



# LMC LINKS

DEC 2014

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**There is so much going on at the moment in the world of general practice. I hope you can forgive the length of this newsletter.**

**Please come to our open meeting and AGM on December 8<sup>th</sup>. Details have been circulated separately by email. We will have expert advisors on the new rules relating to NHS Pensions and a full and varied programme as well as an Xmas buffet to begin the evening. If you would like to come please contact [Kerrie.rowlands@nhs.net](mailto:Kerrie.rowlands@nhs.net) so that we can provide adequate catering.**

## FIVE YEAR FORWARD VIEW

The 'NHS Five Year Forward View' was published on 23 October. The full report can be accessed on: <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf/> and you can read the BMA's public and media response in the BMA press release on the BMA website <http://web2.bma.org.uk/pressrel.nsf/wall/32433ed9270c4a1580257d7a00343014?opendocument> .

Much of the content of 'NHS Five Year Forward View' appears to herald a step in the right direction for general practice, with the strategy document emphasising a new focus on many of the areas that the BMA has been working on, particularly in the 'Your GP Cares' campaign and in our document, 'Developing General Practice Today', accessible on the BMA website. The 'Forward View' also includes far-reaching proposals for new models of care, which will require careful consideration, and a full response is being prepared.

## CO-COMMISSIONING

On 10 November NHS England published its *Next steps towards primary care co-commissioning* report [available on the NHS England website]. <https://www.england.nhs.uk/commissioning/pc-co-comms/>

The report provides information on the scope of co-commissioning arrangements that CCGs can apply to take on board from April

- Sessional Gp's e newsletter and revalidation survey

### Up & Coming Events

**Salford & Trafford AGM  
Dec 8th at Sam Platts,  
Old Trafford. 7.30pm -  
9.30pm preceded by a  
Xmas buffet at 6.45pm**

**(please contact  
[Kerrie.rowlands@nhs.net](mailto:Kerrie.rowlands@nhs.net)  
if attending)**

2015.

The changes described in the *Next steps* report are of relevance to all GP practices. As CCG members all practices should be aware of the upcoming changes to primary care commissioning and should be actively engaging with their CCG on this agenda <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

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## CARE QUALITY COMMISSION

The GPC remains concerned about a number of issues that have arisen following the introduction of the CQC's new inspection regime in October. In particular they are seeking clarity on patient confidentiality, the naming and shaming of GPs and their practices in CQC press releases, the introduction of ratings for practices and the use of 'intelligent monitoring' to band practices prior to inspection.

The particular concern about intelligent monitoring was prompted by the announcement that the CQC would be, for the first time, publishing information on every general practice in England as a way of deciding which surgeries it will inspect and on what it will focus.

This so called 'intelligent monitoring' of general practices is made up of 38 indicators,

In theory it will allow the CQC to prioritise its inspections under the new regime, which began last month. However the CQC can only judge the quality of care within a service once it has carried out an inspection. GPC made strong representations were made prior to publication and as a result, a health warning was included when the data appeared on the CQC website.

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## CQC INSPECTIONS

Recently uploaded guidance to practices on CQC inspections can be found at: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/cqc-inspections>

This will be a living web page and the BMA hopes to include regular updates based on feedback and future developments.

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## EXTENSION TO ENHANCED SERVICE FOR MENC FRESHERS VACCINATION

The enhanced service for the MenC Freshers vaccination programme is extended until March 2015 due to reported outbreaks. Area teams will be informing all practices of the extension shortly. Participating practices can continue to

vaccinate patients. Practices who have not signed up must be offered the opportunity to do so. More information can be found online at

<http://www.england.nhs.uk/wp-content/uploads/2014/11/menc-uni-freshers.pdf>

## Contact us

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## Visit our website

[www.salfordandtraffordlmc.org.uk](http://www.salfordandtraffordlmc.org.uk)

## SEASONAL INFLUENZA VACCINATIONS FOR PATIENTS WITH LEARNING DISABILITIES

Area teams and NHS England have received a number of queries to clarify the position on flu vaccinations for patients with a learning disability. Although this cohort is included in the service specification under the category for 'neurological conditions', the line 'using clinical judgement' has been causing some confusion. As such, NHS England intends to send out a bulletin to clarify this. GP practices should be aware of information material to support the drive to offer vaccinations to people with learning disabilities.

## ARMED FORCES COVENANT

We have been asked by NHS England to draw attention to the commitments of the Armed Forces Covenant that came into effect through the Armed Forces Act 2011 and NHS England has passed on the following information.

Those who serve in the armed forces, whether regular or reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

Veterans should receive priority treatment where it relates to a condition which results from their service in the armed forces, subject to clinical need.

Those injured in service, whether physically or mentally, should be cared for in a way which reflects the nation's moral obligation to them whilst respecting the individual's wishes. For those with concerns about their mental health, where symptoms may not present for some time after leaving service, the ambition is that they should be able to access services with health professionals who have an understanding of armed forces culture.

