

**Friday 20 November 2015**

**Issue 4**

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## GPC meeting

The GPC held its meeting on Thursday 19 November and this newsletter provides a summary of the main items discussed.

## Special conference

Yesterday the GPC voted overwhelmingly in favour of holding a special conference.

Further to the discussion on the LMC listserver, we have received calls from a number of LMCs to hold a special conference. Although we had not received the requisite number of calls from LMCs as of yesterday, the GPC felt strongly that the arguments presented by LMCs thus far provided a compelling case to hold this event at a critical time for general practice. We thank LMCs for responding to the concerns of their constituents in this way, and the GPC views a special conference as a vital opportunity to draw attention at a wide and highest level to the parlous state of general practice. It equally will allow us to be solutions focused and build on our work *Responsive, Safe and Sustainable*.



Arrangements are urgently being made for this special conference to be held early in the year and we will let you know the date, venue and other details as soon as possible.

## **Junior doctors' industrial action**

Junior doctors have overwhelmingly voted in favour of taking industrial action after the government's threat to impose a new junior doctor contract in England from August next year.

Following a ballot of more than 37,000 junior doctors in England, more than 99 per cent have voted in favour of industrial action short of a strike, and 98 per cent for full strike action, with a turnout of over 76 per cent.

Even now and with such a resounding mandate, the BMA is keen to avert the need for industrial action and have therefore approached ACAS to offer conciliatory talks with the health secretary and NHS Employers to clarify the conflicting information coming from government over the past weeks.

Action is planned as follows:

Day 1 - 8am, Tuesday 1 December to 8am, Wednesday 2 December 2015: Emergency Care only

Day 2 - Tuesday 8 December 2015 and Day 3 - Wednesday 16 December 2015: Full withdrawal of all junior doctors' labour, 8am to 5pm

We have published [guidance to GP practices](#) on what the action would mean for them.

Yesterday the GPC carried the following motion of support:

"The GPC applauds the junior doctors for the overwhelming mandate they have given their leaders to fight for a safe and fair contract, to maintain the future workforce and keep patients safe."

## **Negotiations for 2016/17**

Negotiations with NHS Employers on changes to the 2016/17 GP contract are still ongoing and cannot be completed until after the Comprehensive Spending Review at the end of November. The committee discussed its own objectives and priorities for 2016/17 and considered proposals made by NHS Employers. These remain confidential at this stage. GPC will discuss negotiations again at its meeting in December.

## **New models of care and GP contracting**

The committee discussed potential developments in GP contracting under new models of care. A Focus On guidance document for LMCs – particularly those in areas considering implementing new models of care is [available on the BMA website](#).

## **CQC fees consultation - England**

The CQC has published a consultation seeking views on two options for the timetable to move to a position where they will recover full chargeable costs from GP practices:

- recovery over two years between 2016 and 2018
- recovery over four years between 2016 and 2020.

Unfortunately there is no consultation on the level of the fee increases proposed, which are significant, merely on whether these should be brought in over two or four years as above.

The consultation documents and webform are now [live on the CQC website](#).

GPC will be responding to this consultation despite its limited remit and will express our considerable concerns about the impact it will have on GP practices already facing significant cost pressures.

## CQC registration requirements for GP federations - England

Earlier this year the Care Quality Commission (CQC) published guidance on CQC registration requirements for GP practices working together as part of federations. This guidance has recently been [updated with more information](#).

The guidance will help groups of registered providers who wish to form a federation to understand their duties in regard to CQC registration. The guidance summarises the issues that federations should consider and provides case studies to illustrate different registration scenarios. CQC National GP advisor Nigel Sparrow has also [discussed what the guidance means in a new mythbuster](#).

## CQC information security review - England

CQC has informed GPC of a small number of GP practice visits taking place during November, as part of a review of NHS organisations and their handling of confidential patient information. The CQC has been asked to undertake this review by the Secretary of State for Health.

