GPC Newsletter

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GPC meeting

The GPC held its meeting on 18 April 2013 and this newsletter provides a summary of the main items discussed.

Negotiations

Laurence Buckman wrote to all GPs in England on 17 April regarding the ongoing uncertainty about changes to practice funding under the Government's 'equitable funding' plans. The GPC will continue to push for an end to local PMS reviews until a national approach has been agreed. We are also pushing for a unified, aggregated approach to PMS and GMS funding and assurance that all money currently in general practice will stay in general practice. GPC members made it clear that PMS practices remain under threat in several areas. We are looking at ways to help LMCs communicate with the GPC and with each other to deal with these developments. In the meantime, LMCs are asked to inform the GPC if PMS reviews are currently taking place in their area.

Survival guide

The GPC is developing a Survival Guide for practices to cope with the contract imposition in 2013 and coming years. This is on the BMA website.

Most of the explanatory sections have now been published; work is underway on content to help guide practices through the financial difficulties that lie ahead for many. Do keep checking this resource for updates.

Locum employer's pension contributions

Mark Porter, Chair of BMA Council, has written to Jeremy Hunt, Secretary of State for Health, asking him to reverse the decision to make GP practices in England and Wales responsible for paying employer's pension contributions for the locums they engage. The payments were, until 1 April, made by PCOs. The BMA has asked Mr Hunt to reverse the change, making Area Teams in England and Health Boards in Wales responsible for the payments.

The GPC has produced guidance for practices and individual locum GPs on how the changes affect them, which is available as part of the GP Contract Survival Guide pages on the BMA website.

LMCs and practices should be aware that these recent changes to locum pensions mean that GP practices in England and Wales are required to pay employer's pension contributions for the locums they engage. Although it is the locum who physically forwards the payment by cheque to their local Area Team, under the Pension Regulations practices remain responsible for making the payments. The locum should not be funding their own employer's pension contributions. Funding for this is being transferred into global sum equivalent payments for GMS practices.

QOF guidance 2013-2014

The joint QOF guidance for 2013/14 (England only) has now been published on the BMA website.

As part of the 2013/14 GMS contract changes, the DH has imposed a number of changes to the QOF effective from 1 April 2013. Following the breakdown in negotiations, the Government consulted on changes to the contract, including implementation of all the NICE recommended changes to the QOF, the removal of the organisational domain and increasing thresholds for all continuing fraction indicators in line with the 75th centile of achievement phased in over two years.

Although the GPC did not agree to or support these changes (full details in our consultation response), we were consulted on, and contributed to, the wording of the QOF guidance.

Further QOF guidance is also available in the survival guide.

QOF business rules 2013/14

The QOF business rules v25 have now been published on the PCC website.

New enhanced services guide 2013/14.

NHS Employers has now published the new enhanced services guidance for England for 2013-14. This includes enhanced services on the following areas:

Clinical enhanced services

- Alcohol-related risk reduction scheme
- Learning disabilities health check scheme

Immunisations

- Rotavirus (childhood immunisation)
- Shingles (routine aged 70 immunisation)

Other new enhanced services

- Risk profiling and care management scheme
- Facilitating timely diagnosis and support for people with dementia scheme
- Remote care monitoring scheme
- Improving patient online access scheme

Practices can find information and advice on the new enhanced services on the imposition survival guide pages on our website.

Commissioning – conflicts of interest

The GPC discussed new NHS England guidance on conflicts of interest for CCGs, 'Managing conflicts of interest: Guidance for Clinical Commissioning Groups'. The guidance outlines the statutory governance requirements of CCGs and provides advice for CCGs on managing conflicts of interest. The guidance provides details on the CCG's register of conflicts of interest such as how often CCGs should update the register and the steps they should take to ensure that patients and the public have access to the register. The guidance clearly states that an individual with a 'material interest' in an organisation which provides or 'is likely to provide substantial business' to a CCG (and this encompasses commissioning support services) should not be a member of the governing body.
The GPC's guidance on conflicts of interest is being updated in the light of the new edition of the GMC's Good Medical Practice, new GMC guidance on conflicts of interest and the NHS England guidance on conflicts of interest. The new guidance will be available on the website shortly.

