

Friday 16 January 2015

Issue 11

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## GPC meeting

The GPC held its meeting of the year yesterday. As with the January meeting last year, the meeting was more of a strategic discussion, with a range of enthusiastic speakers presenting on how they were developing and implementing change in general practice. Topics included:

- patient record access;
- co-commissioning;
- new models of primary care;
- telephone triage model;
- GP and pharmacy collaboration.

Part of the afternoon was devoted to discussion about maximising GPC effectiveness and optimising the GPC / LMC axis which will feed into the ongoing project.

## Quality first: managing workload to deliver safe patient care (England, Wales and Northern Ireland)

The BMA's GP committee has launched new guidelines aimed at helping GP practices cope with the escalating workload which is leaving many practices struggling to provide adequate time for patients. This comes as NHS England has launched a major new project to reduce workload in general practice.

The new guidance, [Managing workload to deliver safe patient care](#), gives GP practices practical guidance and measures to work within manageable limits to deliver safe quality care. In order for GPs to be able to concentrate on delivering patient care, it also calls on local Clinical Commissioning Groups (CCGs) and NHS managers to stop inappropriate workload demands on GP practices, as well as providing the support they need to deliver essential services.



The GPC chair is writing to CCGs highlighting this new guidance and asking them to make “GP service pressure” a standing item on all future CCG board meetings.

It includes advice on:

- Stemming inappropriate workload that prevent GP practices from delivering core services to patients;
- Challenging misguided bureaucracy and reducing its burden on GPs and practice staff.;
- Making the most of new ways of working, including practices working together, and implementing new developments in IT;
- Fighting for adequate resources for clinical work and reexamining which additional or enhanced services practices can provide;
- Working in partnership with patients to empower them to better manage their care.

Dr Chaand Nagpaul, BMA GP committee chair said:

“This guidance aims to support GP practices to provide safe and quality care to patients – especially those in most need - at a time of intense pressure and when inappropriate work is taking them away from fulfilling their prime duty of care as GPs.

“GP services are under unprecedented workload pressure, with practices seeing record numbers of patients - 40 million more annually than in 2008 – against a background of mounting bureaucracy and falling resources. At the same time, patient needs are becoming more complex and if anything GPs need more time with them.

“The demand on GP practices has far outstripped capacity. This is having a direct effect on patient services, with longer waits for a GP appointment and many practices struggling to provide adequate essential services for their patients. Increasing numbers of practices are under intense pressure due to GP vacancies that cannot be filled, while others are working in inadequate premises, and with insufficient staffing.

“The guidance gives practical advice on how GPs can focus on providing essential services to their patients and challenge some of the inappropriate and unsustainable demand on practices. This includes advice on how practices can prioritise GPs’ role as clinicians, with a primary duty of care for their patients. It also gives pointers and tips on how GP practices can work together and support each other, work in different ways as well as adopt new technologies, and strengthen relationships with patient groups, to develop and encourage self-care.

“This, of course, is only part of the solution – fundamentally, the Government must address the deep financial and capacity problems at the root of the crisis in general practice. These long term problems need to be addressed by all political parties as we head towards this year’s general election.”

## **The future of general practice – UK**

### **Patient events**

Two events were held with patients this week, in Poole and Leeds, to get their views on a number of issues including their priorities for GP services within a context of restricted resources, trade-offs such as between access and continuity, and their attitudes to self-care. The GPC will be producing and promoting a report thereafter which will inform policy to influence an incoming government.

### **GP survey: Make your voice heard about your future**

GPs should have received GPC’s major survey of GPs by email and post.

LMCs are asked to encourage GPs to complete and return the survey, to give the GPC a comprehensive picture of their views and empower us to fight for solutions to the current pressures in general practice, and promote a future based on GPs’ wishes.

GPs who have not received a copy of the survey can request a link to [the electronic version by email](#).

## **£1 billion funding for GP premises - England**

NHS England has announced the bidding process for the first tranche of the £1 billion additional funding for GP premises. A total of £250 million will be available in the first year. GPC understands that of this 75% will be dispersed via improvement grants that practices can apply for in order to upgrade their existing premises. NHS England has indicated it will prioritise projects which enhance access to general practice (including increased appointment and patient contact time) and/or reduce emergency attendance or admission to hospital of over-75s.