A randomly selected sample of 15 GP practices in England have received a letter from CQC with details of their forthcoming visit. Practices can decline to participate if they wish. The practice will be visited by the Health and Social Care Information Centre (HSCIC) on behalf of CQC for a day, before the end of November. The HSCIC will be talking to staff, reviewing documentation and systems, and, where appropriate, reviewing relevant documentary evidence referenced within the most recently submitted Information Governance Toolkit assessment. Visits are also being undertaken at dental practices and NHS acute trusts.

The CQC has confirmed these visits will not lead to a rating, but will gather evidence on the current status of information security in NHS organisations. CQC will be publishing a report in January 2016 - the report will not attribute any findings to individual organisations.

LMCs can contact [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk) with any queries.

## Christmas and New Year opening hours - England

NHS England have issued the following to regional teams:

[Template Letter for GP Practices Regarding Christmas and New Year 2015](#)

FAO: Heads of Primary Care

Please find via the following link a standard letter regarding NHS England's expectations of general practice availability over the Xmas and New Year period.

It is designed for you to adapt locally and sign before forwarding to GP Practices in levels 1 and 2 co-commissioning CCGs only ie those from whom you directly commission PC services. A copy of this template will be added to the CCG bulletin for information and for level 3 CCGs to use or not as part of their planning arrangements.

In terms of monitoring, the System Resilience Groups (SRGs) will be required to provide assurance therefore please can you ensure that you send a copy to the chairs of your SRGs for information. A separate communication will be going to the SRGs regarding their responsibilities.

The GPC guidance [from previous years is still available on the website](#) and should be read in conjunction with the NHS England letter.

The CQC has also [issued a mythbuster on opening hours that is worth reading](#).

## Intelligent General Practice Reporting Tool (iGPR)

The GPC's IT Subcommittee has received a number of queries from LMCs about the iGPR tool which allows practices to respond to requests for patient health information electronically. The tool has been produced by Niche Health and is available to EMIS, INPS Vision and TPP SystemOne practices.

The iGPR provides an electronic process for practices to provide patient information to requesting third parties, such as insurers and solicitors. Requests can include Subject Access Requests (SARs) and GP Reports (GPRs). There are other systems that provide similar functionality.

LMCs have sought advice for practices on the use of this tool. The Joint GPC/RCGP IT is unable to 'approve' or 'endorse' third party software products, but is able to provide the following generic advice.

Firstly, with regard to any SAR from an insurer, practices should read the [BMA guidance](#) on how to manage SARs for insurance purposes. The guidance was issued following a review by the Information Commissioner's Office and advises practices to contact the patient where a SAR from an insurance company is received, rather than sending the full medical record direct to the insurer. A template letter is included in the guidance, which asks the patient to choose between receiving the medical record themselves (so they can decide whether to send this onto the insurance company), or to ask their insurer to seek a GP report from the practice.

It should also be noted that when a SAR is produced, the Data Protection Act (DPA) requires certain types of data to be redacted. Any additional redaction offered by any reporting tool over and above the legally required redaction would, in the JGPITC's view, mean that the resulting report no longer constitutes a SAR.

Where practices wish to use these tools for purposes other than an insurance company SAR, this is a matter for individual practices to decide.

Separately, practices have asked for advice on electronic patient consent, and the legal position is that electronic patient consent is acceptable. However, where there is any doubt that the patient has consented to the report, practices should check with the patient.

Please note there is no requirement for practices to use these reporting tools, and it is for practices to decide whether they receive requests through them (rejecting these requests should prompt the third party to request the information by alternative means) or whether to deactivate the tool.

## GP electronic annual practice declaration (eDec) - England

NHS England has written to practices to confirm the 2015/16 GP electronic annual practice declaration (eDec) will be open for submissions from Wednesday 4 November to **Wednesday 16 December 2015**. Practices are required to submit their eDec electronically through the primary care website: [www.primarycare.nhs.uk](http://www.primarycare.nhs.uk)

GPC provided comments on the draft eDec to help minimise the burden on practices. 82% of the declaration has been prepopulated with responses provide from last year's collection and the remainder are new questions. A number of questions within the eDec are marked as voluntary, and, although NHS England encourages practices to complete all questions, practices can leave the voluntary questions blank if preferred.

