GPC Newsletter

www.bma.org.uk

Friday 22 March 2013 **Issue 8**

Content

GPC meeting

The GPC held its meeting on 21 March 2013 and this newsletter provides a summary of the main items discussed.

Contract changes

The Department of Health wrote to the GPC on Monday 18 March confirming the changes that will be made to GP contracts in England from 1 April following its consultation on imposition. An email explaining this was sent to all GPs from Laurence Buckman on 19 March. The changes that will be implemented from 1 April differ very little from the proposals announced by the Department at the beginning of the consultation period. The GPC believes that the Government has failed to heed its concerns about the impact of the changes on practice workload and, ultimately, patient services. Neither does it appear to have taken on board the views of the 8,000 GPs who responded to the BMA's survey.

Over the next few weeks the GPC will publish guidance for practices and GPs on each of the changes. Please do check the BMA website www.bma.org.uk for further news and information.

GPC members were particularly concerned about the imminent changes to locum superannuation arrangements. Guidance for practices and locums will be available on the BMA website and is attached at appendix 1.

The revised DEs are being published today and may be viewed on the NHS Commissioning Board website.

GMS / PMS Regulations

Amendments to the GMS contract and PMS agreement regulations coming into force on 1 April 2013 have now been published. They are available online.

Francis Report

The GPC had a further discussion about the specific recommendations from the Francis Report applying to general practice. The committee's views will be fed into wider BMA activity responding to the report.

Procurement, choice and competition regulations

The GPC discussed the recently rewritten procurement, choice and competition regulations laid under Section 75 of the Health and Social Care Act. The BMA briefings about the regulations are available on the BMA website. The Government maintains that the Section 75 regulations are intended to 'ensure good procurement practice'. However, the BMA is only one of a wide range of organisations who have expressed serious concerns that the regulations are unduly restrictive and will, in effect, mean that CCGs and other commissioners will be required to use competitive tendering when contracting for the vast majority of services.

The GPC was of the view that the rewritten regulations offer little to assuage these concerns. In particular, there is a worrying lack of clarity for commissioners about the circumstances in which

competition does not have to be used. The committee therefore resolved that it opposed and called for the withdrawal of statutory instrument 2013/500.

The GPC guidance on procurement is in the process of being updated in the light of the new legislation and will be available on the BMA website shortly.

Single Operating Model

The NHS Commissioning Board is in the process of finalising a number of policies that will form the Single Operating Model for primary care contracting. The GPC, with a group of LMC secretaries, has been feeding into the production of these documents.. These policies will be used by Area Teams and are intended to ensure a consistent approach to issues such as:

- ☐ Contract variations
- ☐ Managing the end of time limited contracts
- ☐ Managing disputes
- ☐ Breaches, sanctions and terminations
- ☐ Quality improvement in primary care
- ☐ Individual performance concerns policy and procedure.

NHS 111 update

Serious concerns have been raised by GPC members about the soft launch of NHS 111 in various parts of the country. Reports are being passed to the Department and the NHSCB and assurances are being sought that all is being done to ensure the safety of patients as 111 services are launched in each region.

A strategic approach to shaping the future of general practice

The GPC has begun a major piece of work to take a strategic approach in tackling the problems facing general practice as well as broader drivers of change in the NHS. Over the coming months, the committee will be:

- ☐ looking at how general practice could and should evolve;
- ☐ exploring different models under which general practice could be or is being provided; and
- ☐ helping GPs and practices to develop to cope with the changing face of general practice.

Various projects are being taken forward as part of this work and we will be seeking input from LMCs as the work develops. We will also be keeping you informed about progress.

NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 were laid on 22 February and will come into force on 1 April 2013. Most PCT duties and functions will transfer to the NHS Commissioning Board, and Local Authority Health and Well Being Boards will take over responsibility for the development and publication of local pharmaceutical needs assessments from PCTs.

Error in the 2012/13 QOF guidance for indicator OST1

The GPC and NHS Employers have been made aware of an error in the 2012/13 QOF guidance for indicator OST1. The sentence 'the DXA scan codes will only be those that indicate a positive result of osteoporosis, and T score codes will not be included' under the reporting and verification section is incorrect (see page 140 of the 12/13 guidance) and contradicts the business rules. It should read 'The DXA scan codes will only be those that indicate a positive result of osteoporosis'. This correction does not impact the supporting business rules that are correct. Please note that a revised version of the 2012/13 guidance will not be issued, and the full guidance is available on the BMA website.

