

**Friday 18 December 2015**

**Issue 5**

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## GPC meeting

The GPC held its meeting on Thursday 17 December and this newsletter provides a summary of the main items discussed.

## Contract negotiations for 2016/17 - England

Contract negotiations for 2016/17 are ongoing but parties are aiming to reach agreement in January. These negotiations are running behind the usual timetable as a result of the comprehensive spending review in November. We will do our best to ensure that LMCs and GPs are informed of changes as soon as possible in the New Year.

Wider discussions with NHS England are underway on proposals for alternative contractual arrangements for GPs working together at scale. These proposals are not subject to national negotiation, but the GPC is committed to influencing the development of these proposals to preserve the essential elements of general practice and a national offer to patients. The LMC secretaries’ conference earlier this week heard several presentations about new models of care. We urge LMCs to keep the GPC and BMA informed of local developments, particularly where proposals for new models of care look likely to affect GP contracting and employment.



## Maternity locum reimbursement - England

After many frustrating months of asking, NHS England has now sent a clear communication out to local teams that the maximum period of non-discretionary locum reimbursement for GPs on maternity leave is 26 weeks. We hope that this will stop local teams' attempts to limit reimbursement to 20 weeks. Please inform the GPC if this continues to happen so we can notify NHS England.

## GMS contract Scotland

Following an intense period of negotiation the Scottish GP Committee and Scottish Government reached agreement on changes for introduction from 1 April 2016.

This agreement, which includes the end of QOF, the creation of GP clusters and the beginnings of new arrangements for quality demonstrates the direction of travel for the Scottish GP contract.

[Full details of the agreement are available on the BMA website.](#)

## CQC

The GPC carried a motion both expressing no confidence in and calling for the resignation of CQC chief inspector of general practice, Steve Field, for making unjustified comments undermining the role of the profession.

Professor Field was reported by The Daily Mail as saying general practice had 'failed' as a profession. He had also been reported as saying he was ashamed by the poor standards of care being delivered by some GP surgeries.

## Avoiding unplanned admissions and care plan reviews – England

A number of LMCs and practices have raised the issue of care plan review timescales under the Avoiding Unplanned Admissions (AUA) enhanced service. The specification for this service states that patients who remain on the case management register from the previous year will need to have at least one care plan review during 2015/16. Elsewhere in the guidance the timeframe for reviews is stated as within the last 12 months. We understand a number of practices have been penalised due to this ambiguity, having planned to complete care plan reviews during the course of 2015/16.

GPC has formally raised this issue with NHS England on the basis that it is unacceptable for practices to be denied payment due to a discrepancy within the guidance. Practices have incurred significant work in implementing this enhanced service, acting in good faith in their interpretation of the specification. We have urged NHS England to take swift action in this matter and we will update LMCs in due course.

## Fit note data extraction and publication – important information for practices – England

Practices have received a communication from the Health and Social Care Information Centre (HSCIC) on the extraction and publication of fit note data. The extraction is intended to allow the Department for Work and Pensions (DWP) to collect data on fit note usage to inform policy development and evaluate the Fit for Work service.

The data being collected will be fully anonymised and will include:

- The number of computer-generated fit notes issued;
- The number of patients recorded as 'unfit' or 'maybe fit' for work;
- Fit note duration;
- Gender;
- Health condition type aggregated to high-level diagnosis code;
- Location, including CCG area;
- Whether workplace adaptations were recommended.

The Joint GP IT Committee of the BMA and RCGP (JGPITC) was consulted on this data collection and has taken steps to reduce the burden on practices and clarify the legal position.

The legal basis for the collection of this data is the issuing of Directions under section 259 of the Health and Social Care Act, and as such it is recommended that practices comply with this legal requirement.

There is also a legal requirement under the Data Protection Act (DPA) for practices to inform patients of the extract through fair processing. The DWP has recommended practices provide a brief overarching statement for patients, for example, on the practice website or notice board. The statement should include links to further information for patients seeking more detail. The template statement, plus links, are available within the briefing pack sent out to all practices. Practices may also wish to inform patients in person when attending the practice for a fit note.

Please note that data will not be extracted for those patients with a Type 1 objection recorded i.e. those who have objected to their identifiable data from leaving the practice for purposes beyond their direct care. These objections will be respected, even though the extract does not include any patient identifiable data.

Data will be collected in February 2016 (to include fit notes issued from December 2014) and published from spring 2016. Aggregated data will be published on the HSCIC website at CCG level and above.

Further information for practices [is available online](#).