For GPs, asking, READ coding and recording if patients have served in the armed forces, or are part of the wider armed forces community (family, reservist, etc.) will help their patients get better access to the full breadth of NHS services; including some that are specifically focussed on this cohort (e.g. the Reserves Medical Assessment Programme). It may give access to specific veteran-

focused funding (eg prosthetics or mental health) and further charitable services (eg mental health).

This knowledge will also enable GPs to access their prior medical records; a précis of which should be provided by the new veteran on leaving their respective service and registering with an NHS GP. The registration and recording helps the referral process, as well as the commissioning and planning of appropriate services. Further information is also available via NHS Choices

<http://www.nhs.uk/NHSEngland/Militaryhealthcare/Veteranshealthcare/Pages/veterans.aspx> .

All CCGs are urged to ask themselves the question about the care for veterans, and particularly to help with ensuring that GPs are aware of the potential to access some of these bespoke services.

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## QUALITY AND OUTCOMES FRAMEWORK FOR 2015-16

The GPC and NHS Employers (on behalf of NHS England) have agreed changes to the Quality and Outcomes Framework (QOF) for 2015-16. A full summary table of the changes has now been added to the [BMA website](#)

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## QOF BUSINESS RULES V30

v30.0 of the QOF Business Rules have now been published on the HSCIC website. They can be found at the following link along with the PDF version of the Change Log and the Expanded Cluster List: <http://www.hscic.gov.uk/qofbrv30>. There is also a link to the business rules on the QOF guidance page on the [BMA website](#).

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## FRIENDS & FAMILY TEST (FFT) MATERIALS

Joint BMA, NHS England, NHS Employers guidance on data submission for the Friends & Family Test (FFT) has now been published and can be accessed [here](#).

This accompanies the GPC's more general FFT guidance published on the BMA website [here](#)

The FFT becomes a contractual requirement for GP practices from 1 December 2014. The GPC, NHS England and NHS Employers have jointly published guidance to help practices with implementation, which can be accessed [here](#).

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## PATIENT ONLINE TOOLKIT

NHS England's Patient Online Practice Toolkit has now been published at the following [link](#). The materials are also available on the **RCGP website**.

The interactive toolkit provides guidance to practices on getting started with records access, identity verification, coercion and proxy access. The aim of the materials is to help practices fulfil the IT requirements of the 2014/15 GP contract by March 2015, ie online appointment booking, online ordering of repeat prescriptions and online access to the summary information from the patient record. These requirements are subject to the necessary GP systems and software being made available to GP practices by NHS England, through GP Systems of Choice. Please note that the toolkit is a work in progress, with updates to the guidance and more resources to be added through 2014/15. The guidance and suggested actions for practices, are therefore subject to change. The GPC will continue to feed views into the development of the materials, and LMCs should continue to raise any questions or concerns with the GPC secretariat via their liaison officer.

NHS England is also inviting feedback and questions from practices on the Patient Online programme and toolkit at this address: [england.patient-online@nhs.net](mailto:england.patient-online@nhs.net)

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## EBOLA GUIDANCE FOR PRIMARY CARE

Latest information on ebola prevention and control for Primary Care:

<https://www.gov.uk/government/publications/ebola-infection-prevention-and-control-for-primary-care>>

Practices are reminded that guidance for practices on how to deal with suspected Ebola cases is available in the [BMA website](#)

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## DECISIONS RELATING TO CARDIOPULMONARY RESUSCITATION - JOINT GUIDANCE

The BMA has updated the joint guidance '**Decisions relating to cardiopulmonary resuscitation**' (previously the 'Joint Statement') available from the [Ethics guidance section](#) on the BMA website.

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## CHRISTMAS AND NEW YEAR OPENINGS 2014 - ENGLAND

As Christmas and New Year approaches, practices should have received a statement from the Area Team detailing requirements for practice opening hours. Please note that Area Teams are mandated by NHS England to collect the information stated on the pro forma. Practices which wish to close early on Christmas Eve and New Year's Eve should act in accordance with **BMA guidance**. This guidance details contractual requirements and

suggests actions practices might consider to ensure patients' reasonable needs are met. Practices which experience any issues with their arrangements should please contact the GPC secretariat on [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk).

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## DISABILITY LIVING ALLOWANCE (DLA) AND PERSONAL INDEPENDENCE PAYMENT (PIP) - UPDATE FROM THE DEPARTMENT OF WORK AND PENSIONS (DWP)

From 17 November the DWP will further extend the rollout of Personal Independence Payment (PIP) natural reassessment to some Disability Living Allowance (DLA) claimants living in the postcode areas beginning

**CH (Chester), HD (Huddersfield), L (Liverpool) and M (Manchester)**, where:

- an existing DLA claimant's fixed term award is coming to an end,
- they are approaching age 16,
- the DWP receives information about a change in their care or mobility needs, or
- an individual chooses to claim PIP instead of their DLA.

The DWP has said consistently that it would take a controlled approach to the introduction of PIP, including the reassessment of existing DLA claimants, continuously learning lessons from live running. In the areas chosen to extend the natural reassessment rollout, the assessment provider has sufficient local capacity to handle the increased volumes.

