

Appendix 1

EXECUTIVE AND POLICY LEAD UPDATE – September 2019

GP Trainees Committee – Sandesh Gulhane and Lynn Hryhorskyj

Elections

The Elections for the GP trainees Committee will conclude at their first meeting of the session that will be held on 17th October 2019.

Lynn Hryhorskyj and Sandesh Gulhane have been elected unopposed as Co-Chairs for the Committee. The results from the remainder of the elections will be shared on 18th October to ensure that GPC UK are aware.

Junior doctor contract agreement

On 29 May, the BMA's Junior Doctors' Committee, NHS Employers, and the Department of Health and Social Care completed negotiations for the 2018 review of the 2016 Terms and Conditions of Service for Doctors and Dentists in Training in England. On 7 June, JDC met and voted to endorse the final deal. The GP trainees subcommittee had met the previous week and agreed to support endorsement at JDC. The final deal was then put to members, with a referendum running from 14-25 June. Members eligible to vote were those training in England, and final and penultimate year medical school students with training posts secured in England. The result of the referendum was received on 26 June; members voted overwhelmingly in favour of accepting the negotiated contract improvements – accepting an investment in terms and conditions of £90m over four years and a two per cent pay uplift each year. Nearly 30 per cent of members eligible to vote returned their verdict, with 82 per cent voting to accept the contractual improvements. The membership's decision was ratified by JDC on 2 July, formally ending the four-year dispute with employers and government, and marking the resumption of collective bargaining.

The GP trainees Committee has welcomed the deal that the BMA agreed with NHS Employers and the Department of Health and Social Care that brings a £90 million investment for junior doctors over the next four years. The deal included improved GP trainee mileage and confirmed supernumerary status, improvements in rest and safety entitlements, exception reporting for all ARCP/portfolio requirements. The terms and conditions of service are explicit to ensure that study leave is not used by employers for statutory and mandatory training that is a requirement to work in that trust or departmental setting. By doing this, study leave will remain preserved for training or other opportunities that are required to progress through the postgraduate training programme of the specific curriculum that the doctor is enrolled in. The GP trainees committee will be feeding into GP working group that is being established as part of the agreement.

An updated version of the 2016 terms and conditions of service was recently published which incorporates the provisions that went live in August as per the implementation timetable. This will be superseded by an updated version which incorporates the rest of the changes outlined from October 2019 onward as contained in the implementation timetable.

3-year training

The GP trainees committee is committed to the current BMA position of supporting 3-year training over our previous position of wanting 4-year training. We want to end the current service provision hospital rotation and create real targeted training opportunities that have GP at its core and prepare trainees for working within primary care.

Consistent OOH arrangements for GP trainees

A key priority for the Committee is to continue to lobby the Committee of General Practice Education Directors (COGPED) and relevant national organisations about the need for consistent out of Hours (OOH) arrangements for GP trainees across the UK. Work in the next session will focus on engaging with the COGPED review on this issue and develop Guidance on OOH working and safety (fatigue charter).

RCGP exam fees

The Committee continue to work with RCGP to develop communications to trainees about how exam and membership fees are spent.

E-portfolio

The Committee continue to lobby on ePortfolio changes and ask for reassurances on the transparency and effectiveness of the changes being taken forward.

Sessional GP Committee – Ben Molyneux

Executive team

The first meeting of the session was held on 3rd July 2019. At this meeting Ben Molyneux was elected as Chair and Matt Mayer as Deputy Chair of the Sessional GP Committee. They are joined on the executive team by Sarah Westerbeek and Nicola Kemp.

Sessional GP representation

The subcommittee has continued to discuss sessional GP representation within BMA and GPC structures. Recommendations from the representation policy group to improve sessional GP representation have been considered and feedback has been provided to the representation policy lead.

Pensions

Krishan Aggarwal has continued to work with the BMA pensions department on pension related issues affecting sessional GPs and has continued to have regular meetings with PCSE, NHS England and NHS Pensions. Sarah Westerbeek will be working with Krishan to take this work forward and increase our capacity.

