

CLMC Bulletin 334 – 03.10.17

GMS1 Form

The latest [amendments to your GMS/PMS Contract](#) come into force on 6th October 2017 and practices have been asking about the requirements to use the amended GMS1 form (provided by PCSE). The new GMS1 form includes the supplementary questions for patients not ordinarily resident in the UK. You should have received your initial stock of forms from NHS /PCSE and additional stock of the new form will be available to order in the usual way on the PCSE portal from October. Please dispose of any previous versions of the form once the new stock has arrived.

Please NOTE:

1. It is up to the patient to self-declare the requirements in para 1 (b) (Possession of EHIC or S1 Healthcare Certificate). Practices are not required to become agents of the government in “policing” whether new patients are ordinarily resident in the UK or overseas visitors but are just required to ask patients if they are overseas visitors
2. Those patients who are overseas visitors will need to complete the GMS1 supplementary questions on the form and the practice will need to process these in accordance with the regulations.
3. ALL patients need receive the same information/forms so they complete the required information and self-declare as appropriate. If practices start to select who receives the overseas declaration element or has a different process for different patients they may be discriminating; assume nothing. Every patient gets everything and completes the sections that are appropriate to them; the practice then processes as appropriate based on the responses.

Practices can opt to use the new GMS1 form in its entirety for all patients, just use the new form for overseas visitors in its entirety (and continue using existing patient registration system for UK patients) or just use the supplementary questions on the new form for overseas visitors, while continuing to use existing patient registration processes for everything else. This is a decision for individual practices based on their existing patient registrations.

For the vast majority of registering patients they will only complete the main GMS1 form as before, it's then for the practice to process that information as they did before. The only new element is for the practice to input the data relating to the supplementary questions where this section is completed and then send off the form to the address supplied. The intention is for system suppliers to automate this process, so this is an interim measure. For this an additional £5m was added to the contract.

Winter Indemnity Scheme

[The Winter Indemnity Scheme for GPs](#) (2017) has been launched to support GP out of hours services to operate effectively through the winter period by ensuring that additional indemnity costs do not become a disincentive to GPs to work in out of hours / unscheduled care services. This will support GPs wanting to start working within a OOH setting , or support those wanting to increase their commitment by working additional sessions in an out of hours or unscheduled care setting, including in NHS 111 services.

Hep B Vaccine Shortage

There is currently a global shortage of hepatitis B vaccine which is causing a severe impact on the UK supply. It is likely that limitations on supply of the vaccination will continue into early 2018. Public Health England (PHE) have advised that supplies are improving and practices can make exceptional orders for high risk patients, such as those with renal failure. PLEASE NOTE: the ability of GPs to order hepatitis B vaccine for their patients does not imply an obligation to perform the immunisation which is not included in additional services. Read the BMA guidance [here](#).

NHS E Third Next Appointment Telephone Survey

NHS England has commissioned a survey of each GP surgery in England in order to better understand waiting times in General Practice. The survey will run through October, and will involve every practice in England receiving a telephone call. NHS England has advised the call will last no longer than three to four minutes, and will ask when the third next available routine appointment is.

GPC have expressed deep concerns to NHS England regarding the potentially misleading or poor quality data this survey may produce, especially given the vast variability in appointment systems from practice to practice, as well as the survey failing to accurately assess emergency appointments, telephone triage and other modes of access. GPC have also questioned the expenditure on such a survey when General Practice itself is collapsing due to chronic under-funding.

GP Practices are under no obligation to respond to this survey. However, if you wish to do so GPC advice is as follows:

- Direct the call to the Practice Manager or another suitable manager. If no such person is immediately available, then take a return contact number and instruct the caller that someone will call them back later
- The person giving the data should tell the caller when the third next available routine appointment with a doctor is
- Appointments which can be booked into a locality hub are valid for the purposes of this survey, and the third next available routine appointment should be given
- If no such routine appointment exists due to the design of your appointment system (eg: Total Triage, On-The-Day, Nurse Triage etc) then inform the caller you are unable to answer the question, and explain the reason for this

Once again, compliance with this survey is entirely voluntary and practices should only participate if they are willing and able to do so.