

**Friday 16 October 2015**

**Issue 3**

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## **GPC meeting**

The GPC held its meeting on Thursday 15 October and this newsletter provides a summary of the main items discussed.

## **Negotiations - England**

The GPC held its first negotiating meeting of this year with NHS Employers at the end of September. We will be meeting again next week to discuss possible contractual changes for 2016/17. The timetable for these negotiations is later than usual and will need to accommodate decisions set out in comprehensive spending review in late November. It is likely that all parties will endeavour to reach an agreement before the end of December.



## Prime Minister's announcement on a new contract from 2017 and 7 day working - England

Earlier this month, the Prime Minister announced his intention to introduce a new 'voluntary' local contract for GPs from 2017 encompassing integrated care and extended 7 day access. The announcement was short on detail and the GPC is raising with NHS England the importance of involving the BMA.

There are many far reaching changes taking place in local health care contracting at the moment, as a result of the vanguard programme, the Prime Minister's Challenge Fund and other related initiatives. Several CCGs are pushing ahead with developing accountable care organisations. [The Kings Fund definition of an accountable care organisation is where a group of providers agrees to take responsibility for providing all care for a given population for a defined period of time under a contractual arrangement with a commissioner. Providers are held accountable for achieving a set of pre-agreed quality outcomes within a given budget or expenditure target.] In these areas, the future of general practice contracting is under discussion, with LMCs doing their best to remain independent and represent the interests of grass roots GPs. The GPC will endeavour to support LMCs as much as possible. LMCs are asked to share information about local discussions of this nature with the GPC secretariat and local GPC representatives. The LMC listserver could also be a useful resource for LMCs wishing to discuss new developments with colleagues across England.

## Doctors' and Dentists' Review Body (DDR)

The BMA has now submitted evidence to the DDRB for 2016/17. This can be found on the [BMA website](#).

## BMA to ballot junior doctors on industrial action - England

The BMA needs all junior doctors, including GP trainees, to **check their BMA membership details so that everyone who is eligible to vote is included in the forthcoming ballot**. This should include their employer, their current place of work at the time of ballot forms being issued and they should also indicate that they are a GP trainee.

Any questions about the contract negotiations or industrial action should be emailed to [gptrainees@bma.org.uk](mailto:gptrainees@bma.org.uk). GP trainees having trouble [logging in](#) or updating their membership details should email [info.pow@bma.org.uk](mailto:info.pow@bma.org.uk).

Further information about the negotiations that stalled in October 2014, the Doctors' and Dentists' Review Body report from July 2015, the government's imposition announcement on 15 September and [campaign materials](#) are available on the BMA website - <http://bma.org.uk/juniorconsultantcontractsribbon>.

## Health Foundation report on indicators of quality of care in general practice - England

In June 2015, the Department of Health asked the Health Foundation to carry out a review into indicators of the quality of care offered by GP practices in England. The review [Indicators of quality of care in general practices in England](#) which was published this week, assessed if comparable indicators of the quality of primary care were sufficiently developed to be used to help practices improve quality, and whether such indicators help patients and carers gauge the quality of care their GP practice provides. It also considered whether credible indicators were available for specific population groups and the services available to them.

In response to the publication of this report, [Dr Chaand Nagpaul, BMA GP committee chair, said](#):

"It is encouraging that this report confirms the BMA's view that the services GP practices provide are far too complex to be arbitrarily reduced to a single 'quality' measure. As we have seen with the Care Quality Commission's troubled inspection regime, it is not transparent to present a range of quality measures in populist categories without context, and which can be misleading for patients and professionals. We endorse the Report's rejection of "scorecards", and agree that data should be used in a learning environment to support improvement, as opposed to erroneously judging practices.

"We expect the Secretary of State to listen to this report and the BMA, and rapidly abandon the concept of simplistic ratings for GP practices."

## NHS England Commissioning Standards – Integrating Urgent Care - England

An updated version of urgent care commissioning standards has now been published on the NHS England website and can be accessed via the following link:

<http://www.england.nhs.uk/wp-content/uploads/2015/10/integrted-urgnt-care-comms-standrds-oct15.pdf>

A 'Post event messaging (PEM) problems' site can also be accessed via the link below or the relevant section of the standards. This site provides guidance for overcoming any outstanding issues relating to PEMs.

<https://posteventmessaginginfo.readthedocs.org/en/latest/>

## GP workforce 10 point plan – Research study into GPs joining and leaving the profession - England

Ipsos MORI are conducting some independent qualitative research with GPs to explore their views of joining and leaving the profession.