Commissioning and patient care

Following previous discussions about commissioning and patient care the GPC carried the following motion:

'That GPC believes that compulsory practice membership of CCGs with statutory duties as defined by the Health and Social Care Act:

1. *risks placing GP partners in a position of untenable conflict between their professional obligations to their patients and the statutory obligations of their practices as CCG members;*
2. *fundamentally changes the role and nature of general practices, and, in view of recent regulatory changes, risks forcing them to be integral agents of state rationing, cost control and privatisation, seriously threatening the trust between GPs and their patients and therefore posing a risk to the very integrity of NHS general practice;*
3. *places significant obstacles in the way of GPs and practices acting in accordance with the recommendations of the Francis report as they will be under inevitable pressure to comply with their CCGs' statutory obligations to stay within budgets and to achieve financially and managerially-driven targets which conflict with the needs of their patients;*
4. *adds to competing pressures on general practice, particularly following the recent contract imposition, and GPC recognises that practices must and will prioritise providing safe essential services to their patients and are therefore very likely to consider limiting their engagement with their CCG and its activities to their contractual obligations;*
5. *leads it to call upon the BMA and the GMC to robustly support doctors who are placing the interests of their patients as their first concern and who may be unable to comply with obligations placed upon them by the constitution of their CCG where there is evidence that patient safety may be compromised by the requirements of CCG policy.'*

Section 75 regulations

The GPC discussed the Procurement, Patient Choice and Competition regulations laid under Section 75 of the Health and Social Care Act. The regulations will be debated by the Lords on 24 April. Ahead of this debate, the BMA is undertaking a wide range of lobbying activity to call for the regulations to be withdrawn and replaced. The BMA is calling for the redrafted regulations to reflect unambiguously government assurances that commissioners will not be forced to use competition when making their commissioning decisions.

There is more information about the regulations on the BMA website.

Supporting general practice

The GPC is launching a new initiative to support GPs and their patients through the range of challenges currently facing general practice - from the contract imposition to implementation of the Health and Social Care Act.

We will soon be providing GPs with materials to inform patients about the challenges facing general practice and reassure them that their GP will always provide the best possible care even though some

recent changes may make that harder. This will signpost them to more information, including facts about how patients can make sure they have their say about their care and local services. Over the summer we will be developing a longer term campaign to make the case for general practice.

We will be gathering evidence to back up the GPC's concerns about the impact of the new contract and other changes and will be asking for the views of LMCs and practices.

Premises Costs Directions 2013

The new Directions have now been published by the Department of Health. A number of areas that could not be resolved during negotiations, primarily due to the time constraints over legal advice for the negotiating parties, are still to be discussed in detail by GPC and NHS England in the near future. The reason for the publication of interim Directions was to remove any doubt about the ability of Area Teams to continue existing payments from 1 April.

Some key points to highlight following the revisions to the Directions are:

- Initial rent reviews for 15 year notional leases will act as a benchmark and reimbursements will not drop below this level during the term of the lease.
- All existing reimbursements have been retained, including for legitimately incurred VAT charges and stamp duty land tax (SDLT).
- For premises improvement grants costing up to £100,000 + VAT, notional rent abatements for new space will only last for a period of 5 years (as opposed to the DH's original proposal of 10 years)
  - grants costing up to £100,001 - £250,000 + VAT = abatement for 10 years
  - Above £250,000 + VAT = abatement for 15 years.
- Practices will be able to apply for improvement grants to meet minimum standards (listed in Schedule 1, page 25).
- The amounts payable in relation to leasehold premises 'must be adjusted to take account of appropriate additions in respect of… the value of any responsibility of the tenant in respect of external repairs and maintenance, or for insurance of the building'.
- A rent review memorandum for leasehold premises, signed by the landlord and the contractor, recording the change in the level of rent charged, will be used by the District Valuer when carrying out rent reimbursement reviews on behalf of the Board (should help to keep rents in check).

