

CLMC Bulletin 343 – 23.01.18

PCSE – GPC Survey Results and Next Steps

GPC have released the results of their [survey](#) and next steps to assess the current state of PCSE services. As you know the service provided by PCSE has been completely unsatisfactory and GPC, therefore, gave NHS England a deadline to resolve all the outstanding issues by the end of December 2017. PCSE/NHS E have failed to meet this deadline and GPC are now preparing a range of actions to empower practices and get a resolution to this unacceptable situation.

The Health Select Committee have also just [published correspondence](#) between Sarah Wollaston and NHSE about this issue, quoting letters GPC had provided to them.

Extension of Lease Incentives

NHS England have extended the deadline for the Lease incentive scheme to **31 March 2018**. This will cover reimbursement of stamp duty, contribution to legal fees and VAT for tenants of NHS Property Services and Community Health Partnerships. While GPC welcomes the extension, they have repeatedly made the point to NHS England that the issue of service charges needs to be urgently resolved, before practices take advantage of this funding. Advice to practices has not changed.

Transitional funding/arrangements are being offered to either:

1. Cover increased costs that NHSPS with to charge; or
2. Act as an incentive for practices to sign a new lease.

Such arrangements should only be entered into where you are entirely satisfied that when the transitional period ends you are not inadvertently left having to meet increased costs without the benefit of increased funding. In the view of BMA, transitional agreements are not the solution. More permanent arrangements which align a practices' funding to their costs are needed. Further information on these issues can be found [here](#).

EMIS

NHS Digital have issued the following statement about issues relating to EMIS which were reported in the press yesterday. NHS Digital state:

"EMIS have made us aware that they have not met some of their service and reporting obligations under the GP System of Choice contract. We are now carrying out our own detailed analysis of the situation with their full co-operation. Our immediate priority was to assess the extent of any clinical safety considerations. Our specialist clinical safety team, has concluded this assessment and there is no evidence that public safety or patient data has been put at risk as a result of this issue. We are also working collaboratively with EMIS to confirm the scale of the issue and assess the full service and contractual impact on them."

GP Working for an Online Provider – GPC Guidance

Guidance has been produced for GPs who are thinking about [working for an online provider](#), whether in the NHS or privately. It covers what an online GP provider does and the main things GPs should consider before engaging with online providers.

GP Trainee Exception Reporting

The changes to the junior doctor contract introduced the process of exception reporting. In many hospitals, this new system of recognising when trainees are working beyond their contracted hours is working, and consultants and other doctors are encouraging their junior colleagues to exception report. Junior doctors, including GP trainees, are able to electronically submit an 'Exception Report' when they have worked beyond their contracted hours. Exception reporting is not meant to be punitive, rather, it is one of several safeguards in the new junior doctor contract aiming to tackle

burnout, highlight excess workload and provide the trainee with additional support and either pay for the overtime worked or time off in lieu. More information about this for training practices can be found [here](#).

GPC GP Weekly Bulletin

To read the latest newsletter, please click [here](#).