Prescription charges

From 1 April 2013, the prescription charges in England will increase from £7.65 to £7.85. The BMA continues to call for prescription charges to be scrapped in England in line with the policy in the devolved countries. The full list of NHS charges from April 2013 is available on the Department of Health website.

Vault cytology

In 2011, the Advisory Committee for Cervical Screening and the British Society for Colposcopy and Cervical Pathology (BSCCP) confirmed that the responsibility for follow up care of women who require vault cytology lie with their gynaecologist, not their GP. We were also assured that there would still be some flexibility in that GPs who wish to continue this practice, can do so on a case by case basis in agreement with their local gynaecologist, but that there is no contractual requirement for GPs to do this.

Subsequently, NHS Cancer Screening Programmes have reconfirmed that 'gynaecologists are expected to take individual responsibility for a woman's follow up and if they wish the woman's GP to undertake cytological follow up, they would expect that to be organised between them and the GP on an individual basis'. We believe that this could still be interpreted as if gynaecologists have the discretion to delegate cytological follow-ups to GPs. This would be unsafe and clinically inappropriate for patients.

We would like to reiterate our advice to practices, in that this work should never be delegated to GPs and that GPs should not to feel pressured to undertake the recall and continued surveillance for their patients, whose indication for ongoing vault smears will have been a malignant diagnosis.

Contraceptive implants enhanced service

The Department of Health (DH) has confirmed that as from 1 April 2013, the IUCD NES will come within the remit of Public Health England, and will therefore be for local agreement. There was a call for GPC to negotiate a DES for the insertion and removal of Implanon (now Nexplanon) at the LMC Conference in 2011. We approached the DH about this at the time, and they wanted to do this as part of a wider review of contraceptive services, which would be likely to be led by Public Heath England.

Sharps guidance

The Health and Safety Executive is introducing new regulations in response to a new European directive on preventing sharps injuries in the healthcare sector (Council Directive 2010/32/EU). The HSE has not yet confirmed when the regulations will come into force, but the directive must be implemented by 11 May 2013. We advise all practices to make use of the outline of the requirements of the directive available on pages 8-9 of the Royal College of Nursing's Sharps Safety leaflet, and the employers' checklist on page 17.

Updated prescribing in general practice guidance

The GPC has updated its prescribing in general practice guidance. The updated guidance includes new and updated guidance on medicine shortages, the transcribing of medication directions, the use of multi-compartment compliance aids (previously referred to as Medidose or Dosette boxes) and supplementary and independent prescribers. Please note that this guidance replaces the *Information and guidance for prescribing in general practice* from 2004.

Focus on excessive prescribing guidance update

The GPC has published an updated version of its Focus on excessive prescribing guidance. The update includes a new section on shorter duration prescribing, highlighting that shorter duration prescribing can be associated with increased costs and decreased compliance.

Patient Group Directions (PGDs) post April 2013

The Department of Health (DH) is making changes to PGDs to reflect the organisational structures that will be in place from April 2013.

The NeLM website highlights planned changes to medicines legislation to enable CCGs, local authorities and the NHS Commissioning Board to authorise PGDs. It also outlines the transitional arrangements that the DH aims to put in place to support transition of services to the organisations that will be responsible for authorising PGDs from that date. These arrangements will allow PGDs to remain legal after the authorising body has been abolished, and until expiry or authorisation by the new body responsible for the service in question. It will be essential that organisations 'inheriting' PGDs (eg CCGs) put in place arrangements and a timetable for review and adoption/authorisation of all existing PGDs.

The NHS PGD website team is updating the current guidance, and the existing PGD guidance document produced by the National Prescribing Centre (now the Medicines and Prescribing Centre at NICE), is also in the process of being updated, expected to be published in June. As the principles and legal requirements remain the same, organisations will still be able to use the existing document to guide them through the legal framework governing the use of PGDs, and as a practical guide on their use.

Correction – PGDs

In last month's edition of GPC News, 'Patient Group Directions'(PGDs) was mistakenly written as 'Patient Group Directives', which is the incorrect term.

Injury benefit

The NHS Injury Benefit Scheme, which currently provides for the payment of either a Temporary Injury Allowance (TIA) or a Permanent Injury Benefit (PIB), is being removed on 31 March 2013. NHS staff covered by the current Injury Benefit scheme will still be able to claim either TIA or PIB in respect of an injury or illness which is wholly or mainly attributable to NHS employment and that occurs on or before 30 March 2013. You can find more information about this on the BMA website.