They are especially interested in hearing from GPs who identify with the following characteristics:

- with a health condition which, at times, makes them question how easy it is for them to continue working as a GP;
- currently care for another adult or think they might need to care for another adult in the future, which may challenge their ability to stay in the profession;
- returned to practice in England following a period of not working as a GP or as a GP in England; or
- who trained in England but are now working as a GP outside the UK.

**If you'd like to know more about taking part in their research, and to find out if you are eligible, please email**

[ResearchGP@ipsos.com](mailto:ResearchGP@ipsos.com)

If you are eligible and able to participate in an interview, Ipsos MORI will be able to pay an incentive to thank you for your time.

## CCG Outcomes Indicator Set – England

A number of LMCs have sought IT Subcommittee advice on the **CCG Outcomes Indicator Set (CCG OIS)** for 2013/14 and 2014/15. Practices have been asked to sign up to this collection within CQRS to allow data to be extracted through GPES. The intention of the extract is to provide information for CCGs about the quality of health services. Further information from the HSCIC on the CCG OIS, including the data to be extracted, can be found [on the HSCIC website](#) (see the link 'info for GP practices').

The IT Subcommittee has discussed this extract and contacted the HSCIC on behalf of practices. **We can confirm that participation in the extract is voluntary**, and it is matter for practices to decide whether to take part. There is no CQRS payment attached to this service. The data to be extracted is aggregated at practice level, with no record level or sensitive data included. We have been informed that 73% of practices offered the extract have signed up (not all have practices have received this request - only those where the HSCIC has the facility to extract this data automatically).

Please note that we have highlighted the limitations of this dataset to the HSCIC. These indicators are unlikely to be coded consistently and any interpretations of the data are likely to be inappropriate. Some of these indicators are those no longer in QOF and GPC has previously noted that the coding of retired QOF indicators will become increasingly variable over time.

## The State of Health Care and Adult Social Care in England

The Care Quality Commission (CQC) has published its annual analysis of the quality of health and adult social care in England. This is the first such national assessment since the introduction of the new inspection regime in October 2014.

Key findings include:

- Despite increasingly challenging circumstances, the majority of services across health and social care have been rated as good, with some rated outstanding
- In the case of primary medical services, 85% of GP practices were rated either good or outstanding
- Strong leadership and collaboration emerged as a key factor in delivering good care

- GP practices deliver a better quality of care when sharing learning and providing joined up care through multi professional networks.

The CQC recognised the pressure GPs face from a rise in the number of patients registered with them and the number of unfilled GP posts, with fewer people entering the profession (in 2014 12% of GP training posts went unfilled) and 34% of GPs considering retirement in the next five years.

It is these statistics (taken from the BMA's own survey) that should be considered when reading the conclusions reached in the report.

<http://www.cqc.org.uk/content/state-care-201415>

## Pertussis data collections - England

Last month, NHS England regional teams had a high volume of amendment requests due to practices not using the Read codes identified in the payment guidance provided by NHS Employers for the pertussis service. NHS England has confirmed that the Business Rules for the service are correct and have instructed the HSCIC to proceed with the next extraction on that basis.

HSCIC would like to remind practices that in order to ensure accurate data collection and payment, [payment guidance for the pertussis service](#) must be adhered to for the October collection. This collection will use the codes quoted in the guidance and practices will need to code appropriately in order for the automated collection to calculate the correct payment. Failure to do so will result in practices not being paid for activity undertaken unless they spot a discrepancy. To correct this they would have to agree adjustments with their regional team, creating additional work for all concerned. The [technical requirements document is available on NHS Employers website](#).

## Tamiflu for the prophylaxis of influenza in nursing and care homes - England

Following concerns raised in January about inappropriate pressure from Public Health England (PHE) to prescribe Tamiflu for the prophylaxis of influenza in nursing and care homes where there have been confirmed cases of influenza, we took legal advice on this issue which we highlighted in a letter to PHE, and which is pasted below for information.

*GMS regulations are clear that this service is not included under essential services that practices are required to provide for their registered patients. Essential Services are defined in the GMS regulations with reference to regulations 15(3) (5) (6) and (8). Additional work must be commissioned and funded separately as an enhanced service. Examples of these are the influenza vaccination programme and catch up MMR vaccination campaign.*

Although PHE disagreed with this view, we would like to re-iterate the GPC's advice to practices that this work is not covered by their contracts and must be properly commissioned. We would also advise LMCs to contact their CCGs to alert them to this gap in provision and invite them to commission a service.

