GPC newsletter
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BMA

Friday 17 April 2015 **Issue 14**

Content

GPC meeting

The GPC held its meeting on Thursday 16 April and this newsletter provides a summary of the main items discussed.

Future of general practice survey

The future of general practice survey received an overwhelming response with 15,560 GPs responding, making a 45% response rate. We would like to thank GPs for completing the survey and LMCs for encouraging GPs within their area to do so.

The survey results are being released in three separate tranches, with the two sections of results released so far available on the BMA website:

- The future of general practice,
- Sessional GP-specific results.

Some of the main results released so far are:

- Only 8% of GPs feel that the standard 10 minute consultation is adequate.

- On opening hours, 51% of GPs feel that all practices should offer at least one extended hours session in a week, 94% of GPs do not feel that practices should offer seven day opening in their own practices and 21% of GPs feel that practices should work in networks to offer seven day opening from shared sites.
- Continuity of care (mentioned by 80% of GPs), trust and confidentiality between GP and patient (61%) and holistic care (51%) are the three factors that GPs feel are most essential to general practice. When GPs were asked to rank the main factors that could help them better deliver these essentials, the top three most mentioned answers were: increased core general practice funding (76%), an increase in the number of GPs (74%) and longer consultation times (70%).
- 34% of respondents are considering retirement in the next five years
- 9% of all GPs and 19% of GP trainees hope to work abroad in the next five years
- 93% of GPs feel their workload is impacting negatively on patient care
- 68% of GPs are experiencing a significant, manageable amount of work related stress, while 16% of GPs are experiencing a significant and unmanageable amount of work-related stress.
- The main factors detracting from GPs' commitment to general practice are: workload (71%), unresourced work being moved to general practice (54%) and GPs not having enough time with patients (43%).

The two survey releases so far have received very extensive coverage in the media, with front pages in The Telegraph and Guardian, and features and interviews across television and radio channels. The final survey release will be taking place next week.

General practice and integration

GPC members heard presentations from the chairs of GPC Wales, Northern Ireland and Scotland on national approaches to working collaboratively and at scale. Members also received an update on the GPC and BMA's work on networks in England before working in breakout groups to discuss approaches to networking, new care models and service integration. The discussion at GPC will input into other BMA cross branch of practice work, as well as our ongoing work on GP networks.

We have today published a discussion document for LMCs in England *General practice and integration: Becoming architects of new care models in England.* This has been sent out by email with an accompanying letter from Chaand and will also be made available on the GPC part of the website.

This document is not a 'policy' paper, but a set of ideas and organisational models to stimulate discussion and debate. We welcome feedback on the paper and encourage LMCs and GPC members to continue to share their local experiences of integrated working, network development and new care models.

Focus on GP contract payments - England

Please find attached a Focus On document outlining the main changes in GP contract payments this year. This is available on the BMA website.

QOF guidance 2015-16 - England

The QOF guidance for 2015-16, applicable from 1 April 2015, has now been published on the NHS Employers website. A link to the guidance has also been published on the BMA website QOF guidance pages.

QOF business rules v31.0 - England

The QOF Business Rules v31.0 have now been published and can be found on the HSCIC website.

Change in average list size used in CPI for 14 / 15 QOF calculations - England

Following some queries on the change in the average list size figure used in the CPI for QOF purposes, the Health and Social Care Information Centre (HSCIC) has provided the following explanation:

> "There have been a number of questions raised concerning the recent change to the average list size figure used in Contractor Population Index (CPI) that is used as part of the year end QOF achievement.
>
> NHS England would like to assure users that the figure of 7,087 is the correct figure for use and is the average list size figure as at 1 January 2014 as required under the Statement of Financial Entitlements.
>
> There has been no change in the calculation of CPI other than to ensure an incorrect figure is replaced with the correct figure in time for calculation of 2014/15 QOF Achievement.
>
> It was identified that the previous figure (7,052) was incorrect and communicated in error having been calculated based on the data available at the time rather than using the information calculated and reported directly from Exeter Registration System (which is the correct and routine procedure for confirming average list size for use in CPI). The error was spotted and amended immediately and before the calculation was used, this ensured that all practices will be paid the correct amount due and we would not be in a situation where funds had to be reclaimed.
>
> NHS England apologises for the misunderstanding and confusion caused by calculating and publishing the incorrect figure."

