



LMC LINKS

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Up & Coming Events

Dec 9th Salford & Trafford LMC AGM to be held at Sam Platts Old Trafford

PROPOSALS TO GENERAL PRACTICE -AND HOW TO SURVIVE THEM

This is an invitation to all GPs and Practice Managers in Salford and Trafford to come and join us at our AGM on the 9th of December, and to enjoy Xmas dinner. We will be discussing some of the many current proposals to change general practice – this will be an opportunity to hear speakers on a range of topics including the “Healthier together Primary Care proposals”, to put your point of view, and to influence the change. An application form has been sent out and if you need anymore information please let us know lmc.office@trafford.nhs.uk Please put this important event in your diary now. It is also an opportunity for you to meet the Executive and Members of your representative body, to hear how we are working to support you, and to give a steer to our priorities.

GPC WEBPAGES

We work closely with the General Practitioner Committee of the BMA (GPC) and share information which we receive with our GPs. The voluntary levy that we collect from you is paid to the General Practice Defence Fund of the BMA which in turn funds GPC. GPC has listened carefully to criticism received from LMCs and have taken much of it on board. To enable them to share their information more directly with GPs they have developed new look GPC committee pages have now been launched and are available on www.bma.org.uk/gpc.

In order to make information for GPs more visible and accessible, the pages have been renamed and are now available on www.bma.org.uk/gppractices.

GUIDANCE ON COLLABORATIVE GP ALLIANCES AND FEDERATIONS AND SHARING STAFF

As an LMC we are well aware of the financial pressure on practices – we have long advocated practices working together to keep costs down. The pressure for practices to work together, and the necessity of it for the future of both individual practices, and practices across an area are growing.

To assist practices, GPC has produced guidance for those considering forming alliances or federations. It gives advice on what practices should explore before taking decisions, possible structural and legal models, and provides case studies on the different organisations some GPs have already created.

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Related to the guidance on alliances and federations, the GPs' Committee has also produced advice on sharing staff, including secondments, joint employment, VAT considerations, alternative arrangements and managing change. Both guidance documents can be found on the GP practices pages of the BMA website at <http://bma.org.uk/practical-support-at-work/gp-practices/how-to-employ-shared-staff> and <http://bma.org.uk/practical-support-at-work/gp-practices/collaborative-gp-alliances-and-federations/structural-options-available-to-practices>.

If we can assist you in this process, please do get in touch. We would encourage all GPs to consider closer working relationships, and indeed would strongly support GPs working in GP provider organisations. We look forward to seeing Salix in Salford as well as the GP Provider organisation in Trafford being up and running, and open for business – we very much feel this will provide a level of much needed protection for the future of general practice in our area.

QOF BUSINESS RULES - VERSION 27

Version 27 of the QOF Business Rules have now been published on the PCC website:

<http://www.pcc-cic.org.uk/article/qof-business-rules-v27>

It is vitally important to download this information, read and digest, and refer to on a regular basis for this financial year.

QOF ACHIEVEMENT DATA

The 2012/13 QOF achievement and prevalence data have been published by the HSCIC, including a statistical bulletin, an online database and a set of detailed data tables. The average achievement decreased from 96.9% in 11/12 by 0.8 % to 96.1 %.

If you want a wide overview of what is happening nationally with QOF you may wish to have a look at:

<https://catalogue.ic.nhs.uk/publications/primary-care/qof/qual-outc-fram-12-13/qual-outc-fram-12-13-rep.pdf>

FLUENZ VACCINE

The Department of Health has asked us to remind practices of the short shelf-life of the Fluenz vaccine. The [tripartite letter](#) from 26 July 2013 advised:

'Fluenz® has a shorter shelf life (18 weeks) than other influenza vaccines and some of this will have passed by the time the vaccine has been supplied to you. The expiry date on the nasal spray applicator should always be checked before use. Vaccine has been ordered to cover the period over which historically the flu vaccine has been used, extending from September to mid-December. **All the Fluenz® will have expired by 16th January 2014. In the light of this it will be important to ensure that efforts are made to vaccinate children before the Christmas holidays.'**

We would urge practices to continue their efforts for inviting children aged 2-3 years to be vaccinated, as set out in the [service specification](#).

For further information about the seasonal flu programme, please see the [vaccinations and immunisation pages](#) on the BMA website.

CCG CONSTITUTIONS

The GPC has issued updated guidance on CCG constitutions, focusing on what to do if you are unhappy with something in your CCG constitution and the process for requesting changes. You can read the updated FAQs on the BMA's website <http://bma.org.uk/search?query=CCG%20constitution>. We hope that all our constituents and both Salford and Trafford CCGs know that we are happy to assist in resolving any such difficulties.

CONFLICTS OF INTEREST GUIDANCE

GPC guidance on how to manage conflicts of interest can be found on the BMA website. The guidance provides advice for GPs as commissioners, covering issues such as the GMC guidance for doctors in management or commissioning roles and how to manage conflicts of interests when commissioning services from member GP practices.

This guidance is available at <http://bma.org.uk/practical-support-at-work/commissioning/ensuring-transparency-and-probity>

We do not want to see an uneven playing field for GPs when it comes to delivering additional contracts for the local population. This guidance provides a way for CCGs to overcome what may be viewed as- their reluctance to disadvantage GPs on the basis of perceived conflict of interest. We will be bringing this guidance to the notice of CCGs as well.

THE AMENDED GP CONTRACT FOR 2014/5 - A STEP FORWARD

The following letter was sent to all BMA Members by Dr Chaand Nagpaul, BMA GPs committee chair, on November 20th.