## **Men ACWY for freshers (missed cohort) - updated FAQ – England**

NHS Employers' FAQ in relation to the missed cohort of Men ACWY vaccination for freshers has been updated to accommodate those who left school but may be older than 17 or 18 but do not fall in to the freshers programme. This is to ensure practices are remunerated for vaccinating these patients.

The updated FAQ reads as follows:

**Q: What about teenagers and young adults who left school in the last term of the 2015/16 school year and may be going to university in autumn 2015 but do not meet the age criteria for the two MenACWY programmes?**

A: Children who finished school year 13 in August 2015, but are either younger or older than the normal age and are therefore outside the cohorts defined in the specification, are expected to be at similar risk to their peers. As these patients fall outside of the eligible cohorts defined by the NHS England service specifications, they would not be covered by the automated data collections. Where these children self-present for vaccination, practices should discuss the vaccination of these patients with their commissioner on a case-by-case basis. In line with established procedures, where the practice and commissioner agree to the amendment the commissioner will adjust the practice achievement.

In the spirit of the agreement, we would expect these practices to be remunerated for vaccinating these patients

All of NHS Employers' FAQs on vaccinations and immunisations are available [on the NHS Employers website](#).

## **Expiry date of FluMist nasal vaccine - England**

This year the FluMist® Quadrivalent vaccine is available as well as Fluenz Tetra® vaccine, due to a shortage of Fluenz Tetra. However, practices need to be aware that the expiry date of the FluMist vaccine is **24 February 2016**, and should not be used thereafter. The following information was included in the [PHE vaccine update](#) (no. 237):

### **When does the FluMist nasal vaccine expire?**

To ensure timely supply, changes in the supply schedule were required. This has resulted in a mismatch between the actual expiry date and that printed on the packaging and labelling. The two batches of FluMist quadrivalent being supplied (FL2113 & FL2118) must not be used after the 24 February 2016. This does not affect the safety, quality or efficacy of the batches. In agreement with the MHRA, a pre-planned withdrawal of any unused stock of FluMist quadrivalent will begin on the 25 January 2016. This will help ensure that no time-expired vaccine remains in circulation. AstraZeneca's logistics provider, Movianto, will contact you to arrange collection. Please quarantine any unused FluMist quadrivalent ahead of 24 February 2016. This should avoid accidental administration prior to collection.

Batches of UK labelled Fluenz Tetra will not be subject to the withdrawal and may be used up to the expiry date stated on the carton and nasal applicator.

## Cessation of national supply of paracetamol sachets for the MenB immunisation programme - England

Public Health England (PHE) has informed us that as the temporary supplies of paracetamol sachets, to be given after the doses of the Men B vaccinations for infants have been given, have been fully distributed, the central supply of paracetamol sachets is being phased out. The [updated patient leaflets](#) make it clear that parents will need to make arrangements to have infant paracetamol at home in time for their baby's first immunisation appointment, and will be available to order in paper copy from late December through the [DH Orderline](#), to be handed out at the time of the vaccination. The full briefing which has gone out to PHE immunisations teams is attached for information.

## Antimicrobial resistance - e-learning package - England

As part of the five year antimicrobial resistance strategy, Health Education England has produced an e-learning package to help healthcare staff understand the threats posed by antimicrobial resistance.

<http://www.e-lfh.org.uk/programmes/antimicrobial-resistance/> (select the open access session)

The updated [Health & Social Care Act Code of Practice](#) now contains 'Antimicrobial stewardship' (AMS), defined as 'an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness' and recommends:

*3.6 Providers should ensure that all prescribers receive induction and training in prudent antimicrobial use and are familiar with the antimicrobial resistance and stewardship competencies.*

The [NICE AMS systems and processes guideline](#) also recommends:

*1.1.10 Consider using the following antimicrobial stewardship interventions:*

- *education-based programmes for health and social care practitioners, (for example, academic detailing, clinical education or educational outreach).*

## MDU medico-legal advice

The MDU has advised that it wishes to dispel the myth that MDU members could be disadvantaged if they contact their 24 hour medico-legal advice service. One of the MDU's core services is to provide expert medico-legal advice to members and they positively encourage members to call for advice at any time; whether pre-emptively when they need guidance on how to approach a potential matter, or when something has gone wrong. The MDU receive over 30,000 calls from members to its advice-line every year helping members to avoid potential problems and to mitigate the position if a problem has arisen. The MDU very positively encourages members to contact it whenever they need it's input.

Contact details are:

UK 0800 716 646

Ireland – 1800 535 935

Fax (UK) 020 7202 1662

Email: [advistory@themdu.com](mailto:advistory@themdu.com)

Website: <http://www.themdu.com/about-mdu/contact-us>

## Scottish rate of income tax for taxpayers and agents

HMRC has issued the following new advice to taxpayers and agents ahead of the introduction of the Scottish Rate of Income Tax (SRIT) on 6 April, 2016.