## Meningococcal B for infants – FAQs - England

NHS Employers have updated their [vacccs and imms FAQs](#) in relation to meningococcal B for infants to explain the eligible age cohort (2 – 13 months), as well as a catch-up cohort up to 2 years for children born on or after 1 May 2015.

The FAQs also explain what practices can do if parents approach them about having children outside of the cohort vaccinated privately:

### **Q. Can parents or guardians whose children don't fall into the eligible age groups get their child vaccinated against MenB? If so, how?**

A. Children can be vaccinated through a private clinic that is able to obtain the vaccine from the manufacturer. However, parents or guardians should be aware that they will be responsible for the full cost of the vaccine. Under the current contract for general practice, practices are restricted from providing private services to their own NHS patients except in very specific areas, such as travel advice.

In addition to this FAQ, the GPC would like to reiterate the advice that whilst GPs can provide private prescriptions, they are not allowed to charge their own NHS patients and we would therefore recommend that patients (outside the cohort) access a

comprehensive private service provided by another practice or service provider, who would then be able to charge an appropriate fee for this private service.

## Men ACWY for University freshers – missed cohort - England

A university practice has highlighted an issue about a missed cohort of Men ACWY patients – namely patients born after 1 Sept 1997 who have just started University. Those in the current year 13 (DOB 01.09.1996-31.08.1997) would be in the school catch-up cohort and for a patient to be in the university freshers cohort they must be 19 years on 31 August 2015 in order to be eligible.

The GPC raised this issue with NHS England who have confirmed that, as per the [tri-partite letter](#), patients born between 01.09.1997-31.08.1998 will be eligible for vaccination from April 2016. As this means that this group of patients would not be protected against meningitis until then, we asked whether this group (although likely to be small) could be included in one of the cohorts (and funded nationally). However, the request to amend the service specification was refused, and instead the following FAQ has been added to the NHS Employers [vaccs and imms FAQs](#):

### Q: What about teenagers and young adults who are going to university early but do not meet the age criteria for the two MenACWY programmes?

A: As these patients fall outside of the eligible cohorts defined by the NHS England service specifications, they would not be covered by the automated data collections. As such, practices should discuss the vaccination of these patients with their commissioner on a case-by-case basis. In line with established procedures, where the practice and commissioner agree to the amendment the commissioner will adjust the practice achievement.

In the spirit of the agreement, we would expect these practices to be remunerated for vaccinating these patients.

Although we are pleased that this allows for these patients to be protected and should allow for payment to be made, we appreciate that the workload involved in claiming may negate any overall income received for the practices, and we would have preferred an amendment to the scheme.

## Sessional GPs e-newsletter

The October edition of the sessional GP e-newsletter was issued yesterday and is available [on the BMA website](#).

The [Chair's message](#) focuses on GPC's vision document: [Responsive, Safe and Sustainable: Towards a New Future for General Practice](#). This report looks at the whole GP workforce, further develops previously proposed models of GP working and recognises the crucial role of locum GPs.

It also features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one from newly quailed [Dr Pooja Arora and her experience starting out as a freelance GP](#).

The e-newsletter has been sent out to all the sessional GPs on the BMA's membership database but to ensure that it gets to as many sessional GPs as possible please can you distribute the link as widely as you can.

## GPC guidance notes – update

The following guidance notes have been issued by the GPC, in recent months, and are available on the BMA website:

- [Becoming architects of new models of care in England](#)
- [Common legal structures for practice networks](#)
- [Essential guide to the GP Trainees Subcommittee](#)
- [Focus on Fit for Work scheme](#)
- [Focus on GP trainee occupational health vaccinations](#)
- [Focus on phasing out seniority payments](#)
- [Focus on PMS reviews and transition to GMS](#)
- [Focus on the global sum allocation formula](#)
- [Focus on the new national GP Induction and Refresher Scheme](#)
- [Guidance and FAQs on out of area registrations](#)