Annualisation

Regulations that came into effect on 1 April 2019 to the 2015 NHS Pension Scheme removed the one-month concession around gaps in pensionable earnings for Type 1 and Type 2 GPs and removed the three-month concession for locum GPs. The regulations affect those members of the pension scheme who may have taken breaks within the pension year and may have to tier their pension contributions at a higher rate based on their annualised earnings, rather than their actual earnings. This affects almost all locum GPs and any salaried or partner who changes contractual status within the financial year.

The sessional subcommittee has been working with BMA Pensions and an external legal team to raise a potential legal challenge based on the discriminatory impact of annualisation on certain groups of doctors. GP locums are particularly disadvantaged by the regulations. At the same time, the subcommittee is seeking further clarification from NHS Pensions on how the new regulations are being interpreted and applied, so that new guidance can be released to support sessional GP members.

Work on the potential legal challenge was suspended while BMA lobbied for wider pension reforms ahead of the now-published consultation from the Government on pensions. Although the BMA highlighted annualisation as part of the wider lobbying work on pensions the consultation made no mention of this issue. As a result, a decision has been taken to continue with the planned legal challenge.

Separately the secretariat will be preparing a user-friendly short briefing on annualisation that will be shared with the BMA Pensions Committee as well as for use in BMA lobbying and campaigning work on this issue. In addition the secretariat will work with the BMA pensions team to update resources and information on pensions for sessional and locum GPs on the BMA website.

Death in service benefits

The Committee continue to work with BMA Pensions and the legal team on this workstream. The BMA has commenced proceedings in the High Court to challenge the Pensions Ombudsman's interpretation of the NHS Pension Scheme Regulations and is seeking clarity of the exact meaning of 'in pensionable employment' as it applies to Locum GPs who die in service. The BMA applied for permission to appeal on 27 February and awaits the Court's decision.

Model contract for GPs working in non-standard settings

Following the motion passed at the LMC conference in Belfast recognising the plurality of the roles taken up by GPs across the UK, the committee is exploring the provision of employment guidance and terms and conditions to support GPs working in non-standard settings, in both clinical and non-clinical roles. The Pay and Conditions team are producing web based resources on this to help sessional GPs.

IR35

IR35 is an anti-tax avoidance measure introduced by the Government. The purpose is to prevent workers from avoiding paying employee income tax and NICs (national insurance contributions) by supplying their services through an intermediary (usually a 'personal service company') and paying themselves dividends rather than as employees. The rules apply across the UK.

The IR35 rules have to date required the intermediary to establish the nature of the relationship between the locum and the practice. Where an employment contract would have existed between the locum and the practice in the absence of the intermediary, the intermediary has had an obligation to pay the locum as if an employee net of tax and NIC. Under the new rules, the responsibility for determining whether IR35 is applicable has shifted from the intermediary to the public sector body (or recruitment agency, if it uses one to engage the locum).

This means that public sector bodies – including GMS and PMS practices – and agencies are now responsible for deducting tax and NIC from any payments made to the intermediary supplying a locum, where they deem IR35 applies. The sessionals executive team are working with the GPC executive team lead and the pay and conditions team to lobby on this area. Briefing materials will be prepared for BMA FPC and member relations staff to help deal with individual member queries.

Shared parental leave

The sessional committee has proposed that enhanced shared parental leave, above the statutory entitlements, which has been secured by junior doctors in England, is incorporated in to future GP contract negotiations. The GPC executive team will continue to raise this issue with NHS Employers in order to secure agreement and funding that practice staff and salaried GPs taking shared parental leave are offered a rate of pay equivalent to the occupational rate for maternity leave.

Sessional GPs and Primary Care Network

The committee has been exploring the implications and the opportunities for engagement for sessional GPs within the newly formed PCNs. A short guidance document has been published to support sessional GPs engagement and representation across PCNs.

Sessional GP Newsletter

The latest issue of the sessional GP newsletter is available [HERE](#). If you don't automatically receive the newsletter, you can subscribe [here](#).