The Injury Benefit Regulations are being amended to prevent future claims in respect of injury or illness which occurs on or after 31 March 2013. A new Injury Allowance scheme is being introduced as a contractual entitlement under the NHS Terms and Conditions of Service Handbook. This will cover hospital doctors and other NHS staff.

GP contractors will not be covered by these new arrangements in their current form. Whilst the BMA participated in the review discussions it did not agree with the radical changes that have been made and we have responded to the consultation to this effect. Historically very few GPs have claimed injury benefit but the GPC believes that they should be eligible for IA following injury at work in line with hospital doctors' entitlements.

We understand that salaried GPs employed on the model contract will be eligible for Injury Allowance as the model contract is linked to the NHS Terms and Conditions of Service Handbook. It would however be the employing practice's responsibility to pay this benefit for successful claimants.

IA will be paid as an income top up to eligible staff. The allowance will top up NHS sick pay (or earnings when on a phased return on reduced pay) and certain other income i.e. contributory state benefits, to 85% of pay. The allowance will be limited to the period of the employment contract only and restricted to a period of up to 12 months per episode. The amount a salaried GP would be able to claim under this scheme would be determined by their length of service and consequent levels of sickness benefit. The model contract gives salaried GPs the following sick leave allowances:

- ☐ during the first year of NHS service: one month's full pay and (after completing four months' service) two months' half pay
- ☐ during the second year of NHS service: two months' full pay and two months' half pay
- ☐ during the third year of NHS service: four months' full pay and four months' half pay
- ☐ during the fourth and fifth years of NHS service: five months' full pay and five months' half pay
- ☐ after completing five years of NHS service: six months' full pay and six months' half pay.

All previous continuous NHS service, including locum service, is aggregated for the purposes of sick leave. It is possible for the model contract to be improved upon, and thus for a salaried GP to be provided with more enhanced sick pay arrangements.

Practices need to be aware of these changes to injury benefit. In line with normal practice, contractors should ensure that they make financial provision for their own unplanned absence and that of their staff. These changes to the injury scheme are unlikely to have a significant impact on practices because so few GPs have historically claimed injury benefit. Practices will however need to make their own assessment as to whether additional insurance should be purchased.

DWP Fit Note guidance

The DWP has published revised guidance on usage of the GP fit note. The guidance provides information on completing each section of the fit note, using case studies to illustrate different situations that may arise.

Information Commissioner's Office – advisory visits to GP practices

The ICO is the UK's independent regulator of the Data Protection Act and is offering 'advisory visits' to GP practices. The purpose of these visits is to provide practices with specific, tailored data protection advice. It is a free service and practices are legally protected against being penalised for anything discovered by the ICO during the visit.

These are one day visits to help organisations develop good practice and identify areas of potential improvement. They may also provide practical recommendations and advice on data security and records management. Practices will be provided with an informative follow-up report to showing any next steps to take.

Further information, can be found on the ICO's website, including details on what the sessions cover, what the follow-up reports can contain, and how you can request a visit.

The Information Governance Toolkit

Version 10 of the Information Governance Toolkit for general practice went live in June 2012 and the deadline for final submission is **31 March 2013**. The toolkit encompasses 13 requirements against which general practice should self assess. Connecting for Health (CfH) states that completion of the toolkit is necessary in order for practices to ensure that their CfH (or, from 1 April 2013, the Health and Social Care Information Centre) services continue to be provided.

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 on the Connecting for Health website.

We recommend that practices submit their 2012/13 self assessments by the deadline.

Further information on information governance for GPs, and what is and is not mandatory, is available from the BMA website.

PCTs have traditionally provided support to practices in regards to their information governance arrangements. If practices require assistance with completion of the online toolkit the national information governance team can also be contacted via the 'help' section of the toolkit.

Negotiations on the 2013 Premises Costs Directions

Negotiations on the premises Cost Directions are close to completion. We will provide further information as soon as possible.

Official lease documentation for practices in PCT-owned premises

The GPC has previously advised LMCs that it is imperative that arrangements between GP tenants and PCT landlords are officially documented. The GPC position is that formalised lease arrangements will ensure that both parties (tenant and landlord) are protected by the terms contained within the agreements and are treated fairly throughout the duration of the lease.