The intentions of the negotiating parties when agreeing each clause will be reflected in a 'mindset' supplementary guidance document. This will ensure erroneous interpretations are avoided from the outset. The negotiating parties agreed clauses should be considered in the spirit of reasonableness for contractors and Area Teams, and there is also a determination by both parties to discourage adventurous exploitation.

Further discussions with NHS England are currently being arranged and the intention is to revise the Directions accordingly and re-publish them. The supplementary guidance will be jointly drafted by the Department of Health and GPC before being published no later than July.

Leases for practices in premises formerly owned by PCTs

Because of the scale of undocumented tenant occupations, the process of property transfer is very much behind schedule. NHS Property Services will be issuing temporary Memorandums of Occupation (MoOs) until such time as lease arrangements can be agreed with practices. The template MoO was shared with the GPC recently, and we are seeking expert property law advice in relation to the document. Practices need not rush to sign a lease until they are comfortable with the terms. Some LMCs, on behalf of their practices, are or have already sought independent professional and legal advice in relation to agreements being used in their locality.

The GPC has sought advice from property lawyers and commented on a draft model lease agreement shared with us by the Department of Health in March. The lease offers a series of options in relation to the terms that may or may not be included (by agreement of all parties). The GPC intends to publish detailed guidance on lease arrangements at the earliest possible opportunity.

Existing premises related reimbursement arrangements to continue

The Department of Health has confirmed in a letter to all relevant officials that existing reimbursement arrangements have rolled over into the new financial year. This is available on the Department of Health website.

Service charges

NHS Property Services have assured the GPC that they do not intend to increase unreasonably service charges. However, considering the informal premises arrangements that many PCTs had in place, in may take some time to calculate appropriate charges. Assistance from LMCs will be essential to ensure all parties achieve a fair solution. NHSPS also intends to achieve economies of scale in relation to service charges (eg by tendering for utilities, cleaning etc) and will pass these savings onto practices.

Stamp Duty Land Tax (SDLT)

The Department of Health and NHS Property Services officials have confirmed that NHS England will be reimbursing SDLT charges on new leases for NHS Property Services premises (the new Directions continue to allow for this), and that charges will be one-off costs. There are, however, some nuances to the HMRC's rules regarding when SDLT charges should be applied in relation to tenancies within third party landlord premises. Legal advice is being obtained and guidance will be published soon.

CQC registration

The CQC has confirmed the fees that it will charge providers of primary medical services for 2013/2014. As expected, the fees will be based on a combination of list size and number of locations, ranging from £550 for providers with one location and a list size of 5,000 or less to £15,000 for a provider with over 40 locations. In the GPC response to the CQC's consultation the GPC expressed clear opposition to the concept of paying fees, stating that we do not believe that GPs should be expected to bear the costs of the CQC's activity or pay for it through their personal

income, and making the point that no other doctors in the NHS pay personally for the CQC registration of their organisations. We did state, however, that if fees were to be applied to primary medical services providers we were broadly content with the hybrid model outlined by the CQC, using both location numbers and list size to determine fees paid.

The CQC has announced that of 7,607 providers that applied for registration, 99.4% (7,563) have been registered in time for their April deadline. It has proposed to refuse to register a total of eight GP providers. Of these:

- two providers have removed themselves from providing primary medical services and the relevant PCT reassigned patients to alternative practices
- one provider made changes to their legal entity resulting in a new application which has been accepted and registration granted
- the remaining five are still within the statutory time frame for challenging the CQC's proposals.

