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Issue 16

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GPC meeting

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

Jeremy Hunt’s ‘New Deal for GPs’

The Secretary of State has made a major speech today, announcing his ‘new deal for GPs’, in which he has set out plans to boost the general practice workforce by 5,000 more GPs and increase investment in surgeries and services. In return he is asking GPs to work towards offering appointments seven days a week. The Department of Health transcript of [the speech is available online](#).

The BMA’s response is as follows:



"The Secretary of State is right to highlight the great strengths of general practice and the need to increase investment to support this vital service that is so valued by patients.

"GPs want and need more time to care for their patients, but at the moment, nine out of 10 GPs feel that excessive workload is damaging the quality of care they can provide patients, and this is having a major demoralising effect on the profession – one that's pushing more and more doctors toward the exit. At the same time, this pressure cooker environment is putting younger doctors off a career in general practice. The Health Secretary himself recognises the impact of the 'hamster wheel' that is the reality of general practice.

"The priority must be to first address this overwhelming workload pressure GPs face, in order to re-establish general practice as a career that is rewarding and appealing - only this will improve GP recruitment and retention. It is vital that government moves beyond rhetoric and brings forward tangible resources and practical solutions to stabilise general practice, and give GP s the time and tools to care holistically for patients. We need urgent action now, not just aspiration for the future."

"It is positive that the government has listened to our calls to resource and support struggling practices – but this needs to be adequate and available now to for the escalating numbers of practice who are vulnerable."

Commenting on the health secretary's pledge on seven-day services, Dr Nagpaul added:

"At a time when even the government recognises that general practice is under resourced and practices struggling with GP vacancies, with some even closing, it is not logistically possible for GP surgeries to be open nationally seven days, without stretching GPs so thinly so as to damage quality. Further, it is crucial that taxpayers money is not diverted from frail elderly patients in greatest need given that pilots of seven-day routine working are increasingly demonstrating a low uptake of routine weekend appointments. The government should focus on supporting practices to provide accessible services during the day and further develop the current [24/7](#) urgent GP service, so that patients can be confident of getting access to a quality GP service day and night."

PMS reviews - England

Around a third of PMS reviews have now been completed with another 20 percent due to complete by this September and the remainder to complete by March. We are aware that the reviews have varied quite considerably across the country. Some LMCs have managed to work with CCGs and NHS England teams to find good sustainable solutions to PMS practice funding while others have experienced greater difficulties in getting the unique needs of some PMS practices recognised. A significant proportion of PMS practices are choosing to transition to GMS contracts.

The GPC has met NHS England about ongoing PMS reviews and has been supporting individual practices and LMCs with problems relating to PMS reviews. We are planning joint work with NHS England to look at the treatment of certain types of practice that are being very hard hit by PMS reviews, most notably some university practices and unavoidably small rural practices.

This week the GPC published a new [Focus on PMS reviews and transition from PMS to GMS](#). We hope that this will prove useful to PMS practices and LMCs. As PMS reviews are ongoing in many areas we would expect to update this guidance as necessary in response to problems and solutions that arise over the coming year.

We encourage LMCs to keep us informed of local developments including problems which are proving difficult to resolve locally or good local solutions, particularly those involving the funding of practices with unusual populations post PMS review.

Carr Hill Formula review - England

NHS England has started its work to review the Carr Hill Formula. This will probably be a challenging piece of work which is unlikely to conclude before next year. Any recommended changes from the review would then need to be negotiated with the BMA before being made. We have formally raised our concerns that the review will distract from the real funding problem facing all practices, which is inadequate overall investment in primary care. We have also pointed out the risk of destabilising practices if changes are made to the formula without sufficient additional investment. Nevertheless, the review may be able to use up-to-date information to identify areas in which the current formula is failing some practices. We have urged NHS England to include in the review's remit the particular needs of practices with atypical patient populations and consideration of an off formula component to cover basic practice running costs.

Five Year Forward View and vanguards - England

The GPC is continuing to gather information from LMCs on the Five Year Forward View vanguard sites and related models of integrated care. If you have any local updates from your own areas relating to this agenda, please contact Fleur Nielsen fnilsen@bma.org.uk so we can keep a watching brief on these developments.