Completion of the eDec is an NHS England requirement under the Assurance Framework for Primary Medical Services. GPC recommends practices complete the eDec by the deadline.

Practices should contact their NHS England regional team with any technical difficulties accessing or using the eDec.

## Collaborative arrangements - England

There is currently some confusion amongst GPs, local authorities, regional teams and CCGs as to who is now responsible for payment to GPs for work that falls under the term collaborative arrangements (including Mental Health Act and child protection work).

Following pressure from the BMA's General Practitioners and Professional Fees Committees, NHS England has now confirmed that regional teams, pending the development of more consistent future arrangements, have been told to maintain any arrangements for collaborative fees that were previously managed by PCTs. Where it is clear that PCT funding for collaborative arrangements was included in CCGs' budgets, it will be for CCGs to manage the payments, but otherwise this is a matter for regional teams pending the development of a longer term solution.

GPC would like to learn more about the situation in England and will be contacting LMCs shortly to find out how collaborative arrangements are being dealt with locally.

## 1995 NHS Pension Scheme - Final Pay Controls - England

Practices may be aware that final pay controls were introduced this year for those in the 1995 NHS Pension Scheme. As a result of these controls, a penalty may be applied to an NHS Employing Authority, including GP practices, where a scheme member is awarded an increase to pensionable pay which exceeds CPI plus 4.5% and where this increase will be included in the calculation of the best of the last three years pensionable earnings increase. [Guidance and working examples can be found on the BMA website.](#)

## Primary Care Infrastructure Fund Survey - England

The GPC has been raising concerns with NHS England over the running of the £1 billion Primary Care Infrastructure Fund (recently renamed the Primary Care Transformation Fund), announced in the 2014 Autumn Statement. As part of this we are conducting a survey of practices who submitted bids for funding to assess how well the programme has been running and what progress has been made on approved projects.

The survey can be accessed via: <https://www.surveymonkey.com/r/PCIF>. Please encourage affected practices to complete.

## Patient objection data - England

Practices in England have received a communication from the Health and Social Care Information Centre (HSCIC) about the collection of patient objection data. **GPC strongly recommends that practices participate in this collection** to allow the HSCIC to uphold patient objections to their data being shared.

Patients are able to register objections with their practice to prevent their identifiable data being released outside the practice for purposes beyond their direct care (known as a Type 1 objection), or to prevent their identifiable data from any health and social care setting being released by the HSCIC for purposes beyond their direct care (known as a Type 2 objection).

The HSCIC will be collecting the following data:

- for patients with a Type 2 objection (or a withdrawn Type 2 objection), the NHS Number, objection code(s) and code date will be extracted. The collection of patient identifiable data (NHS Number) is necessary to allow the HSCIC to uphold these objections. The data will be used internally by the HSCIC and will not be published or released
- aggregate data on the number of Type 1 and Type 2 objections. This will allow the HSCIC to monitor the rate of objections.

The legal basis for the collection of this data is the issuing of directions under section 259 of the Health and Social Care Act 2012.

Practices will have received an offer from the HSCIC, available from 21 October, to participate in the collection called **'Patient Objections Management'** within the Calculating Quality Reporting Service. The deadline for participation has not been specified, but practices have been asked to participate as soon as possible ahead of the first extract. Extractions will run monthly from December 2015.

Queries on how to participate should be directed to the HSCIC contact centre via [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk) with 'Patient Objections Management data collection' in the subject line, or by calling 0300 303 5678.

## Childhood flu vaccine shortages update - England

Due to shortages of the childhood flu vaccine Fluenz, Public Health England and MHRA have agreed that practices can instead use the US labelled FluMist® Quadrivalent, which is fully licensed for use in the UK.

