EXECUTIVE AND POLICY LEAD UPDATE – November 2019

GP Trainees Committee – Sandesh Gulhane and Lynn Hryhorskyj

The GP Trainees Committee has now finalised its workplan for the session. A number of key workstreams have been identified and will be taken forward over the course of the session by leads from within the Executive Team. Priorities for the committee will include the implementation of the 2018 junior contract review, differential attainment and engagement with the Royal College of General Practitioners (RCGP) alongside work to raise the profile of the committee and build relationships with member relations.

Within the committee's work around the implementation of the 2018 junior doctor contract review, two areas are currently being progressed. A letter has been circulated to Prof Hillary Diack (lead GP Education Director for Health Education England), the member relations team at the BMA and FPC advisors, NHS Employers and IROs regarding the supernumerary status of GP Trainees. The letter highlights the re-contractualisation of GP trainees as supernumerary staff members in the primary care setting. We wrote to ensure that GP trainees across the country are aware of and can benefit from these contractual changes and to call for guidance and policy in local areas to reflect these contractual requirements which will benefit trainees, trainers, practices and patients.

The committee is in the process of setting up a meeting between Chaand Nagpaul, Ramesh Mehta (President, BAPIO), and the co-chairs of GP trainees to discuss ideas for action around differential attainment.

Sessional GP Committee – Ben Molyneux

Representation

In September 2019, GPC UK approved proposals for improving the representation of sessional GPs within both the BMA and within the structures of GPC. This was discussed at the 9 October meeting of the Sessional GPs Committees and endorsed.

We are now working with the GPC to implement the recommendations in England; some of these can be progressed quickly and are underway, while others will require changes through Organisation Committee and the Representative Body, therefore taking longer.

Recognising both the autonomy of the national GPCs and the structural differences that exist between the nations' committees we have written to the chairs of the national committees to ask for their assistance in implementing the recommendations in the devolved nations.

Committee Workplan

The committee's workplan for the session has been developed and covers the key work areas for the committee over the session. We will be focussing on representation of sessional GPs, pensions and annualisation, increasing the use of model contracts, IR35 and communications with member relations, sessional GPs and LMCs.

Pensions

Krishan Aggarwal and Sarah Westerbeek have 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.

Annualisation

The BMA has sought clarity from NHS Business Service Authority on the area of 'annualising' – the method for working out pension contributions - for sessional GPs who are members of the 2015 career average revalued earnings scheme.

We can now confirm that those freelance GP locums that work any out of hours work (or SOLO work) will be afforded type 2 medical practitioner status in respect of working for the Out of hours (OOH) Provider – in accordance with NHS Pension Scheme rules. As a result, this will lead to those GP locums having annualised income equal to actual pensionable income as they will be considered in the scheme 365 days of the year. This may then lead to a reduction in employee contribution rates for locums.

More information on how this works in detail and how it could affect locum GPs was published on the BMA website.

Annualisation to the 2015 NHS Pension Scheme remains a key priority area. A briefing paper on the subject has been submitted to the next meeting of the Pensions Committee and we have held meetings with the public affairs, communications and legal teams to discuss how to take this area forwards.

Evidence to the DDRB

The committee is considering evidence to be submitted to the DDRB on behalf of Sessional GPs. At the last committee meeting it was agreed that a submission should be made along the lines of the wider BMA.

IR35

Under new rules to IR35, 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.

Guidance is being produced which will be aimed predominantly at Sessional GPs. A number of meetings with out of hours providers have also been arranged.

Representation – Bruce Hughes

Work has progressed in our main work streams ;

* Implementation of the outcomes of the Gender Task and Finish Group

* The Multimember Constituency task and finish group

* Implementation of the Sessional GP representation Paper.

We are due to consider the recommendations of the Romney Report and its implications for the Representation Policy Group.

A WORKFORCE STRATEGY THAT IS RECURRENTLY FUNDED TO ENABLE EXPANSION

Education, Training and Workforce – Samira Anane

GP Fellowships: More detail has emerged around the structure and delivery of the NHSE 'New to Practice' Fellowships for newly qualified GPs and nurses. We have met with NHSE to feedback on the proposals. We look forward to seeing how the scheme will work, and how this could be further built on for future years.