A number of sessional GP Committee members have produced helpful blogs for the newsletter, for example on why sessional GPs should get involved with local medical committees.

Representation – Bruce Hughes

Sessional GP Representation

The formal and final paper is being brought to GPC UK in September's meeting.

Gender Task and Finish group

The Gender task and finish group met on 17th July to review its workplan and begin work to implement the proposals outlined in the paper which was agreed by GPC UK in March.

Multimember Constituencies

Complex work is ongoing.

Policy Leads

The application and appointment process for new Policy Leads is complete and the elections for their Deputies have also been completed

Policy Groups

The Policy Group selection for the 2019/20 GPC session has been completed.

Future of GPC UK

Following the Proposal re this at the March GPC UK meeting the Chairs of the GPCs have requested that the Representation group look at this again. I realise that this is issue is of great interest to many members and therefore we will make strenuous efforts to ensure that all GPC UK members have an opportunity to express their views.

Dispensing policy group – David Bailey

The main issue of note since last meeting in the publication of the first stage consultation on community pharmacy reimbursement by the English government.

There are a number of key concerns about this. The fundamental one is the lack of an impact assessment on dispensing doctors even though the fact of impact is acknowledged in the consultation. Obviously GPC and the DDA are able to respond to the consultation but it is explicit that the second stage of consultation over the detailed adjustments to the drug Tariff to improve cash flow and provide better value for money will be undertaken only with PSNC (the community pharmacy representatives for England).

Given that the drug tariff explicitly is incorporated into the GMS dispensing contract it is wholly unacceptable that the department will not be consulting with dispensing representatives as well. For

years the department has hidden behind the fact of no direct contractual relationship with dispensing doctors as NHS England negotiate the contract and the clawback although obviously changes to the drug tariff directly impact on how much the clawback affects dispensing income.

It's fair to point out that this is not a dispute with colleagues on PSNC who have been engaging with ourselves and DDA on modernising reimbursement and would I believe have no objection to our involvement on DT discussions. We will be making strong representations to the department and NHSE to accede to direct discussions on a matter of fundamental importance to dispensing doctors which we would hope ultimately to lead to a situation where purchase profit was recognised as an integral part of dispensing income as for community pharmacists including action to ensure that in general no medication is ever dispensed at a loss.

A secondary but important issue with regard to the consultation is that the Drug Tariff de facto applies to Wales as well as Welsh government doesn't have the resource to do this work separately and with a million people living on the border a variable tariff would be administratively near impossible. GPC Wales is meeting Community Pharmacy Wales and the Chief Pharmaceutical Officer to discuss the issue as there will equally be an impact on Welsh dispensing doctors and community pharmacists.

Our requirements are quite simple. We will be submitting a response to the consultation as will DDA as some of the proposals may actually be helpful. But it is essential that dispensing doctors are in the room for Drug Tariff discussions and we will urgently be approaching NHSE and the Department of Health to insist that this happens. Headline proposals of the consultation:

The proposals

- Changes to the determination of reimbursement prices of generic medicines in Category A using actual purchase, sales and volume information already obtained in the quarterly collection under the Health Service Products (Provision and Disclosure of Information) Regulations 2018 to set reimbursement prices
- Changes to the distribution of medicine margin added to generic medicines in Category M, adding less medicine margin to those generic medicines for which branded equivalents are available and that are priced below the generic medicine, and as a consequence add more medicine margin on all other Category M medicines
- Changes to the determination of reimbursement prices of branded medicines with multiple suppliers in Category C:
 1. determine the reimbursement price by using the weighted average of the relevant suppliers' list prices as published in the Dictionary of medicines and devices, adjusted for prescribing volume, instead of the supplier's list price, or
 2. determine the reimbursement price using actual sales and volume data from suppliers. This would mean that those medicines would need to be included in the quarterly collection of sales and purchase information from manufacturers and wholesalers
- Inclusion of drugs (other than licensed and unlicensed medicines) with a reimbursement price in Part VIII
 1. drugs that are not medicines but which are to be listed with a reimbursement price in the Drug Tariff, would have their reimbursement price determined by using the weighted average of the relevant suppliers' list prices as published on the Dictionary of medicines and devices, or
 2. drugs that are not medicines but which are to be listed with a reimbursement price in the Drug Tariff, would have their reimbursement price determined using actual sales data from suppliers.
- Changes to the determination of reimbursement prices for non part VIIIA drugs