[Public Health England has published FAQs](#), which explain about the batch expiry date, includes a link to a [template PGD](#), and how to record it on the clinical system (either as 'Influenza vaccine (Live attenuated)' or 'Fluenz Tetra').

Public Health England has also produced separate [guidance on cold chain failures](#).

Further information is available in the special edition of [Vaccine Update, Live attenuated influenza vaccine \(LAIV\) for the UK childhood flu programme](#)

## Patient registration – England only

GPC has published updated guidance on patient registration, [which is available on the BMA website](#).

This guidance aims to clarify the conditions surrounding patient registration in GP practices. The key point to remember is that anyone, regardless of nationality and residential status may register and consult with a GP without charge.

The advice applies to GP primary care services in England only.

## Self care week

The BMA supports self care for patients and have published [guidance, FAQs and a blog](#) to highlight the importance of self care, to coincide with this week's national self care week in England. The guidance provides some easy tips for patient on how best to self care such as:

1. colds, flu and most sore throats do not need antibiotics and can be treated at home
2. order repeat prescriptions and book your flu jab in good time
3. get advice from your pharmacist
4. check online for information and advice.

The Patient Liaison Group (PLG) has published self care FAQs for patients and a blog from the PLG chair. Further advice and resources for practices are available on the [Self Care Forum website](#).

## Sessional GP e-newsletter

The November edition of the sessional GP e-newsletter was sent out last week and [is available on the BMA website](#).

It features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one from Dr Mark Selman on How to handle patient complaints. There is also revalidation advice from the GMC and top tips for preventing a bad day.

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.

## GPC guidance notes – update

The following guidance notes have been recently issued by the GPC and are available on the BMA website:

- [Focus on local implementation of new models of care](#)
- [Focus on phasing out seniority payments](#)
- [Guidance and FAQs on out of area registrations](#)
- [Guidance on Patient registration for GP practices](#)
- [Guidance on subject access requests for insurance purposes](#)
- [Principles for sharing local electronic patient records for direct patient care](#)

## LMC observers at GPC meetings

LMC observers are welcome to attend GPC UK meetings. If your LMC would be interested in sending an observer to a GPC meeting, please contact [hseior@bma.org.uk](mailto:hseior@bma.org.uk) and we will try to find a suitable date. Please note that a maximum of three LMC observers may attend any one meeting (there are already three attending the December meeting).

Please also note that all travel and other expenses for LMC observers must be met by the relevant LMC.

The meeting dates for 2015/16 are as follows. Meetings begin at 10am and usually finish by 5pm (where subcommittees are held, GPC meetings will finish at 1pm).

- 17 December 2015, BMA House
- 21 January 2016, regional meetings – locations to be confirmed
- 18 February 2016, BMA House (subcommittees in the afternoon)
- 17 March 2016, BMA House
- 21 April 2016, BMA House
- 16 June 2016, BMA House (subcommittees in the afternoon)

Meetings are held at BMA House, Tavistock Square, London WC1H 9JP (except for the January meeting – see above).

## LMC Secretaries Conference 2015

The 2015 LMC Secretaries Conference will be held on **Wednesday 16 December** at BMA House, Tavistock Square, London. The day will include morning and afternoon workshop sessions and a question and answer session with the GPC Executive Team. The final agenda will be sent out next week.

## LMC access to the BMA website

It has been drawn to our attention that some LMCs may be having difficulty 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 you 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.

## Support available from the Royal Medical Benevolent Fund

The Royal Medical Benevolent Fund, the charity for doctors, medical students and their families, has just released its [Annual Review](#). In 2014-15 the RMBF helped 212 beneficiaries with financial support, nearly 50% of whom were GPs or GP trainees. The charity has been helping doctors and their families for nearly 180 years, giving support through times of adversity and hardship which may have been caused, for example, by personal tragedy, financial problems, ill health or an accident. Reaching the doctors who are most in need continues to be both a top priority and a challenge for the charity. You can contact the RMBF if you are in need of financial support or if you know of a colleague who may need help – please visit the [RMBF website](#).

## 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 December 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 December 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