Following on from the development and discussion of the GP Nursing Strategy at GPC England, we subsequently shared the document with the Royal College of Nursing. We have met with their Primary Care lead to identify ways in which we can mutually work towards addressing the recruitment and retention of nurses within general practice and how this can link in with our wider workstreams.

Physician Associates in Primary care: We continue to contribute to the HEE PA Working group. There have been discussions around regulation of MAPs and the role of PA Ambassadors in supporting their roll out in primary care.

As part of our focus on later years, we have been working with the RCGP later career and retired members group and have been particularly interested on the impact of appraisals and revalidation in retention of this cohort.

We have been successful in securing membership of the HEE Training Hubs working group. Training hubs continue to progress and we are keen to appraise how these will develop in terms of workforce planning and support for the wider community team, as well as the delivery of the Fellowships. We are mindful that not all training hubs are at the same level of maturity and are monitoring how potential gaps may be mitigated to ensure a consistent national offer.

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

Since the last policy group meeting in September, as part of the **QOF reform**, we have had a meeting with NHS England, NICE and NHS digital and RCGP to work on indicators, including dementia, depression and anxiety. We looked at what has worked in past and is still clinically effective, what points can retire and what can be added.

We have contributed to the **Vaccination and Immunisation review** group and is currently in negotiations phase.

We are part of **gender dysphoria group** chaired by Jonathan Leach from the RCGP to come to an agreed stance about shared care guidance. We are very aware that it is a cause of concern for GPs and working towards a resolution on the issue.

The NICE guidance on Cannabis-based medicinal products has now been published. We commented on the draft guidance, and following our concerns that GPs could be asked to prescribe under shared care, NICE took this into consideration and made some amendments, including that shared care should only be an option if 'all parties feel confident'.

The RCGP has published a Position Statement on Screening by organisations which have not been approved by the UK National Screening Committee, which we fed in to and co-badged.

Along with the IT policy group, we have fed in the discussions regarding **development to NHS app** and patient's ability to choose their pharmacy for prescription pick up or delivery, and an update will be provided in due course.

There has been another meeting of the **Over prescribing short life working group** (NHS England, NHS Improvement and various other stakeholder, which is aiming to make some recommendations to the Secretary of Health and Social care.

There has been a further meeting of the **measures and indicators group**. CQC are planning indicators around gabapentinoid use and we raised the issue of the strong relationship between deprivation and their use. The group is also looking at a proposal to include hospital admission rates under various disease codes, which is reliant on manual hospital coding.

CPCS (Clinical pharmacy consultation service) – awaiting a meeting to assess data from pilots.

Serious Shortage Protocols (SSPs) for the antidepressant Fluoxetine were issued in October, and remain in place, but the supply is now improving. However, despite a serious shortage of Ranitidine, no SSP was triggered as it was felt too complex to deliver. There was a ban on HRT exports from the UK in October, and further shortages continue to be a significant cause of additional work and a distraction for practices. The reasons remain complex and opaque.

We are aware that there remains a problem with **postcode provision of secondary care services**) which is causing problems for doctors and patients. We are currently working with other policy teams on joint initiative to encourage CCGs to review their commissioning policies.

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

Contracts and Regulation – Julius Parker

- Continuing liaison with CQC and RCGP; the most recent meeting focused on the CQCs review of the GP practice telephone Annual Regulatory Return, and how this could be made more flexible for practices. The overall balance of feedback from practices on this process was positive.

  Aligning CQCs expectations to the current 'safeguarding' guidance, and CQCs inspection of remote/digital providers and services, was also discussed.

- Continuing liaison with NHS England, including:
  - Developing a policy for practice support on dispersals that is compliant with the Regulations
  - Monitoring the implementation of the Geddes letter confirming the need to resource GP practices for safeguarding work
  - Being invited to participate in NHS England review of Gender Identity Clinic Procurement process
  - Exploring the contractual implications of NHS England's proposals following the digital-first primary care consultation, with particular reference to the disaggregation of the patient list and creation of a new APMS contract supporting a local presence in a CCG
  - Work with NHS England addressing concerns with professional performance procedures, mirroring the Kline Report into GMC fitness to practice processes