1. For single source products DHSC would base the non-Part VIII A reimbursement price for prescriptions written generically, on the manufacturer's list price as published on the Dictionary of medicines and devices
 2. For multi-source products for prescriptions written generically, DHSC would base the non Part VIII A reimbursement price on average weighted list prices of suppliers as published on the Dictionary of medicines and devices
 3. For single and multi-source products for prescriptions written by brand the reimbursement price would be the manufacturer's list price on the Dictionary of medicines and devices
- Changes to the arrangements for reimbursing and procuring unlicensed medicines ('specials')
 - Changes to the reimbursement of generically prescribed appliances and drugs dispensed as 'specials'
 - Changes to the deduction scale to reflect different levels of discount for branded and generic medicines

ENABLING PRACTICES TO MANAGE THEIR WORKLOAD IN ORDER TO DELIVER SAFE SERVICES AND EMPOWER PATIENTS AND CAREERS AS PARTNERS IN CARE

Clinical and Prescribing – Preeti Shukla

This is my first report as lead for the clinical and prescribing policy group, since my appointment last month, and I would like to thank Andrew Green, the previous chair, for his support in the handover process, and I am pleased that we will continue on the committee this session as a co-opted member. My thanks also to Tom Yerburch, who has been re-elected as the deputy policy lead.

Since the last report in July, we have attended the **NICE scoping workshop** on their forthcoming guidance on drugs with potential for dependence and withdrawal. NICE are currently consulting on their [guideline on safe prescribing and withdrawal management of prescribed drugs associated with dependence and withdrawal](#), which the BMA support but will not be responding to formally.

There has been a meeting with NICE, NHS England and NHS Digital about NICE indicators looking back at the last couple of years' of **QOF reform** to see what went well and what could be improved.

We have also attended a **measures and indicators group meeting**, with the aim to review GP indicators. It is difficult to blend the needs of Public health with the CQC who need the data for quite different reasons. Looking at the data available there appears to be skewed results in deprived areas, which needs addressing or understanding better before general release. Some proposed measures are not commissioned from practices, such as bowel or breast screening rates.

A meeting of the **low value medicines working group** contained concerning discussions about CCGs being performance-managed on the prescribing in their patch. The work of this group will continue to have impact on GPs' day to day practice and it is important that we keep involved, in particular to maintain pressure to remove from GPs' responsibility prescribing for dressings, appliances and nutritional support.

We have attended DMIRS (Digital Minor Illness Referral Service) reference group meetings, now renamed **Community Pharmacist consultation service**. There are some pilots around the country developing in different ways which need to be watched and the aim is safety for patients with an easy to manage referral system for practices that is a light touch.

We continue to actively contribute to the **Vaccination and Immunisation review group**, which remains in the early stages. The final report will feed into negotiations for consideration once complete.

There have been meetings about the **serious shortage protocol (SSP)**, in terms of Brexit preparedness. The regulations allowing pharmacists to dispense alternatives to the prescribed medication have passed through parliament, and the last meeting looked at the process that would take place for an SSP

We have responded to the **Public Health England's [review on prescribed medicines](#) regarding opioids** Gabapentinoids antidepressants and benzodiazepines. To reduce prescription levels, we need significant investment in support services; this will enable patients and GPs to manage dependencies in the community.

