

## **CLMC Bulletin 394 – 30.07.19**

### **Pension Scheme Consultation Reminder**

The government is consulting on proposals to make the NHS Pension Scheme more flexible and transparent for senior clinicians. The GPC, through the BMA as a whole, will be responding to this consultation and will strongly suggest that the 50:50 option does not resolve the pension crisis which GPs are facing – read more about the GPC position [here](#). We would encourage individuals and practices to also respond – access the consultation [here](#).

The GPC have strongly set out their position on this issue, and [wrote to the new Prime Minister during the conservative leadership campaign](#) and, whilst they welcomed his commitment to find a solution to the pension crisis, they have subsequently highlighted the crucial importance that removing the annual allowance and tapering arrangements have in improving GP retention.

### **Firearms**

The Home Office has published a [consultation on draft guidelines for police issuing firearms licences](#), which will ensure officers are consistently checking applicants' medical fitness to hold a licence, and have signed an agreement with the BMA to provide greater protection for GPs, who choose to place a firearms flag on the medical record. The draft guidelines clarify that GPs will be allowed to refuse to provide information for patients applying for licences, and that GPs will be allowed to charge a fee for providing medical information if they so wish. Police officers - and not GPs - will be legally liable for judging whether someone is able to possess a firearm, and for checking medical records of applicants. Read about the consultation [here](#).

In response to this, Mark Sanford-Wood, GPC England deputy chair, said: "First and foremost, the firearms licensing process must have public safety at its heart, and there can be no half measures when it comes to regulating the ownership of weapons that can be used with lethal outcomes. GPs can have an important – but not compulsory - role to play in this and the MOU agreed by the BMA, the Home Office and the police is welcome clarification over where responsibility for licensing and safety lies."

### **Footnote in the DES Specification – population figure.**

NHS England have confirmed that, following a number of queries, the correct population figure to use for calculating payments to PCNs is that taken from NHAIS (Exeter) and not the figure published by NHS Digital (as proposed in the relevant footnotes of the Network Contract DES Specification). The Primary Medical Services (Directed Enhanced Services) Directions 2019 confirm that "CRP" means the Contractor Registered Population as defined in Annex A of the Statement of Financial Entitlements (SFE), with the SFE confirming that this is the number of patients as recorded in Exeter. This is the figure that should be used to determine the PCN's collective registered population. The Network Contract DES Specification will be corrected in 2020/21. NHS England apologise for any inconvenience this error has caused.

### **CCG Mergers**

GPC have [written to NHS England](#), highlighting their deep concern that some CCGs planning mergers are not properly consulting their member practices, and they are urging NHS England to review how these decisions are made. While GPC is not opposed in principle to CCG mergers that make geographical sense and are fully supported by local patients and practitioners, there is a need for a greater role for local practices in approving any ongoing or future CCG mergers.

GPC have also raised concerns about the difficulty of monitoring the financial investment in general practice when CCGs merge with others and that mergers are being rendered necessary and unavoidable by virtue of the 20 percent reduction in CCG running costs set out in the [Long Term Plan](#), urging NHS England to amend the [guidance](#) to make clear that CCG mergers should only go ahead where clear approval is given by member practices and take necessary steps to enforce this.

GPC encourage any practices that have concerns about local CCG merger plans to discuss them with their LMC so that they can take the issues up directly with CCGs and NHS England regionally.

### **Capita/PCSE**

There has been yet another failure by Capita/PCSE; in this latest event, correspondence sent to three email inboxes were left unprocessed for around two years. Whilst Capita has not confirmed the total number of emails that went unprocessed, the BMA understands it is in the thousands. At least 16 women failed to receive invitations to attend cervical screening appointments and requests from another 99 women to be removed from the screening programme were also not followed through. You can read the GPC public statement online [here](#).

### **NHS Campaigns**

As part of the contract agreement in England, practices will be required to put up and display in their premises, six campaign display materials within 12 months. The six campaigns GPC have agreed with NHS England are:

- NHS 111 – a winter pressures campaign aimed at reducing pressure on urgent care and GP services by directing patients to the most appropriate local service.
- GP Access – to increase patient's awareness of evening and weekend GP appointments to enable better use of these.
- Pharmacy advice – aimed at reducing unnecessary appointments with GPs that can be effectively managed with advice from a community pharmacist.
- NHS App – aimed at increasing the usage of the app.
- Keep antibiotics working – to reduce patient's expectation that they will be prescribed antibiotics and therefore reducing demand for them.
- Vaccinations – to decrease the number of parents not getting their children vaccinated.