Subject:

A step forward

Dear Colleague

As the dust settles after last week's announcement on the GP contract agreement for England in 2014-2015, I am writing to provide you with more information and context, while you are no doubt trying to digest the greatest set of contract changes since 2004. I hope this update will be of interest to GPs throughout the UK.

Our clear priority was to address the greatest concern expressed by grassroots GPs - the damaging impact of last year's sweeping imposed changes, exacerbating bureaucracy and box ticking medicine to unmanageable levels.

It's important to remember that this was a negotiation, in which no one side has things all their own way. Therefore this does not mean that we support every component within the agreement, and equally there are elements on which the government has had to concede. However taken as a package, GPC believes that this agreement is a definite step forward for general practice, and one on which we can build, and has also re-established the principle of the negotiating process.

We have successfully and significantly negotiated a reversal of most of last year's imposition, as well as removing a raft of unnecessary QOF indicators – a total of 341, and also ended three of the four imposed DESs, with most of the resources going into core GP budgets. This will provide practices with stability of funding, rather than these areas being subject to annual renegotiation. We have also stopped the second year's imposed increased threshold changes due to take effect in April 2014, which would have resulted in further work for GPs to achieve rising targets.

More time to care for patients

From next April, GPs will notice a marked reduction in QOF reminder alert messages on their computer screens as they see patients; no more GPPAQ questionnaires asking ill patients how many hours they cook or garden; GPs can be clinicians diagnosing depression rather than ticking the box for a bio-social assessment; the BP target of 140/90 encouraging over-medication has been dropped and returned to 150/90; no more repetitive intrusive annual questions on erectile dysfunction; the need to slavishly record a cholesterol test result within a 12 month timeframe has been removed - and these are just a few examples.

[Download the full list.](#)

These changes will make a tangible daily difference in GP surgeries, and will allow GPs to have more time to spend providing enhanced personalised care to patients with long-term conditions. It will also free up GP and nurse appointments that are currently used in chasing QOF targets, and will certainly reduce administrative time in call and recall of patients.

The new enhanced service to support a reduction in unplanned admissions is funded from the retirement of 100 QP points from QOF and the current risk profiling DES. As a result it will relieve practices from the bureaucracy and demands of the current QP domain, and instead resource practices to focus care on the needs of their most vulnerable patients.

Protecting your interests

However, there are elements of the contract that, like you, we have concerns about. In the context that the government could have implemented some of these changes anyway, our priority was to mitigate and ameliorate any adverse impact. For instance, the named GP for over 75s is not a 24-hour responsibility, and does not require a GP to be personally available at all times, nor responsible for the action of other professionals caring for a patient. There is no change to contractual hours, and in monitoring the quality of out of hours, practices are empowered to identify and report any problems in the system, including NHS 111 call handling.

Within the government's determination to remove seniority as part of ending age-related pay progression in the public sector, we have negotiated the retention of the entire seniority pool for funding general practice and thus enable that funding to be paid to GPs throughout their working years. And no GP in receipt of seniority will have any change for at least two years and those in receipt of seniority payments will have protection for six years in total.

No detail has been decided on publishing transparency of GP pay, although we have agreed to setting up a working group. Nevertheless we have been clear that GPs must not be treated differently from other healthcare professionals, and comparisons should be on a like for like basis, and only relate to the GP contract. In fact, the current published GP pay figures are already misleading, since they include non-NHS income, as well as a range of income from non-contractual activities such as GP education, CCG work, and dispensing.

We also have concerns which we know many commissioners share about the government's commitment to opening choice of patient registration beyond place of residence. This will not start in April 2014 but sometime later, and we have ensured the proposal is for national pilots, which will not be a contractual obligation, and they will remain voluntary.

We fully recognise that these contract changes are not in themselves a panacea and will not resolve the workload crisis in general practice, nor address the impoverished infrastructure of general practice from years of relative disinvestment. GPC will continue to robustly argue the case for general practice to be given the resources it needs, in responding to an increasingly demanding environment of changing demographics and more care being provided in the community. This investment strategy necessarily goes beyond the contract, in arguing for expanded premises, GPs and staff.

Full details of this and other changes are at bma.org.uk/gpcontract and do [read our new FAQs section](#).

If you wish any further clarification please email us on info.gpc@bma.org.uk.

With best wishes

Chaand Nagpaul

CARE.DATA GUIDANCE FOR GPs

NHS England has recently announced next steps for the care.data programme, including the activities they and the Health and Social Care Information Centre (HSCIC) will undertake to support patient awareness raising at a national level. For example, a leaflet about information and data sharing will be sent to every household in England, starting in January 2014.

No data will be extracted for care.data until spring 2014 and GP practices will be notified prior to the extract.

It is important that practices use the time between now and the extract to raise awareness and the following guidance will assist you to do this.

Read the Care.data guidance on the BMA website <http://bma.org.uk/search?query=Care.data%20guidance> and <http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Ethics/Care%20data/caredatafairprocessing.pdf>.

Please do not let the additional time you have been given divert you complying with this important legislation.....

FEES

The [fees pages on the BMA website](#) have been updated for easier navigation and access to fees and guidance. The [fee finder tool](#) lists all information and guidance in relation to fees in alphabetical order, and the main fees page provides a number of different routes to get to this information depending on the type of doctor or the work involved.

There is also a specific section on fee paying work for GPs: <http://bma.org.uk/practical-support-at-work/pay-fees-allowances/fees/check-to-see-gps>.

LOCUM GP FLU JABS

Locum GPs - NHS England and GPC have reached an agreement that locum GPs should attend the practice where they are registered as patients to get their flu vaccination, and that practice can then claim the payment via CQRS using the Read code 9OX4, which will be acceptable by area teams.

Visit our website

Salford & Trafford Local
Medical Committee