

## CLMC Bulletin 333 – 25.09.17

### **Clinical Peer Review/Elective Care High Impact Interventions – GPC Statement**

This [statement](#) clearly defines the GPC England position with regard to NHS England proposals for elective care and clinical peer review. It reminds GPs that they have no contractual obligation to undertake this activity, and also that they have a duty to refer patients to services when clinically required. CLMC and CCG discussions continue with regard to referral management systems within our area.

### **Workforce Data Extraction**

This [latest communication](#) in relation to WMDS and recording of locum GPs and practice vacancies highlights some changes NHS Digital have made to make it simpler for practices to complete this and also help with the accuracy of the practice workforce information.

1. There is no need to upload workforce data again if there are no changes. A simple notification on PCWT (Primary Care Web Tool: <https://www.primarycare.nhs.uk>) stating that there are no changes will suffice. The PCWT is a 24/7 365 days a year system. It allows practices to update workforce information at any time. Alternatively, if you are providing data via the HEE collection tool, you can continue to do that, but just need to notify PCWT that you are using the HEE collection tool
2. WMDS always counted 'regular' locums as salaried. This is one of the reasons why the salaried GPs number always looked a little inflated and the locum GPs number a little deflated - this will not change. Going forward, practices will be asked to indicate the total number of hours a particular 'infrequent' locum GP worked in their practice during the previous quarter. You don't need to keep a running total as such, but can use the IT system to calculate the total amount of hours they were logged on, or simply add up the hours using their invoices. This will help with the WTE figures, but will naturally not make any difference to the head count.

There is a push to indicate the practice vacancies on the WMDS - this is very important as it will help emphasise the workforce shortages.

This is a small step in the right direction and GPC will continue to work with NHS Digital to ensure the process is made as simple as possible whilst improving the accuracy of the information captured about the GP workforce.

### **CQC Report, Standards of Care in General Practice in England**

This [CQC report](#) into standards of care in general practice in England shows that despite the unprecedented and growing pressures on services, general practice consistently receives the highest ratings for the quality and safety of care delivered to the public. The number of GP practices obtaining the highest grading continues to grow, with nine out of ten rated as either good or outstanding. GPC continue to have concerns about the CQC inspection process, nevertheless these positive results are a great achievement and undoubtedly down to the hard work of GPs and practice staff.