- Intended liaison with NHS Resolution now that CNS GP is operational [currently on Executive Team role]
- Continuing to respond and provide advice and guidance to the pot pourri of issues raised by LMCs, BMA members, and via list server queries

Commissioning and Working at Scale Group – Chandra Kanneganti

1. **Update from Primary Care Transformation Oversight Group**

   The policy lead attended the last meeting of the PCTOG along with MSW from GPEC and policy staff. The main item on the agenda was a presentation from the Queens Nursing Institute (QNI) shows that since 2010 District Nurses numbers in England have dropped from 7,700 to 4,400 (ie 1 per 13,000 patients!). The QNI informed the group that from Sept 2020 all DN trainees will have to go via apprentice route which takes 2 years. Therefore, no new DNs will complete training between 2020 and 2022.

   The group agreed to engage with the QNI and the RCN to get more evidence on this issue and raise with NHSE and DHSC.

2. **Update on Primary Care Networks**

   The group agreed to write a guidance on the representation of Primary Care on ICS/STP board. The BMA doesn't have a national policy on this issue yet, and the group agreed to work with GPC Exec to produce the guidance

   The group has also been asked to contribute to the new version of the PCN Handbook in the new year by drafting a guidance on best practices regarding the interactions between PCNs and local organisations representing the extended PCN workforce (social prescribers, clinical pharmacists).

   The group will also provide support and guidance for the organisation of the next PCN Clinical Directors conference which will take place in Birmingham on Saturday 8th February.

   GPC Exec have launched in October a survey of all PCN Clinical Directors. The group will contribute to the analysis and publication of the survey results prior to the Clinical Director Conference.

   The policy lead contributed to negotiation meetings on PCN Service Specifications along with members of GPC Exec as part of the PCN subgroup with NHSE.

3. **Workplan**

   In addition to all the activities listed above, the group also committed to publish a monthly blog to showcase development of PCNs across the country. The group will continue to use the expertise and experience of its members who are all frontline clinicians, to advise GPC Exec for their negotiations with NHSE and promote good stories and innovative practices emerging in PCNs across the country.

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

Premises and Practice Finance – Gaurav Gupta

Inquiry into NHS Property services

The Public Accounts Committee (PAC) published their report which finds that NHSPS has been 'set up to fail', outlining concerns that DHSC are not setting a course of action to address the issue but are leaving others to find a solution. The report notes that it is unacceptable that 70% of tenants do not have leases in place and urges DHSC to move towards a more transparent and equitable charging model with adequate funding in place.

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'. The PAC evidence session is available to view online. We have also responded to the PAC counteracting some of the inaccuracies in the oral evidence provided by NHSPS.

We have been working with the BMA Public Affairs Team and have met NHS clinical Commissioners to discuss our respective positions. The PAC has called on the Department of Health and Social Care, NHS England and NHS property services to work together to resolve the issue. This provides a lever to progress negotiations over the present impasse.

NHS Property services- Legal Action

Since the GPC UK meeting in September, we have been undertaking extensive work developing our legal challenge against NHS property services. This is detailed background work with our legal teams and practices. We hope to be able to share our position in confidence with GPC as soon as we have had a definitive opinion about the case. Until we have this, our advice has not changed; practices should engage with NHSPS, identify areas where there is a dispute and pay undisputed amounts. Practices cannot be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable.

Practices should be mindful that while the BMA are proceeding with legal action to address historical charges they do not put themselves at risk of any future liability or compromise their future position in reaching any agreement independently of this.

Meeting with NHSCC

In October the GPC Policy Team met with NHSCC to discuss how the ongoing dispute around service charges is affecting both CCGs and practices and discover whether there is any common ground. It was agreed that GPC would speak about the service charges issue at NHSCC's next quarterly stakeholder meeting in January and alert their membership to this issue in their communications.

NHSCC established a joint customer board in 2016 in response to issues about service charges which continues to meet regularly. There was willingness at local and national level to engage with this although it was easier to reach financial staff than hard to reach key CCG people. NHSCC try to be balanced- there have been problems, but there are positive changes although the pace of change is not fast enough. They note strong wording in the NAO report with regards to practices unwilling to pay. Their members are facing the same problems with billing with one member looking at trialling direct payments.

