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2015/16 contract negotiations in England

Negotiations with NHS Employers for the 2015/16 GP contract in England have concluded and an agreement has been reached. The changes provide some much-needed breathing space for practices, through further reductions in bureaucracy; with a decrease in workload in the Avoiding Unplanned Admissions DES and the withdrawal of the Alcohol and Patient Participation DESs. Improvements have been made around cover for maternity/paternity/adoption leave and there will also be a requirement for all patients to have a named GP in future.

The changes to the contract will not in themselves solve the workforce crisis or address the exceptional strain affecting general practice. In order to tackle these wider issues, we wrote to and met the Secretary of State of Health in July to propose a set of urgent measures designed to relieve the pressure on GP practices.

You can read about the contract changes in full and the proposed urgent [measures on the BMA website](#).

Dispensing doctor feescale changes 2014-15 - England and Wales

The dispensing doctor feescale, which includes an envelope of £174.2m for dispensing fees, has been published and came into effect from 1 October 2014 and onwards for England and Wales. The feescale and further information is available on the [BMA website](#).

The roles and responsibilities of GPs in supporting pupils at school with medical conditions - England only

The Department for Education has issued new statutory guidance and non-statutory advice on the roles and responsibilities of GPs in supporting pupils at school with medical conditions, which replaces previous guidance on managing medicines in schools and early years settings published in March 2005. This **new** guidance came into force **1 September 2014**.

Its aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

[The guidance can be found on the BMA website.](#)

GP electronic annual practice declaration (eDec) - England only

NHS England has written to practices to inform them that the 2014/15 GP electronic Annual Practice Declaration (eDec) will be open for submissions over a five week period from **Monday 6 October** to **Friday 7 November 2014**. The letter included a set of FAQs. All GP practices are required to submit their eDec electronically [through the primary care website](#).

76% of the eDec has been pre-populated with responses provided from last year's eDec submission – including the catchment area and any updates which practices have since made to it when in the GPOS module. The remainder are new questions which relate to recent changes to the GP contract. It will be necessary for practices to check pre-populated responses, amending these where necessary, and also respond to the new questions in order to submit their eDEC.

An updated GP practice eDEC user manual has been published on the website. A link to this can be found on the website's introduction to eDEC web page. If you have any questions about the declaration please contact your NHS England Area Team.

GP Clinical IT Systems – Deed of Undertaking for Data Processing - England only

A Deed of Undertaking for Data Processing has been published by the Health and Social Care Information Centre (HSCIC) in order to clarify the relationship between practices and system suppliers. General practices as data controllers are responsible for the data held within their GP clinical system, and for any decisions relating to accessing or processing these data. System suppliers have been commissioned to process data held on practice systems on behalf of practices.

The Deed of Undertaking is a generic agreement covering all data processing undertaken by suppliers on behalf of practices. A Deed has been signed by each general practice system supplier, and can be viewed and downloaded from the [HSCIC website](#). The document has been agreed in

principle by the Joint GP IT Committee of the BMA and RCGP (JGPITC), as well as the Information Commissioner's Office, with input from the Medical Defence Organisations.

Choice of GP clinical system - England only

The GPC has been made aware of instances of CCGs exerting undue pressure on practices to choose a particular clinical IT system.

Practices are reminded that the GP Systems of Choice (GPSoC) framework and GMS contractual arrangement entitles them to a guaranteed choice of clinical system from a range of accredited options. Also, CCGs are responsible for providing practices with equivalent levels of support following the exercise of their choice.

Where practices are being placed under inappropriate pressure by their CCG, they can contact their LMC or the GPC IT Subcommittee, via Holly Trotman in the GPC Secretariat (htrotman@bma.org.uk) for advice.

Urgent primary medical care services for out of area registered patients when at home - England only

At the beginning of September, the GPC wrote to NHS England expressing a number of concerns about how the above scheme would work in practice and made it clear that we had no confidence an implementation date of 1 October was viable. The letter requested that the scheme's introduction was delayed until agreement could be reached between NHS England and its Area Teams and GP practices.

In its reply NHS England acknowledged that it had been unable to secure services for patients who register out of area, but who may need access to urgent care near or at home. As a result it announced that it would not be practical to allow GP practices to proceed to register patients who live out of area without home visiting duties until **5 January 2015**.

However, concerns remain. NHS England takes the view that as the regulations, at the point of registration, require GP practices to determine whether it is clinically appropriate or practical to accept an application for inclusion in their list of patients without access to home visits etc (as set out in 26B of the GMS Regs), there is no basis on which to amend the regulations at this time. Until services for patients that register out of area are in place nationally, the criteria to set aside home visits cannot be met.

Although the regulations remain in place, a practice should only register patients without home visits knowing that they have sought and obtained assurance themselves from area teams that such arrangements were in place for individual patients.