Practices will be sent a range of materials which they can choose to use. Suggested materials included posters text for websites and social media, slides for waiting room screens, leaflets and email banners. NHS England will produce the campaign materials and will share with each practice for them to display. GPC has asked that a range of resources are provided to practices initially so that in future they can choose to tailor the materials they are sent to suit their practice.

### **QOF Business Rules**

To clarify the position with regard to QOF business rules, NHS England and NHS Digital have confirmed that business rules for QOF 2019 were shared with system suppliers in March this year. These versions of the business rules contained the small number of new codes which had been requested as part of the April 2019 clinical code release, which was delayed to June 2019. These codes will become available for use as system suppliers respond to this code release.

As the business rules released in March had already been updated to include the codes NHS England had requested, it was agreed to not issue a further update to the business rules following the June 2019 code release. As usually happens there will be a full business rule update following the October 2019 code release.

System suppliers are currently involved in the certification and testing of their returns with NHS Digital. These should be in systems on desktops during August and completed ready for the first CQRS extraction at the end of August 2019 as usual.

GPC understand that many system suppliers have yet to update their local QOF monitoring tools and appreciate that this is frustrating for practices. However, there is no change from any other year to the timetable in which practices will see the business rules implemented in their systems. While waiting for system suppliers to update their products, we would strongly advise practices to refer to the QOF guidance which includes full details of the indicators for 2019/20.

### **Flu Vaccines**

NHS England sent a letter to practices regarding supply of flu vaccinations for 2019/20 stating that, due to a delay in the WHO publishing its recommendations to manufacturers as to which strains should be included within flu vaccines for the upcoming year, there may be changes to delivery schedules for QIV vaccines. Whilst manufacturers should inform practices if there's any changes to their delivery schedules, practices may wish to contact their supplier to confirm agreed delivery dates.

### **Digital First Consultation**

This important [consultation](#) outlines NHS England and NHS Improvement's proposals to reform patient registration, funding and contracting rules. It is proposed that the current Patient Choice Scheme is amended so that money follows the patient; existing GP surgeries can expand and improve their own digital services; and digital-first providers can register new patients in areas where people can't currently access digital GP services.

The consultation makes a number of proposals including:

- Changes to the out of area registration rules to allow a maximum number of such patients before disaggregation of the main contract
- Changes to the allocations system to enable quarterly recalculation of CCG funding to reflect patient movements
- Changes to the new patient registration premium
- Changes that could allow other digital providers to set up and start registering patients in any part of England
- Changes to allow new digital first practices into the most under-doctored geographies only – for example, CCGs in the bottom 10 or 20%
- Changes to remove the need for most local APMS procurements by looking to PCNs as the default mechanism for maintaining primary care provision.

GPC England will be responding, and we will provide a CLMC response following the CLMC Committee discussion but encourage individuals/practices to respond. The consultation closes on 23 August 2019. GPC aim to publish their response week commencing 5 August. Read more about the consultation [here](#).

### **DDRB Uplift for GP Trainers Grant and Appraisers' Fee**

The [DDRB report](#) and the pay uplifts for England were announced on Monday 22 July. The DDRB was asked not to make a pay recommendation for General Medical Practitioners in England as this is the first year of the recently announced five-year contract deal. As part of this agreement, core general practice funding will increase by £978 million per year by 2023/24 providing greater certainty for GMPs to plan ahead. Additionally, all practice staff, including salaried GPs, secured for 2019/20 an uplift of at least 2%, although the actual effect is probably more given the introduction of the state backed indemnity scheme.

This year, the Government accepted the DDRB's recommendation to increase the value of the GP trainers grant and the GP appraisers' grant by 2.5%, from the beginning of the year and backdated as necessary in the event of late implementation. It is positive that following years of lobbying, GPC England has established that the appraisers' fee should be uplifted annually.