Meeting with Londonwide LMCs and SSLMCs

Discussion about ongoing issues with NHSPS and facilities management outsourced to Mitte who allegedly charged a practice £1,000 to change a lightbulb. GPC advised caution as charges are probably tied up with the inevitable backlog maintenance needed in dilapidated buildings. In this case contractors found there was a need to rewire. Service charges should not be used as a way to claw back on backlog maintenance. Another practice was pulled up by the CQC on legionella due to the water temperature in their building. Their rating was therefore 'requires improvement'- despite the practice sending many emails to NHSPS to resolve the issue. GPC suggested this could be raised with the local MP.

The topic of direct reimbursements was discussed- NHSPS and CHP are trialing pilots in the North but there is reluctance in London NHSE to do this. GPC advised that it is important to show a record of payments on practice account books.

There was some discussion around private work and premises and whether practices are able to operate privately from a purpose-built wing on site. GPC advised caution, the practice should ensure they are not receiving reimbursement for the land and services offered should not be things provided on GMS contract. It would need to be a separate address.

Premises Cost Directions

We have been pushing to resolve the final issues surrounding the premises cost directions. NHSE have contacted GPC in recent days with proposals to address the outstanding issues which remain unresolved. We are liaising with the BMA legal team to review these proposals and will reopen discussions with NHSE as quickly as possible with a view to resolving the situation.

ETTF

We are monitoring the position with the ETTF to ensure the fund is fully and appropriately spent. NHS England provide regular updates and have advised that there are 1,400 completed schemes with 369 currently going through. They are collecting case studies in preparation for further communications and claim to be on track to spend the whole £800m.

Practice payments

We have written to Scotland, Wales, England and Northern Ireland GPC chairs to request they work on resolving the situation with practices not being paid for patients dying within the quarter after registering with a GP practice and keep us updated on any progression.

PCN premises requirements for additional workforce

We have heard from LMCs who are querying the issue of space required for the additional workforce taken on under the PCN DES within GMS premises. Some commissioners appear to be trying to separate GMS work from PCNs from a premises perspective. We continue to push back on this. PCN as a DES should be treated as an extension of GMS. The same rules should apply for PCN staff and premises requirements as for GMS. If practices need additional space for providing services that arise from PCN contract then it should be treated as GMS space.

PCSE Task and Finish group – Ian Hume

The group continues to engage with PCSE on both operational and transformation issues.

The cervical cytology national screening programme has now been brought back “in house “under the NHS. Sir Mike Richards has published his report on screening; highlighting the need for robust governance and clarity of responsibility and accountability for the different elements of screening. This followed the national incident when Capita failed to inform patients of their smear results.

GPC have been surveying practices, LMC’s and individual doctors about their experiences of PCSE, repeating the questions asked in previous surveys. We use this to provide evidence to hold PCSE to account. We are also in dialogue with NHSE about the archived records incident.

We know the most significant problem raised as complaints are GP pensions. We are told the number of cases is going down, but even one is too many. PWC have been providing PCSE with expert help, which has provided benefit. We continue to monitor the situation and involve the BMA pension team. NHS pensions is issuing two GP Annual Benefit Statements (ABS) this year. The first was issued in August and the second will be on 18 December. ABS will be available to view via total rewards statements. PCSE will provide bulletins about this and a reminder about the end of year

pension administration process. As part of the service transformation programme, PCSE is looking to simplify the process for submitting, calculating and processing payment claims and pension information, with the intention of introducing PCSE Online for pensions. Next year the Exeter system will be decommissioned and pay, registrations and screening will rely on data from the spine (PDS). We are working closely on this important and sensitive transformation.

In December 2019 the management of the performers list will be switched to PCSE online. This will mean that rather than applying for changes to the performers list using paper forms, it will all be processed online. This will provide better transparency of changes to the performer list and provide a more efficient service. Practices will already have received notification to the CQC registered manager to enable approved practice staff to administer practice based changes to the performer list.

All doctors on the performers list will receive instructions via e mail, using the address they use for GMC communications .The system goes live at the beginning of December and it will enable GPs to go online and check their details are correct, and in the future will enable them to make any changes to their status, for example change of address, moving practice. We know the performer list is inaccurate, and if the details are wrong this can cause significant problems, such as wrong pension contributions. We would encourage all doctors to go online and verify their own data. We will give GPC an update at the November meeting.

