

CLMC Bulletin 326 – 05.07.17

PCSE New Records Movement Service

The new records movement service commences in Tees on 17 July. All practice should have received an email from PCSE outlining how this works and with links. The email is copied below for your ease:

*Last week you should have received an envelope marked for the attention of the practice manager from your CitySprint courier. It contains important information on how the records movement service will be changing for your practice **from w/c 17 July 2017**. If you didn't receive this envelope, please ask the courier on your next collection and delivery day. [You can also download the materials here](#).*

Video animation guides

Video animation guides are available to guide you step by step through the new processes. [You can view these guides here](#).

Preparing for the new service

Please continue to release any remaining records you still may hold for deducted patients.

From 14 August 2017, CitySprint will only be able to collect labelled records

From 14 August, if you hold any remaining records or patient notes which were deducted before the new process began, you will need to request a movement for these via the portal. To do this, you will need to go to the 'Request movement' section and complete the information required. A label for the record/additional notes movement will then be delivered with your usual CitySprint visit.

Your practice will need to use the portal as part of the new records movement process, so please check that you have access. If you have any queries about accessing the PCSE portal please email us at PCSE.portalenquiries@nhs.net.

Hands-on support

If you would like further guidance on the new processes, please contact your local NET representative. [Their contact details can be found here](#).

If you have any queries, please email us at: pcse.enquiries@nhs.net, and put 'Medical records' in the email subject line, or call us on 0333 014 2884.

Primary Secondary Care Interface Guidance

The GPC have produced this [bulletin](#) relating to a joint GPC England, NHS England, NHS Improvement, NHS Clinical Commissioners, Royal College of General Practitioners, Royal College of Nursing and the Academy of Royal Medical Colleges [guidance document](#) which describes the key national requirements which clinicians and managers across the NHS need to be aware of aimed at improving the interface between primary and secondary care. The key messages for clinicians and managers can be viewed [here](#).

The Primary Secondary Care Interface Guidance document, which has been produced following significant pressure from GPC, provides clear national requirements that NHS managers and clinicians should follow to reduce inappropriate workload and by doing so deliver a better service to our patients. It's now imperative that NHS managers stick to their obligations which are laid out here and also in recent changes to hospital contracts as clearly stated in this [letter](#) provided to all CCGs. Improving patient care is at the centre of this work, as when implemented these measures will make the delivery of appointments and care much smoother for the patient.

As a direct result of GPC's [Urgent Prescription for General Practice](#), this document builds on the contractual changes secured from NHS England, which for the first time introduced contractual levers to specifically stem inappropriate workload transfer into general practice. These requirements are set out in the new [NHS Standard Contract for 2017-19](#), under which clinical commissioning groups (CCGs) commission health services from providers, which came into effect on 1 April 2017. The guidance also includes the measures previously introduced from April 2016.

These changes are significant and symbolic, as they represent a new and unprecedented national policy to end the damaging impact of unnecessary workload shift onto GPs when we should be treating patients instead.

GP Trainee Guidance on Exception Reporting

The BMA has [produced guidance](#) that sets out what this means for training practices.

The 2016 junior doctor contract will be introduced for GP trainees from August 2017. The BMA remains in dispute with the Government about the imposition of the contract and continue to provide practical advice and support to those affected.

The new contract requires GP practices to introduce new processes for GP training. While GP trainees' working hours continue to be based on the GPC-Committee of General Practice Education Directors sessions agreement and some of the changes will help deliver safer training, there is no additional funding to meet these requirements. New supporting structures are also required under the 2016 contract that practices need to be aware of.

Special Payments and Pensions Bulletin

PCSE have provided this [bulletin](#) via email to all practices with regard to payments and pensions.

Premises Improvement Grants

The new application process for the 17/18 GP premises Improvement Grants is now open with a DEADLINE OF 21st JULY. Application guidance has been circulated to all practices via CCGs. If you have not received this and would like a copy, please email Jackie.jameson@nhs.net

IR35

NHS Improvement had previously issued guidance to NHS and Foundation Trusts recommending that all individuals providing services through an intermediary should fall within IR35 and therefore, all locum, agency and bank staff would be subjected to PAYE. The BMA wrote to NHS Improvement to seek clarification on this advice and we welcome that NHS Improvement has now published [further guidance](#) confirming that assessment of whether or not IR35 applies to an individual must be carried out on a case by case basis rather than by a broad classification of roles.