Extending rollout in this gradual way ensures that the DWP can continue to focus on reducing delays and improving the service to claimants. The DWP will continue to monitor progress before making any decisions on extending natural reassessment further.

Existing DLA claimants who have a lifetime or indefinite DLA award will not be affected until at least October 2015, unless DWP receive information about a change in their condition that would affect their rate of payment or if they reach the age of 16.

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## DEPRIVATION OF LIBERTY SAFEGUARDS

The GPC has issued some guidance on **Deprivation of Liberty Safeguards**. It should be noted that there is no statutory requirement for the Registrar of Births and Deaths to refer the deaths of those who are subject to a DoLS authorisation to the coroner. However, there is a common law duty which applies to everyone, to refer deaths to the coroner where there is reasonable cause to suspect that the person died a violent, unnatural or



sudden death, the cause of which is unknown, or where the person died in prison or police custody.

In the event that a person in their care should die whilst subject to a DoLS authorisation, care homes and hospitals who are managing authorities need to know how to contact the relevant coroner's office. If in doubt, it is always preferable to report the death. The action taken by the coroner will vary and could include the commissioning of a post-mortem examination or the opening of an inquest (with or without a jury). Equally the coroner could decide that no further action is necessary. Until the coroner has made a decision on whether to undertake a further investigation, a doctor should not issue a medical certificate of cause of death.

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## DEPARTMENT OF TRANSPORT GUIDANCE FOR HEALTHCARE PROFESSIONALS ON DRUG DRIVING

The Department of Transport **guidance** provides an explanation to healthcare professionals of the new drug driving offence including the statutory 'medical defence' available to patients who have taken their medicine in accordance with the advice of a healthcare professional and the information contained in the leaflet accompanying the medicine. It also reiterates existing advice that healthcare professionals would normally consider giving to patients about taking medicines that could impair their driving.

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## FLUENZ TETRA READ CODE

NHS England and HSCIC have now added a Read code for Fluenz Tetra. The Read codes for the **seasonal influenza** and **pneumococcal vaccination** programmes are available to download from **here**.

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## PAYMENT OF NHS PENSION SCHEME CONTRIBUTIONS

During recent months a number of GP practices across the country have not met the deadline for payment of pension contributions for their staff to the Scheme. From April 1st 2014, NHS Pension Scheme regulations changed authorising NHS Pensions to charge interest at a rate of 4.7% APR and an administration charge of £75.00 to employers who pay late.

An amount is deemed late where contributions do not reach the NHS Pensions bank account by the 19th of the month, following the month in which the earnings were paid to the member.

In order to avoid inadvertently paying late when using the GP1 payment processing method, please note the following:

- Ensure that you submit the payment request with sufficient time for the payment to clear. The GP1 submission initiates a Direct Debit payment from your bank account that requires two to five working days (this excludes weekends and bank holidays). Payments submitted by the recommended processing date and time will ensure payment is received on time.
- Ensure that you press the "SUBMIT" button on the GP1 at the bottom of the screen. A small number of employers have missed making a payment because they have printed the input screen when processing the GP1 without finalising the action. A screen message will confirm your payment has been submitted.

To assist employers in ensuring they will meet the payment deadlines, a GP1 payment processing schedule is provided below for the remaining months of the 2014-15 financial year.


Contribution month	Recommended processing date <b>No later than 3pm</b>	Payment due by
October 2014	14 November 2014 Friday	19 November 2014 Weds
November 2014	16 December 2014 Tuesday	19 December 2014 Friday
December 2014	14 January 2015 Wednesday	19 January 2015 Monday
January 2015	16 February 2015 Monday	19 February 2015 Thursday
February 2015	16 March 2015 Monday	19 March 2015 Thursday
March 2015	14 April 2015 Tuesday	17 April 2015 Friday

If you have any enquiries please email [nhsbsa.pensionsfinance@nhs.net](mailto:nhsbsa.pensionsfinance@nhs.net) in the first instance. If you require further information regarding the introduction of the changes to the Scheme Regulations please refer to the **March Employers Newsletter**.

## SESSIONAL GP'S E NEWSLETTER AND REVALIDATION SURVEY

The first edition of the sessional GPs e-newsletter was sent out last week, and will from now on be distributed on a monthly basis. The first newsletter focuses on the implications of the 15/16 GP contract agreement for sessional GPs, a survey on sessional GP experiences of appraisal and revalidation and some guidance on





the relationship between sessional GPs and LMCs.

The newsletter is available on the BMA website. <http://bma-mail.org.uk/t/JVX-2WQ4O-24H9P3B119/cr.aspx>

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**Wishing all GPs and Practice Managers an enjoyable and refreshing festive season – and may 2015 be a happy and a healthy year for you, and your patients!**

**With all good wishes from the Executive, staff and Committees of the LMC.**

**If you have any queries relating to this email, please contact Mrs Vivienne Simenoff, Chief Executive on [vsimenoff@nhs.net](mailto:vsimenoff@nhs.net)**

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