THE RETENTION OF A NATIONAL CORE CONTRACT FOR GENERAL PRACTICE THAT PROVIDES A HIGH-QUALITY SERVICE FOR PATIENTS

Contracts and Regulation – Julius Parker

- Working on providing progress report on 2017 and 2018 Conference motions
- Constructive meetings have taken place with NHS England and also with Roger Kline (author of GMC report on its fitness to practice processes) addressing concerns with professional performance procedures highlighted in conference motions. Further work ongoing
- Consulted on and provided comments on draft new GMS/PMS regs following 2019/20 contract deal; these regulatory amendments are now published
- Made good progress with NHS England on way forward re issues over safeguarding collaborative fees payments – NHS England letter to all CCGs confirming their requirement to fund GP safeguarding work has now been published
- Liaising with RCGP and NHS England re concerns over new guidance on safeguarding training requirements – letter has been written to NHS England expressing concerns
- Invited to participate in review of Gender Identity Clinic Procurement process in relation to the GIC:GP interface
- Further liaison meeting with CQC and RCGP; inter alia discussed feedback from launch of new practice telephone PIC interviews and how processes and practice experience could be improved
- Responded to NHS England consultation on changes to EDec
- Engaging with NHS England and commenting on proposed policy over practice support for list dispersal
- Discussions with NHS England on issues around regulations on removal of patients who have moved out of area
- Continue to explore legal and contractual issues around the expansion of GP at Hand; comments provided to executive team to inform BMA response on NHS England consultation on digital- first primary care
- Finalising work with ETW policy group and sessional subcommittee, with NHS England and RCGP on policy document for performers list status of GPs leaving/wishing to return from abroad.
- Continue to regularly respond and provide advice and guidance on numerous and varied C and R issues raised directly by LMCs and BMA members and via listserver queries

Commissioning and Working at Scale Group – Chandra Kanneganti

Working at scale update

- The new policy lead for the group was appointed in July: Dr Chandra Kanneganti
- The group met informally on 11th July prior to the meeting of GPC England in order to discuss its work plan for the new year.

- The policy lead met with GPC Exec in August to discuss the group's contribution to the BMA's work on Primary Care Networks. It was agreed that the group will continue to act as a forum and a channel to share learning, examples of innovative practices and good case studies, especially regarding the engagement between PCNs and the wider NHS environment.
- The group will also contribute to the preparation of the next PCN Clinical Directors' conference in the new year.

Commissioning and Service Delivery update

- The next meeting of the Primary Care Transformation Oversight Group (formerly the GPFV Oversight Group) is scheduled for 18th September. Mark Sanford Wood will attend on behalf of GPC.

Spending Round 2019

In advance of the 2019 Spending Round - in which budgets for Government departments are set for 2020/21 - we [wrote](#)¹ to the Treasury to set out the areas in the health and social care sector which, we believed, should be prioritised for investment.

On 4 September 2019, the Government set out its departmental spending commitments for 2020/21. These commitments fell significantly short of addressing the priority areas we had identified in our submission to Government.

PREMISES, IT INFRASTRUCTURE AND ADMINISTRATIVE SUPPORT TO ENABLE THE DELIVERY OF QUALITY CARE

Premises and practice finance – Gaurav Gupta

NHS Property services

Following publication of the National Audit Office [report](#) in June which found that NHSPS has no effective way of getting tenants to sign formal rental agreements; the Public Accounts Committee announced an [Investigation into NHSPS](#). On Monday 9th September the committee heard from [senior officials at NHSPS, DHSC and NHSE/ NHS Improvement on how the service is managed and what action can be taken to improve how it manages its tenants](#). The session is available to [view online](#).

The BMA submitted [written evidence](#) to the committee highlighting the significant increases in service charges to GP practices without their agreement; the impact this is having on the profession and [challenging the NAO report finding that too many NHS organisations and GPs perceive rental payments as 'optional'](#). We pointed the committee to the [unsophisticated and heavy-handed approach NHSPS has taken in liaising with practices by outlining some of the examples of incompetence experienced by practices](#).

We were concerned by comments made by NHSPS during the hearing in relation to the BMA's position on GP leases. In response to a question posed by Sir Geoffrey Clifton-Brown, NHSPS responded that they had agreed a template lease with the BMA, which we shared, but subsequently 'retracted' support for. This is not the case. The BMA did and continues to support the principle of lease agreements between NHSPS and practices, and at no time has withdrawn that support. We also continue to host the [lease template letter on our website](#) for GP practices to access. We [have written to the committee to highlight this inaccuracy](#).

