

Primary Care in Institutions and Care Homes – GPC Guidance

GPC has published [updated guidance on NHS primary care medical services in institutions and care homes in the UK](#).

Agenda for Change (AfC) Pay Award and Practice Staff

As suggested in the GMS Contract announcement, there is movement on the pay increase for NHS staff. Concluded negotiations for AfC uplifts the pay amount to 3% in year one and 1.7% for the next two years. However, the AfC deal hasn't been agreed by the unions yet – the negotiated agreement has been announced, pending a ballot of the union members. Therefore, if accepted, the new deal would be introduced in July with backdating to April. More details can be found on the [NHS Employers website](#). Read GPC [press release](#).

Very few GP practices have employees on AfC although many do take this in to account in terms of their own staff payment arrangements. However, practices will have noted the outcome of the GP contract negotiations, and should make an initial 1% pay uplift for GPs and their staff, which could be increased pending the outcome of the DDRB process and the government's decision. As further evidence to the DDRB, GPC will be highlighting the impact the AfC pay award will have on general practice staff, including issues around recruitment, retention and job satisfaction if there is no similar uplift for GP practice staff through the DDRB process.

The DDRB outcome and government's decision will likely come in the summer and so GPC recommend that practices pass on the 1% pay uplift to their staff from 1 April, and then any uplift recommended by DDRB and agreed by government could be back-dated.

CQC Report on Online GP Services

CQC have published a further [review of online GP services](#). They conclude that the quality of online primary care services, such as those that provide GP consultations and prescriptions through independent websites and apps, has improved over the last 12 months but further action from providers and the wider system is needed to ensure they are as safe as general practice in physical premises. Of significant concern, they found that as of 28 February 2018, 43% of the providers CQC inspected were found not to be providing 'safe' care in accordance to the relevant regulations, although this compared with 86% not fully meeting these regulations on their first inspections. Specific concerns CQC had included:

- inappropriate prescribing of antibiotics, including lowered thresholds for antibiotic prescribing as a physical examination was not possible, and prescribing high volumes of opioid-based medicines without talking to the patient's registered GP
- unsatisfactory approaches to safeguarding children and those who may not have the mental capacity to understand or consent to a consultation
- not collecting patient information or sharing information with a patient's NHS GP, who should have an accurate and up to date record of their previous and current treatments and health problems
- inappropriate prescribing of medicines for long-term conditions, including failures to monitor the volume of asthma inhalers being prescribed to individuals when their condition should be regularly checked.

Richard Vautrey, GPC, commented to the press that "This report reflects many of the concerns that the BMA has been raising about online GP services for some time. Regardless of any improvement seen since the last inspection, it is alarming to see that more than a third of providers are still not classed as safe, especially when it comes to prescriptions. As reiterated by our members earlier this month at the LMC conference, GPs are also rightly worried that these services 'cherry-pick' healthy patients, while ignoring the needs of individuals with more complex conditions. We recognise the opportunities that technological innovation offers and have called on more support and funding to be provided for current practices to be able to develop their own online services. Patients would inevitably be safe using these services through their own GP practice, which has full access to their medical records and can provide follow-up face-to-face consultations when necessary."