Examinations and sickness certificates - England

It should be noted that GPs are not required to provide sick notes for schoolchildren. When children are absent from school owing to illness, schools may request a letter from a parent or guardian, and this is no different during an exam period. However, children who have missed exams due to illness are frequently told by schools that a note from a doctor is required; but there is no requirement for this to be provided by a GP. Aside from the fact that parents/guardians are responsible for excusing their children from school, GPs cannot provide retrospective sickness certification. When a child suffers from a long-term condition, any certification will be provided by the responsible specialist.

The GPC has sought and received confirmation from the Office of the Qualifications and Examinations Regulator that Awarding Organisations make no requirement for pupils to obtain a medical certificate in support of their application for special consideration. Students are asked for information in support of their application, but this may take the form of a statement by the school. The Joint Council for Qualifications has confirmed that as far as they are concerned, if a student was absent from an examination as a result of illness and has the support of the school or centre to be absent, special consideration will be granted on that basis. Awarding organisations do not insist that medical proof is provided.

GP practice annual complaints data (KO41b return) - England

NHS England has written to GP practices asking them to submit data on written complaints received by the practice between 1 April 2014 and 31 March 2015.

This is an NHS-wide data collection and asks practices to submit numbers of written complaints made by patients (or others acting on their behalf) about GP services. The figures to be submitted are total numbers of complaints by service area and subject of complaint, and the number of these that were upheld. No personal confidential data is included in this collection. The questions are unchanged from previous years' collections, but will now be collected through the Primary Care Web Tool.

NHS England has stated this is a statutory requirement under The Local Authority Social Services and NHS Complaints (England) Regulations 2009. There is a contractual requirement under the GMS regs (Schedule 6, Part 6, para 92) to comply with the requirements of the 2009 complaints regulations. Practices are therefore advised to complete the return. The deadline for submission is **Wednesday 8 July 2015**.

The letter sent out to practices, and guidance on completion, are available below:

- [Introduction letter](#)
- [Guidance](#)

Please note that NHS England will soon be consulting on future changes to the collection of complaints data from practices, and GPC will be submitting its views.

Removal of patients from GP lists

Updated [guidance has been published on the BMA website](#) covering the situation where a violent patient needs to be removed from the practice list. In particular it emphasises the responsibility of the practice to ensure a violent patient is removed in accordance with the provisions introduced in 1994 allowing the immediate removal of any patient who has committed an act of violence or caused a doctor to fear for his or her safety, so as to reduce their liability for any further acts of violence committed by the individual on other NHS premises.

Overseas visitors and primary care

Updated guidance on overseas visitors and primary care is [available on the BMA website](#).

This now incorporates updated guidance [published by the Department of Health and available online](#).

Collaborative GP networks: Guiding principles for GP networks – England and Wales

This [paper has been produced](#) by the GPC for those practices actively establishing, or joining, a GP network, or those who are considering it. The paper should be regarded as headline ‘best practice’ principles that established or emerging GP networks should use to guide their setup and operational activity.

Focus on rent reimbursements for leasehold and owner-occupied GP premises - England

This guidance gives an explanation of the different types of ‘rent’ reimbursements for GP premises: notional rent (for GP owner-occupiers), borrow costs reimbursement (for GP mortgage holders) and leasehold rent reimbursement (for GPs in rented premises) plus other FAQs about premises costs. [This guidance is available on the BMA website.](#)

Updated PGD and PSD guidance - England

The GPC’s guidance on *Patient Group Directions (PGD) and Patient Specific Directions (PSD) in General Practice* has been updated following regulatory and organisational changes within the NHS, and new NICE Guidelines.

The guidance is available on the [Drugs and Prescribing page](#) on the BMA website.

Female genital mutilation guidance – update - England

The BMA’s Medical Ethics department is currently in the process of updating the [BMA’s FGM guidance \(2011\)](#) but is awaiting the secondary legislation on mandatory reporting and the FGM statutory guidance consultation. [The guidance is available on the BMA website.](#)

In addition, Health Education England has just produced [an e-learning tool](#) which had RCGP input and includes an introduction to FGM; communication skills for FGM consultations; legal and safeguarding issues regarding FGM in the UK; issues, presentation and management in children and young women; and issues, presentation and management in women and around pregnancy.