- [Guidance on child deaths](#)
- [Guidance on co-commissioning – conflicts of interest](#)
- [Guidance on GP contract guidance](#)
- [Guidance on GP networks](#)
- [Guidance on how to deliver new contract IT requirements](#)
- [Guidance on how to set up a GP network](#)
- [Guidance on Patient Group Directions](#)
- [Guidance on rent reimbursements](#)
- [Guidance on subject access requests for insurance purposes](#)
- [Guidance on the clinical pharmacists pilot](#)
- [Guidance on the induction and refresher scheme](#)
- [Guiding principles for practice networks](#)
- [Named, accountable GPs for all patients](#)
- [New deal for general practice](#)
- [NHS England new care models – vanguard sites](#)
- [Preparing for a CQC inspection](#)
- [Publication of GP mean net earnings](#)
- [Quality first: Managing workload to deliver safe patient care](#)
- [Sessional GPs – appraisal and revalidation guidance](#)
- [Sessional GPs – the effect of 2015/16 contract changes](#)
- [Sessional GPs - tips for working out-of-hours](#)
- [Sessional GPs – top 10 tips to help GP locums get paid on time](#)

## GP Networks Conference 2015

Forming or joining a GP Network, Provider Company or Federation is a big decision. Part of our commitment to GPs is to provide you with the knowledge and advice you need to make informed decisions to safeguard the future of your practice.

As part of this commitment, the BMA is hosting an inaugural **GP Networks Conference 2015** taking place on **20 November at BMA House, London**.

This one-day conference is dedicated to GP Networks and will give you the chance to hear from the BMA's GPC and a variety of GP Network leaders and experts on a range of topics. You will also have the opportunity to take part in interactive workshops.

By joining fellow GP Networks at the conference you will experience a valuable day of gathering vital insights for your practice, meet like-minded colleagues and walk away with the guidance you need to run a successful network.

The conference will take place on **Friday 20 November from 9.30 am – 5.00 pm at BMA House, London**.

Places can be booked at [bma.org.uk/gpnetworks](http://bma.org.uk/gpnetworks) or by calling the BMA Conferences team on 0207 383 66015.

Discounted rates are available for BMA members and GP networks registered with the GPC/BMA GP networks initiative.

## LMC observers at GPC meetings

LMC observers are welcome to attend GPC UK meetings. If your LMC would be interested in sending an observer to a GPC meeting, please contact [hsenior@bma.org.uk](mailto:hsenior@bma.org.uk) and we will try to find a suitable date. Please note that a maximum of three LMC observers may attend any one meeting (there are already two observers attending November's meeting and three in December).

Please also note that all travel and other expenses for LMC observers must be met by the relevant LMC.

The meeting dates for 2015/16 are as follows. Meetings begin at 10am and usually finish by 5pm (where subcommittees are held, GPC meetings will finish at 1pm).

- 19 November 2015, BMA House
- 17 December 2015, BMA House
- 21 January 2016, regional meetings – locations to be confirmed

- 18 February 2016, BMA House (subcommittees in the afternoon)
- 17 March 2016, BMA House
- 21 April 2016, BMA House
- 16 June 2016, BMA House (subcommittees in the afternoon)

Meetings are held at BMA House, Tavistock Square, London WC1H 9JP (except for the January meeting – see above).

### **LMC Secretaries Conference 2015**

The 2015 LMC Secretaries Conference will be held on **Wednesday 16 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. Details of the workshops and agenda will be sent out shortly.

### **LMC Conference 2016**

The 2016 LMC Conference will be held on **Thursday 19 and Friday 20 May 2016** at Logan Hall, Institute of Education, London. Further information on the deadline for receipt of motions, expenses and nearby hotels will be sent out in due course.

### **LMC access to the BMA website**

It has been drawn to our attention that some LMCs may be having difficulty accessing the BMA website. All LMCs do have access but need to use the login details registered for submitting conference motions. This may, however, be an individual's email address, registered to input conference motions only.

If you wish to create an office account, using the office email address as part of your login and a password that everyone can use, or if you are unsure of your current login details and password, please email Karen Day at [kday@bma.org.uk](mailto:kday@bma.org.uk) and she will email you your relevant 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](mailto:kday@bma.org.uk).

### **Support available from the Royal Medical Benevolent Fund**

The Royal Medical Benevolent Fund, the charity for doctors, medical students and their families, has just released its [Annual Review](#). In 2014-15 the RMBF helped 212 beneficiaries with financial support, nearly 50% of whom were GPs or GP trainees. The charity has been helping doctors and their families for nearly 180 years, giving support through times of adversity and hardship which may have been caused, for example, by personal tragedy, financial problems, ill health or an accident. Reaching the doctors who are most in need continues to be both a top priority and a challenge for the charity. You can contact the RMBF if you are in need of financial support or if you know of a colleague who may need help – please visit the [RMBF website](#).

**The GPC next meets on 19 November 2015, 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 November 2015. It would be helpful if items could be emailed to Holly Senior at [hsenior@bma.org.uk](mailto:hsenior@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