

CLMC Bulletin 351 – 20.03.18

GMS Contract Changes

Negotiations have now concluded and the amendments for the GMS Contract 18/19 have now been announced. Full information will follow as this is hot off the press but you can view a lot of information by following this [link](#). As anticipated, every effort has been made to keep contract changes to a minimum to allow for some stability whilst some additional resource has been negotiated into the contract. We understand this will not be the silver bullet for general practice but we thank the negotiators for their hard work in moving things forward whilst maintaining some stability.

We will provide a fuller update once we have had time to read the documentation but key headline areas to note:

- The 1% uplift to pay and expenses is interim (initial global sum rise from £85.35 to £87.92) - there is potential for this to increase further once the DDRB process is complete
- Indemnity cover costs are also uplifted to reflect the increased cover costs and will be paid to practices on a per-patient (unweighted) basis
- Immunisations will be uplifted from £9.80 to £10.06 to reflect costs and a few minor amendments have been made to some clinical aspects
- Parental and sick leave cover will continue and increase to reflect inflation with further clarification on locum cover reimbursements
- E-RS is arguably the biggest change and will be a contractual requirement for all GP practice referrals to first consultant led outpatient appointments. There is recognition that there is still some way to go in terms of implementation so further discussion will continue on a local, regional and national level but the approach should be supportive and part of the additional uplift into the global sum is to reflect this
- There are no changes to QOF indicators but the value of a point will increase from £171.20 to £179.26
- There are changes to the violent patient removal that strengthens the regulations to permit practices to remove patients on these grounds and place a flag on their record so future practices are aware and can consider appropriateness of registration requests
- There have been a number of long awaited changes to the premises costs directions and further information will follow
- There are, as usual, a number of non-contractual changes on which we will work with NHS E including electronic prescribing, social prescribing, Hep B, replacement of GPES, reducing administrative burden, out of hours KPIs and patient access to online services

Workforce Minimum Data Set – March 2018 Extraction

The next regular extraction of practice workforce data will take place on 31 March. Practices have already been informed of this by NHS Digital. GPC encourages practices to take part as this important information provides us with as accurate a picture as possible to help us highlight and respond to the recruitment and retention crisis impacting general practice.

Gross Negligence Manslaughter

The BMA is taking the issues relating to Dr Bawa Garba's case very seriously. This week discussions took place at both BMA Council and GPC UK meetings about the wider implications. This follows LMCs declaring a vote of no confidence in the General Medical Council at last week's LMC conference. The motion passed by the conference has been sent to all branches of practice in the BMA as this is a pan-professional issue and it is important that the BMA provides consistent advice to all doctors. The motion will help to do this.

The BMA has now had a number of meetings with the GMC to address some of these fundamental issues and will be running a number of relevant events, including a summit on system pressures and patient safety, a work programme and event on racial bias, and a major pan-professional survey to provide a comprehensive picture of the impact of system pressures on doctors.

A [web portal](#) for sharing experiences of doctors working in a system under pressure has also been introduced.

The BMA's Medico Legal Committee (MLC) has been leading on a project looking at the growing number of doctors being prosecuted for gross negligence manslaughter. In addition, the BMA will be contributing to two external reviews of gross negligence manslaughter relating to healthcare – one led by the GMC and one led by the Department of Health and Social Care.

Care Home Pharmacists - help cut overmedication and unnecessary hospital stays for frail older patients

NHS England have announced plans to recruit and deploy hundreds of pharmacists into care homes to help reduce overmedication and cut unnecessary hospital stays. Around 180,000 people living in nursing or residential homes will have their prescriptions and medicines reviewed by the new pharmacists and pharmacy technicians. The roll-out of pharmacists and pharmacy technicians into care homes is part of the NHS England plan – [Refreshing NHS Plans for 2018/19](#) - which sets out measures to provide joined-up services for patients to ensure they receive care in the most appropriate place. GPC is represented on the NHS England-led national working group for the implementation of clinical pharmacists in General Practice and will be influencing how practice based pharmacists will interact with pharmacists and pharmacy technicians in care homes.

GPC Newsletter

Read the latest [GPC newsletter](#).

GPC Sessional GP Newsletter

Read the latest [GPC Sessional GP newsletter](#)