Some of the material from this has been packaged into a DVD for GPs and has just been sent out to all GP practices in England in a ‘**Female Genital Mutilation Resource Pack**’. The pack includes:

- *Raising Awareness of Female Genital Mutilation* – a training DVD developed by Health Education England, with materials from the existing [‘eLearning for Healthcare’ e-learning modules](#)
- [Female Genital Mutilation Risk and Safeguarding – Guidance for professionals](#)
- Two copies of the Patient Information Leaflet in English, available to order from [DH Orderline](#) in other languages and English. All language versions are available to download on this page at [NHS Choices](#).
- Two copies of [‘A Statement Opposing Female Genital Mutilation’](#) also known as the FGM Health passport, available to order from Home Office or to download from NHS Choices
- [FGM Enhanced Dataset: Implementation Summary for GP Practices](#) – for further information please see www.hscic.gov.uk/fgm. Please note, all GP practices will be required to submit information under the Enhanced Dataset when treating patients who have FGM from October 2015, so we now have less than six months to support implementation.

Any questions about the resource pack should be directed to FGM@dh.gsi.gov.uk.

Amendments to the Misuse of Drugs Regulations 2001

Amendments to the Misuse of Drugs Regulations 2001 and the Misuse of Drugs Designation Order 2001 came into force on Monday 1 June 2015 and on Sunday 31 May 2015 respectively. The regulations now include provisions relating to:

- (1) the introduction of limited independent prescribing authorities for physiotherapists and chiropodists
- (2) the introduction of electronic prescribing of Schedules 2 and 3 controlled drugs using the NHS Electronic Prescribing Service (EPS)
- (3) the rescheduling of ketamine to Schedule 2 to the MDR 2001, with continued access for use under PGDs

(4) the removal of temazepam prescribing exemptions

The [SI and explanatory memorandum are available online](#) and Home Office circulars [introducing all the changes are also available online](#).

Meningitis C vaccination – amendment to SFE – England

In 2013-14 the requirement to deliver Meningitis C vaccinations as part of the childhood vaccination programme was amended in the [SFE](#). One dose was removed and replaced by a single booster at the adolescent stage – what is now known as the Men C Booster. The funding remained in the SFE for two years to recognise claims up to two years later. As from 1 April 2015, this has been removed from the SFE and means that the value of the two-year old quarterly target payments for childhood immunisations has reduced to £632.11 for achieving the 70% target and £1,896.82 for the 90% target.

This change is briefly mentioned in the *2015/16 GMS guidance document* (page 36, footnote 61), which is available on [the NHS Employers' website](#) and is also highlighted in the [document Implementing the 2015/16 GP contract - Changes to Personal Medical Services and Alternative Provider Medical Services contracts](#) (page 8) on the NHS England website.

Further information about all the new vaccinations programmes, including any changes, are available on the [vaccinations and immunisation pages on the BMA website](#).

Update on supply of BCG vaccine - England

Public Health England (PHE) has been notified of a further delay to deliveries from the manufacturer (the Statem Serum Institute) of the BCG vaccine and expect ordering for BCG vaccine to reopen on ImmForm in mid-June. Practices should continue to prioritise remaining local stocks as outlined [in Vaccine Update issue 227](#).

GP2GP records transfers – England

The GPC has written to NHS England to request the prioritisation of improvements to GP2GP record transfers in 2015/16. There are a number of outstanding issues with GP2GP, with no fixes yet in place for large message transfers or for a reduction in printing. These issues have the potential to impact on safe and effective patient care and are creating additional workload for practices. Version 2.2a will help resolve these issues and is currently being tested. The GPC will continue to work with NHS England and the Health and Social Care Information Centre (HSCIC) to ensure the necessary improvements are made.

Anticipating the resolution of these last few issues, the GPC has opened discussions with NHS England about the process and program needed to eventually withdraw the Lloyd George medical record.

Remedial action in response to the Dridex malware attack – important action for affected practices - England

The Health and Social Care Information Centre (HSCIC) wrote to a number of GP practices in March and April identified as being infected with malicious software known as 'Dridex', which infects systems via macro-enabled documents and .xml attachments sent by email.