GP trainees' occupational health vaccinations

It has come to the attention of the GPC that some GP trainees working in a general practice setting in London are being asked to pay for occupational health vaccinations. Under no circumstances should GP trainees or any other doctors in the NHS be required to pay for vaccinations where they are involved in direct patient care. This is outlined in the Department of Health 'Green Book' on Immunisation against infectious disease (pages 83-90), which states:

> "Employers need to be able to demonstrate that an effective employee immunisation programme is in place, and they have an obligation to arrange and pay for this service."

The Control of Substances Hazardous to Health (COSHH) Regulations also requires an assessment to be made (by an employer) of a range of hazardous substances, including "biological agents", in order that suitable "control measures" can be implemented to minimise the risk. Where a risk has been identified and where effective vaccines are available these should be used as a method of control. The employer is required to make provision of the vaccines to staff who are not already immune.

Section 9 of The Health & Safety at Work Act 1974 requires that this be offered free of charge to staff.

We will distribute more information as we receive it, but in the meantime GP trainees should under no circumstances pay for their own occupational health vaccinations.

If this is happening in any other parts of the UK, please let the GPC know by emailing cscott@bma.org.uk.

Error in Prescribing in general practice guide

There was an error in the Prescribing in general practice guide, which was published last month. In the Q&A section, in response to the query 'Can my GP supply me with drugs directly rather than going to a pharmacist?' It is stated 'a dispensing doctor is allowed to supply drugs to named patients who live more than one mile *by road* from a pharmacy' whereas it should say, 'one mile *as the crow flies*'. This is amended in the copy available on the website.

Study leave guidance for GP trainees

Study leave enables trainees to direct their own learning, meet their educational needs as set out in their personal development plan, and cover the wide range of knowledge and skills required by the RCGP curriculum. A guidance note has been produced by the GP Trainees Subcommittee to provide GP trainees with the information they require for a broad understanding of their entitlements to study leave and how the process works. It can be accessed via the BMA website. via the BMA website.

Taking a career break guidance

The GPC has published guidance for GPs considering taking a career break. The guidance gives information about Induction and Refresher (I&R) schemes and lists the important factors to consider before deciding whether to take a career break.

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.

Invitation to join NICE QOF Advisory Committee

NICE is currently recruiting for specialist membership of the QOF Advisory Committee, and are seeking applications from GPs (salaried and trainee), practice managers and practice nurses and a range of other groups. We would urge members and practice staff to apply and would suggest that those that do so have not just a clinical interest but some political understanding, bearing in mind how the group's recommendations have been imposed this year. Further information including how to apply is available on the NICE website. The deadline for applications is **Wednesday 24 April.**

Please note that NICE changed its name to the National Institute for Health and Care Excellence from Monday 1 April 2013.

Revalidation conference

The BMA is hosting a conference with NHS London on Friday 24 May at BMA House for doctors who have been unable to find a prescribed connection for their revalidation. Speakers will include experts from the GMC and the Revalidation Support Team, as well as those with practical experience of developing connections for doctors. ROs from the IDF and LETBs are also likely to speak, along with one of the first doctors to become a 'suitable person'. Workshops to help doctors secure a prescribed connection will be held in the afternoon.

Whilst the agenda will be finalised in the coming days, NHS London is happy to provide further details and answer any questions. The contact is tori.awani@nhs.net

Changes to employers' and public liability legislation

LMCs may be interested to see the latest bulletin from JLT, the GPDF's insurers, highlighting some of the changes in Employers' and public liability legislation being introduced. The reforms were initially scheduled to be implemented on 1 April 2013, but they are now being staggered throughout the year. The changes will alter how employers' liability and public liability claims are dealt with. Organisations could benefit from reduced costs and potentially reduced insurance premiums, but they must be ready to investigate claims much more quickly. The bulletin is attached at Appendix 1.

GP trainees newsletter

The latest edition of the GP trainee newsletter is now out and available on the BMA website. It covers MRCGP pass rates and costs, charges for occupational health vaccines for trainees, useful documents for trainees, and why you should join the subcommittee, amongst other issues. Please send this on to all trainees in your areas.

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 20 June 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 11 June 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