¹ <https://www.bma.org.uk/collective-voice/influence/key-negotiations/nhs-funding/2019-spending-round>

The BMA wrote to NHS Property Services in June asking for an urgent response to concerns over the worrying rise in service charges faced by GP practices otherwise we will be forced to consider legal action. BMA lawyers have set out in detail the reasons why it believes NHSPS is acting unlawfully in a letter of claim. If no satisfactory response is received, [the BMA says it intends to take NHSPS to court](#). The BMA are currently engaging in the 'alternative dispute resolution' process proposed by NHSPS's lawyers. We have offered a tight timetable within which to agree a resolution process, failing which we will proceed with the next steps.

BMA guidance is clear that practices should engage with NHSPS, identify areas where there is a dispute and pay undisputed amounts. Practices should not be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable. Practices should be mindful that the BMA are proceeding with legal action to address historical charges and should ensure that in reaching any agreement independently of this they do not put themselves at risk of any future liability or compromise their future position.

Premises Cost Directions

The GPC wrote to Secretary of State for Health Matt Hancock in July and followed this up again in August requesting urgent intervention to progress publication of the PCDs and emphasising that the ongoing delay is having a significant impact on the development of GP premises and frustrating the ambitions set out in the long-term plan. As yet we do not have a date for publication. NHS England is still considering their position on outstanding issues. We are disappointed with any delay in publishing the premises cost directions, but unfortunately, this is outside our control.

Letter to the Prime Minister on practice premises funding

In response to the Government announcement of a £1.8bn funding boost for 20 hospitals across the country, the GPC wrote a joint letter to the Prime Minister in August calling for urgent investment into primary care premises. The letter was co-signed by the RCGP, Patients Association, the National Association of Primary Care and the Family Doctor Association. The BMA press release is available to read [here](#). This was also reported in the [Sunday Express](#), [BBC](#), [Daily Mail](#), [The i](#), [Daily Mirror](#), Financial Times (subscription required), The Telegraph (front page) and [GP Online](#).

Meeting with NHS Improvement

In early August GPC met with senior officials at NHS Improvement to understand how the premises portfolio is managed since merging with NHSE and to receive an update on ETTF spend. We met Simon Corben the Director and Head of Profession NHS Estates and Facilities at NHS Improvement, Jo Fox the Senior Programme Lead for ETTF and Natasha Kerrigan the Director of Strategic Estate Planning. Jo Fox noted that to date there are 1,137 completed ETTF projects and around 730 in development. Some schemes are still going through, but delivery is considerably behind time. Later in the month we met with Martin Rooney a regional Strategic Estate Planning Director at NHS Improvement who was able to outline the process for developing estate strategies and discussed how they might better engage LMCs and PCNs in this.

Premises Review

Following publication of the long-awaited [Premises Policy Review](#) in June, and the disappointing lack of commitment to any funding; the GPC submitted a premises section for the BMA submission in response to the spending round urging the Treasury to allocate vital capital to address the problems facing GP premises and support a clearer vision for practices and the development of Primary Care Networks. Unfortunately, GP premises received no new funding frustrating implementation of the review. Read the BMA response [here](#).

PCN premises requirements for additional workforce

A number of queries have highlighted the issue of practices requiring additional space for Primary Care Network activities. As a Direct Enhanced Service of the GMS contract, Primary Care Networks are an extension of GP practices. The same rules should apply for PCN staff and premises requirements as for GMS.