The letter from HSCIC contained advice on the actions that need to be taken by practices against this malicious software, and requested that practices confirm with the HSCIC that the necessary actions had been taken. Of 1200 GP practices affected, only around 500 so far have provided such confirmation to the HSCIC. The actions that need to be taken do not require the installation of software.

We recommend LMCs cascade this reminder to practices to help ensure those affected have taken these important actions. Please note that only those practices already written to by the HSCIC need take action. The GPC has suggested to the HSCIC that a similar communication is sent to local IT support teams so that they can support practices with the necessary actions.

Where practices require further advice, they can contact the HSCIC via enquiries@hscic.gov.uk quoting 'cyber incident' in the subject line or by calling 0300 303 5678, selecting option 2.

The CCG-practice agreement for the provision of GPSoC and GP IT services – England

NHS England has published the CCG-practice agreement, which sets out the responsibilities of CCGs in providing GP Systems of Choice (GPSoC) and GP IT services to practices, and each practice's responsibilities in receipt of these services. The agreement replaces the previous PCT-practice agreement.

Each practice and CCG will need to sign the agreement by **30 September 2015** to ensure the practice's right to a choice of system is protected, and that the CCG and practice meet their obligations. Where signature is not possible, and a resolution is not reached through CCG escalation to their area team, practices will risk the withdrawal of central funding provisions.

The GPC recommends that LMCs and practices work with their CCGs to ensure an agreement is in place by the deadline. The agreement, plus supporting guidance, is [available on the NHS England website](#).

One day data protection workshops – Information Commissioner's Office and LMCs - England

Following a successful one-day event in April jointly hosted by Devon LMC and the ICO, and another one planned with Humberside LMC in July, the ICO would like to open this opportunity up to all LMCs.

The ICO can work with LMCs to agree the final agenda, but the plan would be to offer a one day workshop for GPs, practice managers and other key front line staff. The focus would be on the practical application of data protection and what this means for clinical and support staff who process personal data in their daily roles.

At no cost to LMCs, the ICO will provide staff, resources and an interactive session built around your requirements. Finding a venue and recruiting delegates would be arranged by the LMC.

If you are interested in this opportunity (or would like to know more), please contact ICO Good Practice Team Manager, Maria Dominey at dpworkshops@ico.org.uk by **26 June 2015**.

Business rules – enhanced services - England

The first batch of Enhanced Service Business Rules for 2015/16 have now been published on the HSCIC website at the below link:

- [Enhanced Services business rules v5.0 - Health & Social Care Information Centre](#)

This includes Dementia, Learning Disabilities, Rotavirus and Pneumococcal with others to follow as and when completed and timeframes agreed.

GP Trainees Subcommittee: Elections

The GP Trainees Subcommittee are holding elections for 10 regional constituencies this summer. Nominations are now open.

Posts are held for two years, unless the representative qualifies as a GP during the first year, in which case they will only serve for one year.

The GPC has [produced guidance](#) about the role of a GP trainee representative and what it involves. This is essential reading for anyone considering putting themselves up for nomination.

Nominations close at **5pm, Friday 17 July 2015**. Nomination forms and further information about the elections are [available on the BMA website](#).

Anyone can stand who is either:

- on a GP training programme that will not finish before 23 September 2015;
- starting a training programme between 26 June 2015 and 1 July 2016.

Candidates do not have to be BMA members.

Please spread the word to any GP trainees you know that may be interested. If you have any queries, **please contact Holly Higgs** (hhiggs@bma.org.uk).

Sessional GP e-newsletter

The June edition of the sessional GP e-newsletter was sent out yesterday and [is available online](#).

This edition focuses on Sessional GPs and the recent LMC Conference. It also features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one from Dr Mark Selman on supervising GP trainees in OOH.

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 easily to highlight different sections of the newsletter via social media if you use Twitter, etc.

LMC access to the BMA website

It has been drawn to our attention that some LMCs are having difficulty in 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 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 and she will email you your relevant information.

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 1. We would be grateful if LMCs could 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.

The GPC next meets on 16 July 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 7 July 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