

Friday 17 July 2015

Issue 1

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## GPC meeting

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

## Contract negotiations

NHS Employers are still waiting for a mandate for negotiation so the GPC will not meet them to commence annual contract negotiations before mid-August at the earliest. The GPC Chair has used every possible opportunity to ask ministers and NHS England for contractual stability and no new work. We will of course report to you as soon as we know more.

## Support for vulnerable practices

Chaand Nagpaul has written to NHS England setting out proposals for structured, funded support for vulnerable practices. We have asked for a meeting to discuss the establishment of a national practice stabilisation fund and a healthcare resilience task force to assess and support, in a non-threatening way, practices that are struggling or vulnerable. We hope that our conversations with NHS England will prove fruitful given the critical state general practice is in at the moment in many areas of the country. As this work takes shape, local examples of practice closures or patient service collapse would be very useful, preferably with a short summary outlining the source of their problems. If you have examples please send them to [Fleur.Nielsen@bma.org.uk](mailto:Fleur.Nielsen@bma.org.uk).



## The formula review group

The GPC is represented on the NHS England groups reviewing the Carr-Hill Formula. This work is in its early stages and will no doubt face many challenges along the way. We are also engaged with NHS England in a parallel workstream looking at the distinct needs of atypical practices, for whom a formulaic approach may never be appropriate.

The review group is likely to report in time to inform contract negotiations for 2017/18 but implementation will be dependent on negotiation with the GPC and will have to take into account detailed modelling of the impact of any change at individual practice level. For now we would advise practices not to rely on the outcome of the review as a solution to current funding problems but, for those losing substantial resource as a result of MPIG removal or PMS reviews, to consider all other available avenues for stabilising practice funding and services. We are likely to be contacting LMCs again in the near future about the formula review and practices with atypical populations.

This week we have published [Focus on the Global Sum Allocation Formula](#) to remind practices how the global sum is calculated and to update them on the current review.

## New care models

The GPC heard presentations from Nigel Watson and Sir Sam Everington about vanguard sites and new integrated care models. We welcome questions, comments and any other communication from LMCs trialling new models of care or working within vanguard sites. Please contact Fleur Nielsen [fnielsen@bma.org.uk](mailto:fnielsen@bma.org.uk).

## Support for GP networks and federations

The GPC is leading on important work in relation to GP networks and federations. This is an area where GPC and BMA are actively collaborating to deliver more support to GPs and LMC.

In a short space of time, the GPC and the BMA have established a dynamic database containing the contact details of over 80 GP networks and federations in England, Wales and Northern Ireland, covering approximately 3,000 practices.

As a result of gathering this data we recently launched a BMA Online Community for GP networks. This is a secure online space where staff from established and emerging GP networks and federations can:

- share best practice and learning experiences with other organisations
- discuss any challenges they are facing and explore solutions with peers
- access practical advice and information on policy, regulation and other topics.

The BMA Community for GP Networks is open to non-BMA members and non-clinical staff, including practice managers and business managers.

More information about registering or accessing the BMA Community can be found at [on the BMA website](#).

We also launched a funding programme inviting LMCs to apply for grants of up to £10,000, in order to assist the formation and development of GP networks and federations in their area. LMCs will be informed whether or not they have been successful in August 2015.

## CQC 'What to expect when we inspect'

For those GP practices that might be about to face an inspection by the CQC, the CQC has produced a 'what to expect from an inspection' video which is a mixture of interviews with an inspector, GP and practice manager explaining their experience of an inspection. It is supported by a more detailed publication giving practical advice as to what to expect from an inspection and another 'hard copy' case study.

We understand that these materials have been shared with all GP practices, but for anyone who may not have seen them, the links are:

- [Salford Health Matters: What to expect when we inspect \(video\)](#)
- [What to expect when we inspect PDF | 499.43 KB](#)
- [Edenbridge Medical Practice: Experience of new approach](#)

## FGM Prevention Programme - letter from Jane Ellison - England

A letter from Jane Ellison, Minister for Public Health, has been sent to NHS Trust Chief Executives, Directors of Public Health and Chairs of CCGs across England on FGM prevention.

Within the letter, the Minister highlights the need for extra vigilance across the NHS in the lead up to the school summer holidays, a time when female genital mutilation is often performed on young girls who are taken abroad for this purpose. She outlines the main 'warning signs' for NHS staff to look out for, and the range of support and training materials available. The letter reiterates that FGM is illegal, and that safeguarding procedures must be followed every time there are concerns.

Please also see an article for [The Guardian health Professionals Network](#) which highlights this letter.

## Duty of care regarding communication of investigation results

The General Practitioners Committee and the Consultants Committee of the BMA have issued a joint statement [about the duty of care regarding communication of investigation results](#) and that the ultimate responsibility for ensuring that results are acted upon, rests with the person requesting the test.

Handover of responsibility has to be a joint consensual decision between hospital team and GP. If the GP hasn't accepted that role, the person requesting the test must retain responsibility.

This advice is in line with both National Patient Safety Agency guidance and the Ionising Radiation (Medical Exposure) Regulations.