### **Community Pharmacist Consultation Service**

The Department of Health and Social Care has announced the introduction of the NHS Community Pharmacist Consultation Service which will offer local, same day, pharmacy appointments to patients with minor conditions, via NHS 111. The scheme is currently being piloted in some areas and, if successful, the plan is to widen the scheme so that GPs and A&E are also able to refer patients to the service. GPC commented "This data, while only providing a limited snapshot of the total work that GPs do, provides clear evidence of the rising workload pressure practices are under. We are providing a million more appointments each month, yet with hundreds fewer GPs." Read more about the scheme [here](#) and in a letter from NHS England to commissioners [here](#).

### **Increased Funding Lead to Higher Patient Satisfaction**

Pulse reported on [research by the Society for Academic Primary Care \(SAPC\)](#) that showed that an increase of 12% funding in general practice (£10 per patient) lead to an increase in patient satisfaction. In response, Bob Morley, GPC policy lead for contracts and regulation, commented: "The results of this research will come as absolutely no surprise to those working in general practice nor to anyone with an ounce of common sense and one can only hope that politicians and policy makers will take note." Read the full article in [Pulse](#).

### **Shared Parental Leave Survey**

Junior doctors and non-doctor NHS staff in England have recently secured enhancements to pay for shared parental leave (SPL), as well as provisions for paid child bereavement leave (CBL). Above statutory rights, these enhanced pay and leave provisions are not currently available for consultants, SAS doctors and GPs. In order to secure these enhanced provisions, the BMA will need to negotiate additional funding into the GP contract for services (which would then allow for amended terms for employed GPs and to partnership agreements) to ensure all doctors have equal and fair access to the leave and the associated pay.

Please give GPC your thoughts on this so they can share it as evidence in the ongoing negotiations with NHS Employers to extend enhancements to SPL and CBL to as many doctors as possible in England. Please complete the survey [here](#).

### **Making General Practice a Great Place to Work – a practical toolkit to improve the retention of GPs**

Working with the BMA and the RCGP, NHS England and NHS Improvement have produced [a new toolkit](#) to improve GP retention. The toolkit is aimed at system leaders and clinical leads working across primary care, helping them to develop robust local retention action plans that provide GPs with the support they need to develop fulfilling careers in general practice. It also aims to tackle issues at practice, network and system level that may be having an impact on local GP retention. [NHS Operational Planning Guidance 2019/20](#) requires that recommendations from this toolkit are incorporated into local planning.

### **NHSE Webinars for Practice Staff to Input to Vaccination & Immunisation Review**

As part of the new [5-year GP contract](#) GPC England and NHS England have agreed to hold a review of Vaccination and Immunisation procurement, arrangements and outcomes with the aim to reduce complexity and increase impact, without cutting practice income. As part of this NHS England is running two webinars in August to seek the views of practice staff, including practice managers and nurses. The dates are:

- Monday 5 August, 14.00 – 15.30 [Register here](#)
- Wednesday 7 August, 11.00 – 12.30 [Register here](#)

If you would like to register for either of these webinars, you can do so by clicking on the links above. NHS England will then send you details of how to join the webinar.

### **Sessional GP Blog**

Newly elected sessional GPs committee chair Ben Molyneux outlines his priorities - Pensions, contracts and parity of esteem - in a [blog](#).

### **GMC and Regulation of Physician Associates**

The Department of Health and Social Care has [announced](#) that the General Medical Council will regulate physician associates and anaesthesia associates.

### **Report Shows That Some CCGs Have Almost Twice As Many Patients per GP than Others**

[GP online](#) have analysed figures that show how some CCGs have almost twice as many patients per GP than others. The findings show that GPs in Bradford City CCG manage more patients each than their counterparts anywhere else in England, whilst NHS Rushcliffe in Nottingham, have 1,577 patients per fully-qualified FTE GP - a figure lower than any other CCG in England.

The large variation in patients per GPs between CCGs is a real concern to us all, and even more concern if you are a patient in those areas where practices are struggling to recruit not just GPs but also other staff like nurses and practice managers - patients are losing out due to this long-standing recruitment and retention crisis we are going through.