Legislative changes to electronic prescribing of Schedules 2 and 3 controlled drugs - England

As a result of the public consultation and advice from the Advisory Committee on Misuse of Drugs (ACMD), legislative amendments have been made to enable the electronic prescribing of Schedules 2 and 3 controlled drugs for NHS and private prescribers. Prescriptions will be signed with an advanced electronic signature and sent via the electronic prescription service (EPS), with its additional security features. The amendments require the total quantity of Schedules 2 and 3 CDs dispensed to be recorded in words and figures within the electronic prescription, as is the case for paper prescriptions for these drugs.

The public consultation response document and a letter containing advice from the ACMD have both been published on GOV.UK. They can be accessed via the following links:

- www.gov.uk/government/consultations/extending-the-scope-of-the-electronic-prescription-service
- www.gov.uk/government/uploads/system/uploads/attachment_data/file/416677/ACMD_EPS_Advice_2_2_.pdf

Three statutory instruments underpin this change:

NHS http://www.legislation.gov.uk/uksi/2015/915/contents/made. This comes into effect from 1 July 2015 and enables:

- those providing GMS and PMS to issue electronic prescriptions (including instalment prescriptions) for Schedules 2 and 3 CDs via EPS
- those providing GMS and PMS to issue electronic prescriptions via the EPS for prescriptions written as part of a private arrangement but within an NHS consultation, when the medicine required cannot be prescribed at NHS expense. Where the electronic prescription contains Schedules 2 or 3 CDs, the EPS is the only electronic system which can be used.
- providers of pharmaceutical services and local pharmaceutical services to dispense electronic prescriptions for drugs listed in Schedule 2 or 3 of the Misuse of Drugs 2001Regulations (MDR) when they are sent via the EPS.

Human Medicines http://www.legislation.gov.uk/uksi/2015/903/contents/made. This comes into effect from 1 July 2015 and:

- enables prescriptions for Schedules 2 and 3 CDs to be signed with an Advanced Electronic Signature (AES) - this will be limited to the EPS

- corrects a transposition error which arose during the consolidation of the Medicines Act into the Human Medicines Regulations 2012 (HMR) – see below for background.

Home Office- SI 2015/891 - The Misuse of Drugs (Amendment) (No. 2) (England, Wales and Scotland) Regulations 2015. This comes into effect from 1 June 2015 and contains provisions which enable:

- electronic prescription forms to be sent via the EPS for Schedules 2 and 3 CDs.

Gender dysphoria - England

The GPC was invited to comment on a draft version of the NHS England guidance 'Primary Care responsibilities in relation to the prescribing and monitoring of hormone therapy for patients undergoing or having undergone gender dysphoria treatments'. Although some changes were agreed, NHS England refused to specify that these services should be commissioned outside the GMS contract through shared care arrangements.

The key phrase in the document is this:

> "Once a patient has completed the care pathway and has been discharged by the GIC [Gender Identity Clinic], GPs should offer them the usual range of primary healthcare services that are available to other patients."

This is absolutely correct as these are defined in the GMS contract (Part 8.1.2, Essential Services)

> *3) The services described in this paragraph are services required for the management of its registered patients and temporary residents who are, or believe themselves to be—*
>
> *(a) ill, with conditions from which recovery is generally expected;*
> *(b) terminally ill; or*
> *(c) suffering from chronic disease,*
> *delivered in the manner determined by the practice in discussion with the patient*.

GPC believes that treatment for gender dysphoria requires specialist input, is outside GMS and therefore needs separate commissioning.