[Further information is available on the BMA website.](#)

Focus on Funding from GPFV

GPC have recently updated their GPFV funding and support [guide](#) and the [GPFV hub page](#) to reflect changes to some of the 2017 timelines for implementation. It is vital that this funding which has been promised to us reaches the practices which need it.

Locum and Salaried GP Handbooks

Updated versions of the [locum GP handbook](#) and [salaried GP handbook](#) have been published for BMA members.

The locum GP handbook provides advice and guidance on all aspects of locum work, including on starting out as a locum, setting up as a business and establishing a contract for services with a provider. The handbook also provides advice to practices on recruiting locums.

The BMA salaried GPs handbook is a resource for salaried GPs and GP employers. It explains the legal entitlements of salaried GPs as employees, helps to ensure that salaried GPs are aware of their statutory and contractual rights, and outlines the effect of the various provisions of the model salaried GP contract. It includes sections on maternity leave and redundancy, and information on many other areas such as salary, hours of work, sick leave and employment protection.

Once again, we remind ALL GMS practices that when employing salaried GPs it is a contractual obligation that they offer contracts of employment equivalent to or better than the [BMA Model Salaried GP Contract](#)

Sessional GP E-Newsletter

This [month's Sessional GPs newsletter](#), amongst other issues, focuses on the results of the Sessional GPs survey, and updates on recent progress achieved with Capita on pension issues.

GP Practice Workforce Data

GPC have received a number of queries seeking clarity on the level of detail required and the number of annual extractions made from online practice workforce data. [The latest guidance is available on the BMA website.](#)

To clarify, the Health and Social Care Act 2012 made it a legal obligation for practices to submit workforce data (this is explained in the above guidance). It will also become a contractual obligation in October 2017 following agreement of the 2017/18 GMS contract by the BMA GPC, NHS Employers and NHS England. In exchange, GPC negotiated new investment of £1.5 million into GMS global sum to contribute to the resource required to keep practice workforce data up to date.

In terms of the number of data extractions to the WMDS (Workforce Minimum Dataset) that occur throughout the year, although this initially happened twice a year, NHS Digital conducts these on a quarterly basis and publishes the results on its website. GPC was content for NHS Digital to move to this arrange, as it is imperative that GP and practice workforce data is as accurate as possible to measure the progress of the various regional and national workforce training, returner and retention initiatives, including those within the GP Forward View.

These, and others under development, have and are being introduced to tackle the current workforce and workload crisis in general practice. GPC need to be able to see progress via this data to be able to hold responsible organisations to account against workforce and workload commitments.

Continual improvements are also being made to the online web tools available to practices to ensure that the capture of staff headcount and FTE (full time equivalent) numbers is as accurate as possible. NHS Digital appreciates that there must be minimum burden on practices. The GPC is in regular dialogue with NHS Digital and are jointly seeking to make the inputting of data as easy for practices as possible.

Clinical Pharmacists in GP Practice Scheme

GPC is currently working with NHS England to develop and agree an enhanced service for this scheme. This will enable easy transfer of funding to practices employing clinical pharmacists. There are also discussions ongoing regarding MoU (memorandum of Understanding) arrangements between groups of practices utilising clinical pharmacists across multiple sites. This will also include approaches to ensuring clinical pharmacists and practices have adequate indemnity cover regardless of where the clinical pharmacist is based at any point in the week.

[Guidance on employing shared staff is available on the BMA website](#), and includes information on secondments, joint employment, VAT considerations, alternative arrangements and managing change.

CLMC has held discussions with the LPC to explore how we can work closer to support each other in practices; something we are particularly keen to explore around the workforce skill mix and the impending flu season which always brings its own challenges in terms of relationships and communications. If you have any suggestions as to how pharmacists and pharmacies can support practices and practices support pharmacy in return or communication can be improved, please send suggestions to Jackie.jameson@nhs.net. We are looking to invite the LPC to a future CLMC meeting to explore suggestions and joint working further.

GP Workforce Initiatives

Avoiding the loss of salaried, partner and locum GPs from the workforce is as much a priority as increasing the annual cohort of GP trainees. Further to the implementation of new schemes, including [GP Induction and Refresher](#), [Clinical Pharmacists in General Practice](#), the [NHS GP Health Service](#), the [General Practice Improvement Leader Programme](#), [Practice Manager Development](#), [Training for Reception and Clerical Staff](#), [GP Retention](#) and the [GP Career Plus](#) (pilot), GPC remain in regular dialogue with NHS England and HEE to find more ways to offer flexible working arrangements to GPs.