## **GP Pressures**

The key figures outlining GP pressures for June 2019 (based on [NHS Digital data](#)):

- The total number of patients rose by 731,000 from last June to 59,900,000, which leaves each fully qualified GP responsible for an average of 2086 patients. An extra 26 patients each compared to last June.
- The total number of appointments at GP surgeries in England was 23,800,000 in June 2019.
- The 2019 [GP patient survey](#) found that only 3.8% of respondents wanted an appointment with a week or more wait. The figures released today show that in June 2019, 31.9% of appointments involved a wait of over a week.
- 18.2% of appointments recorded involved a wait of over 2 weeks, up from 16.5% last June. Appointments involving a wait of over 28 days were up by 119,000 compared to last June, and now make up 5.1% of all appointments.

With patient numbers rising and GP numbers falling, the pressure on GPs increases month on month. As a result, some patients are being left waiting weeks for appointments, and GPs are working extra hours. The BMA quarterly survey found that 3 in 4 GPs are often or very often working beyond their regular hours. Despite these pressures, more than 8 in 10 patients describe their GP practice as 'very' or 'fairly' good, a credit to GPs hard work and dedication.

## **National Access Review of General Practice Services: Regional and Themed Engagement Events**

[NHS England are holding a number of regional engagement events](#) to provide an opportunity for general practices, commissioners and system leaders in the region to provide feedback on all aspects of the national access review which GPC England is currently working with them on. There is an opportunity for GPs and practice managers to provide input in to the review. Contact [england.accessreview@nhs.net](mailto:england.accessreview@nhs.net) to register your place.

North region: Tuesday 10 September 2019 (10.00am – 4.00pm)  
Headingley Experience, Emerald Headingley Stadium, St Michaels Lane, Headingley, LS6 3BR.

The following events will be used to facilitate a focused discussion on digital technologies and integration/urgent care:

Focus on digital services and technologies: Tuesday 6 August 2019 (10.00am – 4.00pm)  
Chelsea Football Club, Stamford Bridge, Fulham Road, London, SW6 1HS.

Focused event for patients and the public: Tuesday 20 August 2019 (10.00am – 4.00pm)  
Ambassadors Bloomsbury Hotel, 12 Upper Woburn Place, Bloomsbury, London, WC1H 0HX.

Focus on urgent care and integration: Thursday 29 August 2019 (10.00am – 4.00pm)  
De Vere Grand Connaught Rooms, 61 - 65 Great Queen Street, London, WC2B 5DA.

Workforce and workload: Dates, timings and location TBC

## **Are You Involved in Delivering Cervical Screening?**

NHSX is committed to improving screening programmes. To do this, they need to understand the needs of people delivering cervical screening and where the problems are. They are conducting site visits to locations across the UK (including practices and sexual health clinics), with an aim to learn about roles, responsibilities and observing how staff interact with IT systems. They are looking for a mixture of locations, sizes of practice and IT systems used. If you are interested in helping to improve screening please contact [digitalresearch@nhsx.nhs.uk](mailto:digitalresearch@nhsx.nhs.uk) to find out more.

## **GP Trainee Elections**

The nomination period for GP Trainees in the North East has been extended until 12pm Monday 5 August. Voting will take place between 12pm Monday 6 August – 12pm Monday 15 August. Read more [here](#).

### **BMA Regional Council Elections**

Nominations for the regional council elections are now open, and will close at 12pm, 19 August. You can read more about why you should take part, the role of a regional council member and the change you can create in a blog by Dr George Rae. Find out more [here](#).

### **BMA Medical Academic Staff Committee Update**

The [BMA Medical Academic Staff Committee \(MASC\)](#) has announced that David Strain has been elected to take over from Professor Michael Rees as its new co-chair alongside Peter Dangerfield. GPC will meet with David this week to talk about how they can better support GP academics.

The co-chairs' first meeting was on 11 July. MASC was pleased to hear from RCP London academic vice president Professor Cheng-Hock Toh on its call for more research opportunities to be provided to clinicians working in the NHS. Keep up to date with MASC on Twitter [@BMA\\_Academics](#). For any queries contact [info.masc@bma.org.uk](mailto:info.masc@bma.org.uk)

### **GPC Newsletter**

Read the latest GPC newsletter [here](#).

### **GPC Sessional GP Newsletter**

Read the latest Sessional GPs newsletter [here](#).