We would therefore recommend that LMCs approach their Area Teams to insist that this service is properly commissioned and funded so that patients with gender dysphoria receive the specialist service they require.

Some further information about gender identity services is available on the NHS England website.

Vaccinations and Immunisations guidance and service specifications - England

The Vaccination and Immunisation programme 2015/16 – Guidance and Audit requirements and the Technical requirements for 2015/16 contract changes have now been published on NHS Employers Vaccs and Imms pages. The service specifications for Childhood flu, Seasonal influenza and pneumococcal, MenC freshers, Pertussis (pregnant women) and Shingles (catch up) vaccination programmes are available from the NHS England Commissioning page.

The BMA website vaccinations and immunisations page has also been updated to reflect the changes for 2015/16 and has links to all the guidance documents and service specifications.

GP networks

The GPC has recently added to its guidance on forming GP networks. The BMA has also launched a database of GP networks and is inviting GP networks to register for inclusion.

List closures

GPC is aware of concerns about the approach taken by some Area Teams to informal list closures. Our guidance is contained 'Quality first: Managing workload to deliver safe patient care', available on the BMA website.

GPC has been in contact with NHS England and has received the following statement regarding list closures:

"Patient safety is the top most priority. Both for commissioner and provider, commissioning services need to always reflect that and the contract is a means by which we can ensure that a practice is continuing to offer safe and high quality services to patients.

For a practice to formally close its list, we require it to consult with patients and other key local stakeholders. Clearly, NHS England has a responsibility to ensure that services are available to patients. There are different issues raised if an urban practice closes its list compared to one that supports a very rural and large practice area, so all cases will be considered on a case by case basis.

If a practice is experiencing severe disruption, then of course it may be necessary to take immediate action, so that the practice can maintain safe services. However, a provider should be communicating with the commissioner as soon as practical in order to establish a plan of action to address the issue.

If the issues are not imminently likely to be rectified, then in order to fully assess the impact of a closed list on local services for patients, a formal request to close a list should be made, so that the views of patients as well as local GP and community pharmacy services can be taken into account. In most circumstances, we find that patient groups and local health services are very understanding of a practice difficulties, however practices don't exist in isolation, and we need to ensure that a closed list does not adversely affect the pressures being experienced elsewhere, in another practice.

Because of our need to ensure we engage with the local community regarding the services we commission, we do not accept that a practice can close its list without going through a formal process of engagement. However, we do appreciate that there are times when urgent action needs to be taken. If there is a sudden impact on a practice's ability to provide patient services, we accept that a temporary halt to new patient registration is appropriate, but this should be followed quickly by a discussion with the commissioner to identify an action plan to address the issues. Where it is evident that the issues can be resolved within a short time scale, then we would look to support a practice address these issues without requiring formal list closure. [our emphasis]

If progress was not being made, we would advise that consideration be given formally to close the list.

Where a practice is opting to restrict patient registration without discussing the implications and appropriate actions with NHS England, we would consider whether contractual action ought to be taken."

In addition to the above, the Central Midlands Sub-Regional Team of NHS England has provided the following:

"From a local perspective, we would always urge a GP practice experiencing difficulties to contact their local NHS England Contract Manager at an early stage. GP practices experiencing difficulties often consider working more closely with neighbouring practices, including exploring options for mergers and federations. At a local level, NHS England can support these discussions and encourage practices to fully engage with their CCG, which may also be able to offer support.

Unmanaged list closures have the potential to be problematic for patients and other local practices; for example, in rural areas where only one or two practices may cover a given location, patient access to a GP could become unduly restricted. The formal list closure process allows local commissioners scope to engage with neighbouring practices and to assess the impact that a closed list may have on other practices in a locality."

NHS England has agreed to work with GPC on producing further guidance to Area Teams to clarify the above position. In the meantime the guidance in 'Quality First' remains current.