## Duty of care regarding drugs recommended from outpatients

Communication of prescribing recommendations from out-patient clinics to patients and their GPs is a complex area where patient safety can be compromised. We would strongly recommend that LMCs and Hospital Trusts agree policies that are publicised and adhered to by all parties. These policies should include the following general principles:

- Drugs required for urgent administration should be prescribed by the hospital doctor, and if appropriate dispensed by the hospital.
- Responsibility for the provision of a prescription for non-urgent medications should be determined and agreed locally, but must recognise that delegation of responsibility for prescribing from hospital to GP can only take place with the explicit agreement of the GP concerned.
- All communications should be in writing with the responsible doctor identified.
- Where communications are sent via the patient, there should be clear instructions to the patient regarding the time scale for completion of the prescription, and this should be in addition to and not instead of a formal communication.
- The doctor recommending a prescription should ensure that the prescription is appropriate, including carrying out any tests required to ensure safety.
- The doctor recommending a prescription should provide counselling for the patient about important side effects and precautions, including any need for ongoing monitoring, which if needed should be agreed between primary and secondary care clinicians.
- Recommendations should be in line with any agreed local formularies. Individual judgements should be made about the desirability of recommending a particular drug as opposed to a therapeutic class.
- Where a GP feels that a prescription recommendation is inappropriate, the secondary care clinician should be informed.
- Notwithstanding any of the above, all prescribers must be aware that the ultimate responsibility for the prescription lies with the prescribing doctor and cannot be delegated.

[This is also available on the BMA website.](#)

## **New framework set to simplify care information for disabled patients and their carers - England**

Disabled patients are set to benefit from improved healthcare after a new law comes into force to ensure information they receive is clear, consistent and easy to understand.

The Accessible Information Standard will be implemented on 31 July 2016 and aims to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand. This means informing organisations how to make sure people get information in different formats, for example in large print, braille or via a British Sign Language (BSL) interpreter.

All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices. As part of the accessible information standard, these organisations must do the following:

- Ask people if they have any information or communication needs, and find out how to meet their needs. Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

Further details [are available on the NHS England website](#).

## **Meningococcal vaccination for university freshers**

The Men C University freshers programme, which was due to start on 1 April 2015, has been on hold until the MenACWY vaccine becomes available. The MenACWY vaccination programme will now commence on 1 August 2015, which is when the vaccination programme for freshers will also commence.

Men ACWY vaccination will be offered to freshers (first time university or further education students who have received notification via UCAS to obtain the vaccine – aged 19-25) not previously vaccinated with MenC since reaching age 10 who self-present at their practice for vaccination. There is a flat fee of £7.64 for one dose.

This is a single dose programme for patients aged 19 years and over and will run from 1 August 2015 to 31 March 2016. Further information about all these programmes is available on the [BMA website](#). The service specifications are available on the [NHS England website](#).

## **Full Personal Independence Payment (PIP) Rollout - England**

The DWP has recently confirmed the final stage of rolling out PIP to all Disability Living Allowance claimants who have long or indefinite awards. This will begin on 13 July.

Initially only a small number of claimants, chosen at random, will be invited to claim PIP from the following postcodes:

Blackburn (BB), Bolton (BL), Derby (DE) Leicester (LE) Manchester (M), Oldham (OL), Preston (PR), Stoke on Trent (ST), Warrington (WA) and Wigan (WN).

More information is available in the [PIP Toolkit](#).

## **Launch of new joint GMC/NMC guidance on the professional duty of candour**

The GMC and NMC have produced guidance for doctors, nurses and midwives on the professional duty of candour. It aims to provide a framework and give confidence to individuals working with patients to respond openly and honestly when things go wrong.

The guidance is available to read and download via the [GMC website](#) and the [NMC website](#).

## LMC survey

We have had a good response to the LMC survey and thank you to all LMCs who have responded so far. For those of you yet to do so, there is still some time. The survey has given some extremely useful feedback and ideas that we will explore with the aim of better meeting the needs of LMCs.

## Regional GPC meeting – pilots

The survey results show strong support for our proposal to pilot regional GPC / LMC meetings.

We are keen to take this forward, which will not only strengthen partnership between GPC and LMCs, but explicitly recognises the shifting local agenda affecting GPs. We are developing plans to pilot regional meetings in place of the November GPC meeting, although this will obviously be subject to there not being any major national developments which would necessitate a central GPC meeting instead. This pilot will only apply to those working in England.

Over the summer we will be working with LMCs to put in place the necessary arrangements.

## GPC guidance notes – update

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

- [CQC guidance on registration and inspection](#)
- [Co-commissioning guidance – information for GP providers](#)
- [Co-commissioning guidance – conflicts of interest](#)
- [Discussion paper on new models of care](#)
- [Focus on Fitness to Work guidance](#)
- [Focus on new deal for general practice](#)
- [Focus on PMS reviews](#)
- [Focus on rent reimbursement](#)
- [Focus on the global sum allocation formula](#)
- [Guidance and FAQs on out of areas registrations](#)
- [Guidance on applying for premises transformation funds](#)
- [Guiding principle for GP networks](#)
- [How to declare GP earnings guidance paper](#)
- [How to deliver new contract IT requirements](#)
- [How to set up a network](#)
- [Induction and refresher scheme](#)
- [Legal framework for practice networks](#)
- [Quality first: Managing workload to deliver safe patient care](#)
- [More detailed and practical how-to guidance to help practices prepare for CQC visits etc](#)
- [New care models – Vanguard sites](#)
- [New GP contract guidance](#)
- [Patient Group Directions](#)
- [Sessional GP Appraisal and Revalidation Survey and Guidance](#)
- [Supporting pupils at school](#)
- [Updated guidance on migrant access](#)

## LMC Secretaries Conference 2015

The 2015 LMC Secretaries Conference will be held on **Wednesday 16 December** at BMA House, Tavistock Square, London. Further information will be circulated shortly.

## 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](mailto:kday@bma.org.uk) and she will email you your relevant information.

## GPC news index

The GPC news index for the 2014-2015 session is attached (appendix 1).

## 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).

**The GPC next meets on 17 September 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 8 September 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