The Scottish Government will announce the SRIT on 16 December, 2015 in the Scottish Budget. This week, Scottish residents will begin receiving letters advising them of the change and assuring taxpayers that they do not need to take any further action if their address details are correct. Action need only be taken if the taxpayer disputes their residency status.

The letters will refer any queries to the GOV.UK website and there will be no dedicated telephone contact point. HMRC has also set out a number of points agents need to know when advising clients:

- Scottish taxpayers will have a tax code prefixed by an 'S'. Scottish tax codes will be issued as part of the annual coding routines to employers, so the correct rate of income tax can be deducted based on each individual's taxpayer status.
- If any of your clients live in Scotland, their employers must ensure that their payroll software is up to date and able to apply the new 'S' codes.
- If you represent any employers, you should be aware that they will need to apply the new 'S' tax code to all employees identified as being a Scottish taxpayer, even if the rates of income tax in Scotland remain the same as the rest of the UK.
- There will be no change to the way employers report or make payments for income tax to HMRC, other than applying the 'S' tax code to Scottish taxpayer employees.
- HMRC will be responsible for identifying whether someone is a Scottish taxpayer using the address information held on its records.
- HMRC has asked agents to encourage clients to [tell HMRC if their address changes](#), to enable them to correctly identify any Scottish taxpayers and ensure they pay the right amount of tax.
- Officials said tax tables will be updated on [GOV.UK](#) in February 2016 to show the Scottish Rates of Income Tax for basic, additional and higher rate taxpayers.

## Sessional GPs e-newsletter

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

The [Chair's message](#) focuses on the Special LMC Conference.

It also features news and information aimed at supporting sessional GPs, as well as blogs from sessional GPs, including one from newly quailed [Pooja Arora on her experience of getting ill whilst working as a locum](#) one from [Paula Wright on how to use clinical IT systems effectively whilst working as a locum GP](#)

The e-newsletter also highlights useful [Appraisal tips for sessional GPs](#)

It 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 please can you distribute the link as widely as you can.

## Elections to BMA Council – Nominations open 7 January 2016

Nominations open on 7 January 2016 for the election of 18 voting members of the UK council of the British Medical Association to serve for a two year term of office for the sessions 2016-17 and 2017-18. The sessions normally run from June to June. Further details on the activities of council will be available from the website and the details of the election will be advertised in the December editions of the BMJ.

Candidates must be current members of the BMA and nominations must be made via the following weblink [www.votebyinternet.com/bmanoms2016](http://www.votebyinternet.com/bmanoms2016). The link will be open from 7 January 2016. The deadline for completed nominations is 4pm Friday 5 February 2016. Further information is available in the pdf attached.

## 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 [hsenior@bma.org.uk](mailto:hsenior@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.

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).

- 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 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.

## **BMA staff restructure**

A major restructuring of BMA staff is underway as part of the BMA transformation programme to build a better BMA. For the policy directorate, of which the GPC secretariat is a part, the changes will come into effect in January.

Rather than being organised by branch of practice as at present, the new structure will be organised by function: public health and healthcare delivery; terms and conditions; professionalism and guidance; and committee services. The new structure will enable staff to focus on:

- developing centres of expertise, focused on business planning, strategy and proactively advising committees on current and future needs of members;
- and providing support to committees, enabling them to work dynamically and with agility.

The Senior Policy Executives, Executive Officers and administrative staff from the GPC secretariat team have been slotted in within the new structure, and, while there will be some changes in remit, they will largely be carrying on with the areas for which they are responsible at present.

With regard to the rest of the team, Chris Finlan and Gail Norcliffe are taking on a temporary basis one of the new heads of function jobs - head of committee services - and will be here until the end of May. The two GPC committee secretaries, Fleur Nielsen and Joe Read, are both leaving the BMA this week to take up jobs with other organisations and we wish them both every success.

All staff will be working hard to help ensure continuity and a smooth transition to the new arrangements. Early in the New Year, we will be in touch to advise LMCs of contact details. In the meantime, queries should be addressed to your usual contacts or to [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)

## **Support available from the Royal Medical Benevolent Fund**

The Royal Medical Benevolent Fund, the charity for doctors, medical students and their families, has recently 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).



## **Season's greetings**

On behalf of the GPC secretariat, we wish you all a joyful and restful Christmas and a happy 2016.

The GPC next meets on 18 February 2016 and is piloting regional GPC / LMC meetings on 21 January 2016, 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 9 February 2016. 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