In their applications, practices will need to demonstrate how the funding will deliver these objectives. All applications must meet the criteria for improvement grant funding as laid out in the 2013 Premises Cost Directions. To assist practices in accessing the additional funding, GPC will shortly be producing guidance on the application process.

The use of the remaining three years of funding remains under discussion and GPC will seek to ensure that it is utilised in manner that provides the maximum value and support for practices.

## **Doctor in training contract negotiations - UK**

Following the BMA's decision to stall negotiations on both the consultant and doctor in training contracts in October, the government instructed the Doctors' and Dentists' Review Body (DDRB) to compile evidence and offer recommendations on the areas of disagreement.

The BMA, alongside the other relevant parties including NHS Employers, the Department of Health and others, submitted evidence to the DDRB in December. The GPC's GP Trainees Subcommittee contributed to the BMA submission in relation to GP trainee terms and conditions. Further information about the stalling of the negotiations and the full BMA evidence submission can be [read on the BMA website](#).

Evidence from all parties has now been shared by the DDRB and each organisation will be given the opportunity to comment later this month. The DDRB also expects to send supplementary questions in due course. An oral evidence session will be arranged for March before the DDRB publishes its recommendations to the government in July 2015.

## **Patient choice scheme and out of area registration – England only**

From 5 January the new Patient Choice Scheme has allowed GP practices to register new patients who live outside the practice area, without any obligation to provide home visits or out of hours services when the patient is unable to attend their registered practice. The scheme also allows patients who are currently registered with the practice, but move out of the area, to re-register as an out of area patient, and with the practice not having home visiting obligations.

Changes to the GMS Regulations require GP practices to determine whether it is clinically appropriate or practical to accept an application from a patient for out of area registration without the requirement to provide home visits or urgent GP services at their place of residence. NHS England is responsible for procuring urgent GP services and home visiting should the patient need to be seen in their area of residence.

The GPC has a number of concerns about how the scheme will operate and has issued guidance that all practices should read before deciding whether to register patients of area. The guidance [is available on the BMA website](#).

## **Payment of NHS Pension Scheme contribution – England and Wales**

Employers who do not pay NHS Pension contributions on time, may be charged interest at a rate of 4.7% pa and an administration charge of £75.00.

Please see the [employer newsletter](#) for further details and a recommended processing schedule for the remainder of 2014/15.

**If you have any enquiries please email [nhsbsa.pensionsfinance@nhs.net](mailto:nhsbsa.pensionsfinance@nhs.net) in the first instance.**

## **New course dates for 2015: employment law for GP partners and practice managers**

Keeping track of employment legislation, best practice and other human resources issues can be a headache. You cannot be an expert on all the issues, but it is important to understand the principles of employment legislation to ensure a good working environment and avoid a legal challenge.

This series of courses is designed to help you develop skills in the practical management of people. Suitable for GP partners or practice managers, the courses will help you to get the best from your team.

Previous attendees said:

- Excellent content, with useful all-round advice and scenarios
- Very engaging presenter: able to convey a huge amount of information in an enthusiastic and interesting way
- Very informative and enjoyable course – lots of insight on day to day issues

**Introduction to employment law**

Introducing the basics of employment law, the course will help you get to grips with relevant legislation, recruitment and selection processes, changing and terminating contracts of employment.

[Find out more and book your place online.](#)

**Managing absence and performance**

Giving practical advice and detailed strategies for dealing with absence and performance issues, this course will help you treat staff fairly and consistently and ensure high levels of engagement and morale.

[Find out more and book your place online.](#)

**Managing disciplinary and dismissal**

Facing staff conduct and performance issues can be difficult and this course is designed to help you manage these in the right way. Understanding and using the disciplinary procedure effectively will help you treat staff appropriately and avoid legal challenges.

[Find out more and book your place online.](#)

Courses take place in venues around England and reduced registration fees are available for BMA members and their staff.

Please contact BMA conferences with any queries on 020 7383 6605 or by email at [confunit@bma.org.uk](mailto:confunit@bma.org.uk).

**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 19 February 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 10 February 2015. It would be helpful if items could be emailed to Nadia Kalam at [nkalam@bma.org.uk](mailto:nkalam@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