New Induction and Refresher Scheme - England

A new national Induction and Refresher (I&R) Scheme was launched in England on Wednesday 25 March. This was agreed by Health Education England, NHS England, the GPC and the RCGP and is one of the objectives of the 10 point GP workforce plan. The plan is a four party agreement to work together to tackle the current GP workforce crisis. For further details and to read the plan, please visit the BMA website.

Kickstarter funding has been invested in the new I&R scheme over a three year period and it is hoped GPs who have been out of the UK general practice workforce, eg on a career break / maternity leave or working overseas, will return to work. Scheme members will receive a monthly bursary of £2,300 per month pro rata and reimbursement for first assessment attempt costs, eg multiple choice questionnaire (MCQ), simulated surgery etc, on completion of the scheme. Practices will receive a supervision fee of £8,000 pro rata over a whole year.

GPs will be able to apply to the scheme via the National Recruitment Office (NRO). The NRO will direct applications to the most appropriate area team and Local Education and Training Board (LETB) and scheme entrants will receive expert advice and support in returning to work. Each area team will have a designated responsible officer for scheme members too.

Further details about the scheme and how to apply can be found on the BMA website.

Sessional GP e-newsletter

The April edition of the sessional GP e-newsletter was sent out yesterday and is available on the BMA website.

The major features this month are the new national GP Induction and Refreshers Scheme and the sessional GP specific findings from the recent GP survey. It also features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one from Dr Bill Vennells about receiving feedback.

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 we would encourage you to distribute the link as widely as you can. Using the new format it is also possible to easily highlight different sections of the newsletter via social media if you use Twitter, etc.

Employer advisory service special event for GP practices

Date: 29 April 2015
Location: Chester
Time: 12.00pm – 4.30pm

The BMA Employer Advisory Service offers free comprehensive, impartial and authoritative advice on a huge range of employment issues exclusively for GP Partner members.

In partnership with Gateley, the BMA's preferred legal firm specialising in employment law and tribunal representation, we will be running a special event for GP Partners and Practice Managers to highlight the benefits and services available exclusively, as part of BMA membership.

Following an introduction to the Employer Advisory Service, the event will include the following four sessions:

- An overview of tribunal support and related activity and services
- Managing absence

- Social media and managing issues as a result
- Discussion and networking for attendees. A chance to meet with advisors and Gateley representatives
- All sessions will include time for question and answers.

Please email Diane Lancaster (dlancaster@bma.org.uk) to register your interest or for more information.

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 1. We would be grateful if LMCs would direct all enquiries to their liaison officer or to the appropriate secretariat policy lead. A copy of the LMC regional structure is also attached at appendix 2.

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.

20th RCGP National Drug and Alcohol Conference

Thursday 18 June 2015 | RCGP, London

This joint RCGP and SMMGP conference is the largest event in the UK for GPs, shared care workers, drug users, nurses and other primary care staff, specialists, commissioners and researchers interested in, and involved with the management of drug users in primary care.

Primary care is being challenged to implement broader preventative and early intervention strategies with drug and alcohol users. The conference will examine and consider primary care's role in these important interventions, whilst updating delegates on the usual mix of interventions for managing drug and alcohol problems in primary care.

Click here for full details and registration

10th RCGP Sexual Health in Primary Care Conference

Friday 19 June 2015 | RCGP, London

A one day conference covering topics in sexual health within primary care, including:

- Sexual behaviour in Great Britain - National Survey of Sexual Attitudes and Lifestyles (NATSAL)
- Tackling sexually transmitted infections in every day general practice
- Smaller, better and smarter - what's new in contraception?
- Tackling homophobia in general practice - panel discussion with Terrence Higgins Trust and Lesbian, Gay, Bisexual & Transgender Foundation
- HIV and Hepatitis - the new threat for gay men?
- Chem Sex - why 'Party and Play' is becoming a big problem.

Earlybird rate extended until 30 April 2015

Click here for full details and registration

The GPC next meets on 18 June 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 9 June 2015. It would be helpful if items could be emailed to Holly Trotman at htrotman@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