
- Understand what you need to do once QOF 2013/14 achievement data is available.

Practices that wish to participate in QOF need take no action on GPES – the data will be taken automatically. A notification message will offer the option to ‘stop’ the extraction – practices can safely ignore this message and data will be extracted. If the ‘stop’ option is selected in error, practices should contact the HSCIC contact centre by email or telephone.

A step-by-step guide on entering achievement data manually for the 17 indicators not supported by GPES, and how to declare QOF achievement in CQRS, is now available in a CQRS QOF guide on the [HSCIC website](#).

### **Care.data**

The extracts for care.data are now due to take place in autumn 2014, following the announcement by NHS England that there would be a delay to the extract to allow further time to respond to the concerns of patients and GPs about the scheme.

The GPC had raised concerns that the public information 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. Further negotiations with NHS England and the government are now taking place to explore the actions that can be taken between now and the autumn, including improved public awareness raising and legislative changes to increase the safeguards around the handling of data.

We will continue to 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.

### **Framework contract**

The GP trainee framework contract has been updated by the GPC and COGPED to bring it in line with current legislation and terminology. The changes to the framework are not the result of a negotiation and are in no way connected to the ongoing negotiations for a new contract for all doctors in training. We recommend that the framework is used for all GP trainees. The updated framework can be found on [the BMA website](#).

### **Federated Flexiplan No 1 Pension Scheme**

This industry-wide occupational pension scheme covers workers in the health and education sectors and was set up in 1966. The scheme is currently being wound up, having closed to future accrual on 1 February 2010, with a deficit of approximately £20 million.

The GPC would like to hear from any practices that are members of the scheme that may have been affected by increasing cost liabilities as a result of the deficit. Please contact [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk) to share your experiences.

### **LMCs and the employment allowance**

LMCs may be aware that the government has introduced a £2,000 employment allowance for employers. This provides a credit to the employer against employers NIC effectively reducing employers' contributions by £2,000 in the tax year 2014-2015.

The allowance is however NOT available if you "carry out functions either wholly or mainly of a public nature (unless you have charitable status), for example, NHS services and general practitioner services". The GPDF has, through its taxation advisers Mazars LLP, sought clarification on the position of LMCs and HMRC has confirmed that the allowance IS available to LMCs. A copy of the advice is appended (appendix 1).

The allowance should be credited automatically through the RTI system and is initiated by a 'tick box' question. Employer's NIC is reduced until all of the £2,000 has been exhausted, for many LMCs that may be month two or later.

### **Some GPC changes**

The GPC has agreed a number of changes designed to improve the effectiveness and efficiency of the committee.

The negotiators will be renamed the GPC executive team to reflect the broad remit of their work in addition to contract negotiation. There will also be a change in the election cycle in which the negotiators will be elected for a two year term rather than annually as at present.

Finally new arrangements will be introduced for deciding on the membership of GPC subcommittees which will be a quicker process and take account of members' preferences and expertise.

### **GPC secretariat**

A copy of our staffing structure to reflect staffing changes is attached at appendix 2. 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 3.

### **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 17 April 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 8 April 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