Members of PCSE are attending many LMC events, and will be at the LMC England conference. They can answer questions and tell you about the transformation project first hand.

Information Management and Technology Governance – Anu Rao

GP IT Futures

NHS Digital has notified 69 suppliers of the intention to award framework agreements to those suppliers, subject to them completing the assurance process successfully. This includes 16 existing suppliers who offered services under the former GP System of Choice, as well as three new entrants offering foundation solutions and 53 new entrants offering a range of additional system capabilities to the UK primary care market. This is the first framework to be awarded as part of the Digital Buying Catalogue, which will act as a digital marketplace allowing buyers to search for and compare supplier solutions that will meet their needs. The supplier systems are now being evaluated and assured against the new standards set by GP IT Futures, with successful existing solutions set to become available from 1 January 2020 and new to market solutions coming online throughout next year.

CCG Practice Agreement - Terms governing the provision and receipt of Digital Services in General Practice

NHS England and NHS Improvement published the revised GP IT Operating model. It covers the key policies, standards and operating procedures that CCGs are obliged to work with to fulfil their obligations. 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 accompanies the release of this operating model. All CCGs and General Practices will be required to sign this new agreement which 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.

Online consultation services

NHS England recently published resources for practices to help them implement online and video consultations – this includes a checklist and case studies. This online consultation guidance runs to 193 pages and we are working with NHS England to have a shorter toolkit published.

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
The Department of Health and Social Care recently announced the roll-out of electronic prescription service (EPS) across England. This was agreed in negotiations and GPC have had regular updates from the EPS team, including resolutions to any issues during the piloting stage, to ensure the service is ready for roll-out. Once Phase 4 is rolled out to GP practices it will become the default method for prescribing and dispensing in primary care in England. Find out more about the benefits here: https://digital.nhs.uk/services/electronic-prescription-service/phase-4/prescriber-information. For further detail about the roll out please see the Phase 4 national roll out schedule. We are in the process of putting together an EPS FAQ to support members.

Digitalisation of LG Records programme
GPC secured a commitment to move to a fully digitised system over the course of the next three years. GPC will work with NHS England on the digitisation of records to ensure there is minimal disruption for practices and much needed space in practice premises is freed-up. NHS England is developing national guidance/standards in this area and have four pilot sites to inform a national approach. GPC is working with NHS England to feed into this guidance.

IT Failures - QOF
GPC has been told by NHS England that the current business rules reflect what was agreed during contract negotiations in that, at the end of the QOF year, if a patient has not responded to two invitations then they can be removed from an indicator denominator using the personalised care adjustment rule. The current issue is arising because system suppliers are using the year end business rules but before the year end, hence patients disappearing from lists early. They had asked system suppliers to reinstate the prompts where patients have not responded to invitations for care. Vision have stated that they will do this when they implement V44 of the QOF business rules, used for year end QOF 2019-20, and EMIS plan to consult with their user group. TPP have indicated that they will not do this as, in their view, this would require an amendment to the business rules. Whilst NHS England are unconvinced that this is the case, they will nevertheless amend the business rules for V44 to make it clear to suppliers that they should not remove system prompts from a patient record where they have not responded to two invitations for care except at the year end.

How medical records are accessed by solicitors
As per the LMC update circulated on 1 November, there was a court case which considered a dispute about how medical records are made available to solicitors requesting them on behalf of patients. A summary of the case has been prepared by the solicitors acting for the GP practice. The judge did not rule on issues related to GDPR and Subject Access Requests (SARs). The court considered the question of disclosure under Civil Procedure Rules. The judge ruled in favour of the practice and did not make an order for disclosure of the records because the practice had made the records available for collection from the practice premises. The ICO made a statement about the case which states that: 'A person should not have to take action to receive the information, such as by collecting it from the controller's premises, unless they agree to do so'. There is the BMA's guidance on access to health records and SAR FAQs , which also reflects advice from the ICO on this subject.

GP2GP
We are working with NHS Digital to ensure this service becomes business as usual. The GP2GP team are currently looking to understand what makes some transfers successful and others not. In the last few weeks the GP2GP team they have gathered input from GPC and have visited practices to determine how the service can be improved. They will then share their learning with system suppliers.