Any space utilised to provide PCN services should be treated as GMS space and treated similarly for rent reimbursements. If you have any further queries on this issue please contact info.lmcqueries@bma.org.uk

PCSE Task and Finish group – Ian Hume

As you maybe aware, following the PCSE incident whereby 148,000 medical records were incorrectly archived, GPC entered negotiations with NHSE to ensure practices received the necessary support to cover the additional costs of dealing with a problem. Unfortunately, we felt their final offer would not fully compensate practices for the problems created by Capita. Therefore, we have issued a statement to practices that explains they should consider whether to accept this offer or reject it and join the BMA's legal action. Please note that NHSE have yet to communicate their offer to practices and therefore, we are waiting until this is done to proceed with our case.

With regards to the transformation programme, the digital NPL process is due to go live in December. This will mean that all GPs will need to log in to the PCSE web portal in order to make changes to their entry on the PLs going forward. From the new year, NPL3 forms will no longer be processed. We have agreed a process for getting access to the portal using GMC credentials to confirm identity and this has been agreed with the GMC and NHSE following the necessary governance checks. The task and finish group will be actively monitoring the implementation and the GPC office will be involved in the relevant communications to practices. We are exploring the impact this will have on trainees joining the NPL for the first.

The decision to decommission the Exeter system has been agreed, with implementation in May 2020. The task and finish group are looking at all the variables to ensure that this transition is successful.

Information Management and Technology Governance – Anu Rao

GP IT Futures

[GP IT Futures](#), the framework to replace GP System of Choice, has been officially launched. There has been an encouraging interest with three potential new suppliers for core GP clinical systems. The next phase of the program will be detailed discussions between NHS Digital and the suppliers who have expressed interest in joining the programme.

IT Operating Framework

The IT Operating framework for CCGs and commissioners has been published. This new [Primary Care Digital Services Operating Model](#) (previously the GP IT Operating Model) covers the key policies, standards and operating procedures that CCGs are obliged to work with to fulfil their obligations under the delegated arrangements. The model is intended to ensure that general practices have access to safe, secure, effective and high performing IT systems and services that keep pace with the changing requirements to deliver care.

A new CCG Practice Agreement will be published in 2019. This agreement will provide clarity and assurance to both parties on the requirements for the provision and use of digital services available to general practices under this operating model

Timescales

All CCGs are required to sign this agreement with each general practice within their area by 31st October 2019. This timescale aligns with the new GP IT Futures Framework. Any escalation on a failure to sign a CCG-Practice Agreement or a dispute on the terms of agreement must be raised with NHS England regional teams by 30th November 2019.

Online consultation services

We are working with NHSE on the 2019/20 contract IT commitments which remain conditional on adequate systems being available. We hope to be able to release joint system specific practical guidance as to how practices can reasonably meet the contractual requirements. At the moment the online consultation guidance runs to 188 pages, this needs to be rationalised.

LHCRs

The Local Health and Care Record (LHCR) programme has started the work to create integrated care records across GPs, hospitals, community services and social care. We continue to work with BMA Ethics in our discussion with NHSE in their drawing up of national level advice and guidance as well as advising LMCs and practices about their own specific LHCR proposals.

EPS Phase 4

National deployment has been put on hold until issues with TPP are resolved.

Digitalisation of LG Records programme

GPC secured a commitment to move to a fully digitised system over the course of the next three years. NHS England and GPC England will work together on the digitisation of records to ensure it has minimal impact on practices and is prioritised and by doing so frees-up much needed space in many practice premises. NHS England is developing national guidance/standards in this area and have four pilot sites ongoing to inform a national approach.

PCN Data Sharing Agreements

NHS England and the BMA have agreed on a [data sharing template for use by PCNs](#). The BMA has also produced a version of the agreed template which expands on a number of areas with greater detail, along with guidance on the document. This provides practices with a better idea of how they may wish to populate the template agreement, including proposed best practice when sharing and transferring data between partners within the network.

SNOMED

SNOMED is now working in GP systems and the transition appears to have been relatively smooth.

IT Failures

There seem to have been a plethora of these lately; CHADVasc2, the latest EMIS system, Docman incident, Capita and unsent letters and problems with QOF business rules and proprietary achievement systems. They all originate from different areas and backgrounds and for different reasons but have a common impact on GPs. We continue to discuss how they should be supported in the work this generates.