Since advising LMCs to urge PCTs to develop formal lease arrangements, the GPC has cautioned against unnecessary regional variations in these agreements. LMCs that have been approached by PCTs should not approve / endorse local lease agreements unless they are sure the terms contained within them are fair. For instance, the wording within a lease agreement should not transfer cost liabilities to practices (e.g. for external repairing or insuring) without recourse to apply for reimbursement costs under the provisions contained within the Premises Costs Directions. Furthermore, as independent contractors, GPs should always seek their own expert legal advice before signing any type of commercial agreement such as a lease.

Some lease agreements do attract stamp duty land tax (SDLT). The Department has informed us that this will be a one-off payment, but may not apply in every case (consideration will be given on a case-by-case basis). Practices should, however, still seek independent financial advice. SDLT can be very costly and cause cash flow problems if, for instance, it is not given consideration before agreeing to move premises. SDLT will continue to be reimbursable via the 2013 Premises Costs Directions (up to 100%), but this will require PCT / Area Team approval as they have discretion on all new reimbursements provided for within the Directions.

The GPC understands that, following the transfer of premises ownership from PCTs, NHSPS plans to negotiate better deals on service charges for its premises estate. This could include utilities costs, cleaning, maintenance of communal areas etc.

Finally, the Department of Health and the NHS Commissioning Board have decided that it is impractical to obtain official documentation for all PCT-owned premises before 1 April 2013 (ie the deadline for the transfer of ownership to NHS Property Services). The process will roll into the new financial year, so practices and LMCs have adequate time to negotiate lease agreements or agree on suitable updates to existing leases.

Any queries regarding this matter should be directed to aottley@bma.org.uk. We will be issuing further guidance as matters progress.

Display Energy Certificates

The DH has confirmed that practices should show Display Energy Certificates. The Department for Communities and Local Government has published guidance on its website, which states 'a DEC and advisory report are required for buildings with a total useful floor area over 500m^2 that are occupied in whole or part by public authorities and frequently visited by the public'.

Whether this includes GP practices appear to be open to interpretation, as they are not specifically mentioned in the guidance or the regulations (2007 and 2012). It could be argued that GPs who own their own premises or occupy third party developer premises do not require one because the building is in effect owned by a private organisation (which are excluded according to the guidance), although GP tenants in PCT-owned premises could not be excluded.

Our legal department has advised that the crux of whether a GP practice is required to display a DEC lie in all the following being applicable to such a practice:

- ☐ it has a total floor area of over 500 square meters;
- ☐ it is at least partially occupied by a public authority or an institution providing public services (the second part is key here);
- ☐ it is frequently visited by the public (which will be true for all GP practices).

For the purposes of a GP practice the definition of a public building is likely to include surgery premises, as GP practices are in receipt of public funds and provide a public service to large numbers of people who visit regularly. **In their opinion, it would be for the occupier of the building, rather than the owner to arrange the DEC** (the use of the building will usually be dictated by the occupier so it would make sense for them to arrange same if the above criteria is applicable to them - **however, the position might be different if a PCT owns the building, rather than a private landlord, in which case they will probably be responsible for obtaining and paying for the DEC**.

The guidance states that where there is doubt over whether a DEC is needed, it is good practice to obtain one (*Guide to Display Energy Certificates and Advisory reports for Public Buildings*). There are also fines involved in not displaying the DECs if deemed to be in breach of the regulations, but we are yet to hear of a practice being hit with such a fine.

Potentially, there is a benefit to having a DEC. They enable landlords and occupiers to see where energy could be saved. Reducing energy consumption will result in lower utility bill costs and will therefore save the NHS money in the long term (or a practice if it is not in fact claiming reimbursement for utilities charges). DECs and the accompanying advisory reports last for 10 years.

Annual report

The 2013 GPC Annual report is now available to download on the General Practitioners Committee page of the BMA website. Please note that the report was written before the publication of the latest DDRB report last week, and the details of the GP contract for 2013/14 received from the Department of Health on Monday. Please refer to the GP contract pages for the latest information.

LMC conference 2013

The LMC Conference will be held at Logan Hall, The Institute of Education, Bedford Way, London WC1H 0AL on Thursday 23 and Friday 24 May 2013. LMCs have been sent information about the conference, including travel arrangements and expenses, all of which can be accessed on the BMA website on the LMC Conference page. If you have any questions please email Karen Day at kday@bma.org.uk.

The Trevor Silver Memorial Essay Prize

Are you interested in primary care musculoskeletal medicine?
If so, you may be interested in the Trevor Silver Memorial Essay Prize. It is open to all GPs and GP trainees registered in the UK. Please see appendix 2 for further information.

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 April 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 10 April 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