The GPC's view is that it would neither be clinically appropriate nor practical to register patients without home visits whilst there is no assurance that arrangements for their care outside of the practice area are in place, even though the regulations now technically allow it. **Practices are therefore strongly advised that they should not currently register any patients under the new regulation.**

Emergency drugs for GP practices - CQC mythbuster

Nigel Sparrow is CQC's Senior National GP Advisor. He has drafted a number of guidance notes, some of which have already been published in GPC News, which are aimed at tackling some of the common myths about CQC inspections of GP and out-of-hours services.

Mythbuster #9: Emergency drugs for GP practices

There have been some questions about the emergency drugs that should be available to GPs in their practices and in the doctor's home visit bag. We cannot be 100 percent prescriptive around the exact emergency drugs that should be available to GPs because it depends on the situation.

One thing is for sure, GPs need the knowledge, skills, drugs and equipment for managing medical emergencies. Practices also need treatment rooms that enable emergencies to be managed while waiting for an ambulance.

The doctor's bag

GPs need to carry a range of drugs for use in acute situations when on home visits.

Exactly which drugs they should carry is very dependent on the location of the practice. The drugs required by a remote and rural GP can be very different to drugs required by an inner city GP.

Therefore the choice of what to include in the GP's bag is determined by:

- the medical conditions they are likely to face
- the medicines they are confident in using
- the storage requirements
- shelf-life
- the extent of ambulance paramedic cover
- the proximity of the nearest hospital
- the availability of a 24 hour pharmacy

In the GP practice

Below is a suggested list of emergency drugs for GP practices. This list is based on current practice modified from a Drugs and Therapeutics Bulletin in 2005.

This is **not** intended to be either exhaustive or mandatory and that final decision needs to be taken contextually so that choices/omissions can be professionally justifiable.

Drug	Indication
Adrenaline for injection	Anaphylaxis or acute angio-oedema
Atropine for practices that fit coils or minor surgery is performed	Bradycardia
Benzylpenicillin for injection	Suspected bacterial meningitis
Chlorphenamine for injection	Anaphylaxis or acute angio-oedema
Glucagon (needs refrigeration) or Glucagel	Hypoglycaemia
Hydrocortisone for injection	Acute severe asthma, Severe or recurrent anaphylaxis
Salbutamol either nebulas or inhaler with volumatic	Asthma
Antiemetic – Cyclizine or Metoclopramide	Nausea and vomiting
Opiates – Diamorphine or Morphine or Pethidine	Severe pain
Naloxone (dependent on if opiates are kept at the practice)	Opioid overdose
Diclofenac (intramuscular injection)	Analgesia
GTN Spray or unopened in date GTN SL tabs	Chest pain of possible cardiac origin
Aspirin soluble	Suspected myocardial infraction
Rectal diazepam and/or IV diazepam	Epileptic fit

We would want to see evidence that an appropriate risk assessment has been carried out to identify a list of medicines that are **not** suitable for a practice to stock, and how this is kept under review. There should be a process and system in place to check that drugs are in date and equipment is well maintained. [You may find this article helpful as a reference guide.](#)

NICE guidelines: the manual – publication

The new manual for developing NICE guidelines was published on 1 October 2014, it is available to read on the [NICE website](#). The new manual will be used in future to develop all NICE guidelines, including clinical, medicines practice, safe staffing, public health and social care topics.

The manual will be implemented from 1 January 2015 for all guidelines that start from this date. Topics that are in the final stages will continue to be developed to their current processes and methods until completion. Other topics already in development will undergo a planned transition to the new manual, and NICE will be in contact with registered stakeholders regarding the implementation schedule for these topics.

Representing Prison GPs Conference - 6 November 2014

Representing Prison GPs is a one day conference giving a comprehensive update on key issues for prison GPs.

This conference will be of interest to all doctors performing primary medical services in prisons, including salaried GPs and independent GP contractors and is open to both BMA members and non-members to attend.

Confirmed speakers include:

Nigel Newcomen CBE, the Prisons and Probation Ombudsman, and Kate Davies OBE, Head of Public Health, Armed Forces and their Families and Health and Justice Commissioning, NHS England.

For more information, [please visit the BMA website.](#)

LMC Secretaries Conference 2014

The 2014 LMC Secretaries Conference will be held on **Thursday 11 December** at BMA House, Tavistock Square, London. The day will include morning and afternoon workshop sessions, an invited guest speaker and a question and answer session with the GPC Executive Team. A confirmation letter has now gone out to all those with a place at the Conference.

LMC Conference 2015

The 2015 LMC Conference will be held on **Thursday 21** and **Friday 22 May 2015** at Logan Hall, Institute of Education, London. Further information on the number of representative places per LMC, deadline for receipt of motions, expenses and nearby hotels will be sent out soon.

LMCs – change of details

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

The GPC next meets on 16 October 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 October 2014. It would be helpful if items could be emailed to Nadia Kalam at nkalam@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