

CLMC Bulletin 359 – 31.07.18

DDRB Annual Pay Review and Uplift

Brief summary:

- there will be a further 1% uplift to the contract which will be backdated to April 2018
- this brings global sum to £88.96
- there has been no official information to the NHS E finance teams BUT it looks like it could be at least October before you see this increase in your statements
- GP trainer grants and GP appraiser fees will be uplifted by 3%

The [Government announced](#) its pay deal for doctors in England and, in doing so, ignored recommendations from the DDRB (Review Body on Doctors' and Dentists' Remuneration). The government announced a consolidated **2 per cent pay increase** for GPs backdated to April 2018, with an additional 1 per cent potentially available from April 2019 subject to contract reform.

Each year the DDRB makes recommendations on the pay for all doctors in the UK. While in the recent past, the pay for GPs has been agreed through direct negotiations by GPC, this year GPC included evidence to the DDRB and asked them to make a recommendation. The DDRB listened to the evidence and expressed its concern about the workforce issues and made recommendations accordingly. Following the DDRB recommendations, the government then makes a decision about an increase in pay, taking all doctors into account. This year, the government announced it is lifting the 1% pay cap for all public sector workers and so its decision was coordinated across all public sector workers (who are covered by various pay review bodies).

The original agreement in the negotiations back in March was for an interim 1% pay uplift for all GPs and their staff and for any further uplift to be implemented based on the government's decision on the DDRB recommendations. [This briefing](#) explains what the uplift means for general practice in England.

The GPC Executive has been in direct contact with the Secretary of State and NHS England and have expressed very clearly the anger of the profession. The BMA has also responded to the announcement with a [statement](#) expressing the profession's astonishment and Chaand Nagpaul, BMA Chair of Council, wrote to the Secretary of State for Health and Social Care requesting an urgent meeting to discuss what can be done to address the profession's anger. Read the letter [here](#)

Apprenticeships in England

The apprenticeship levy can be accessed by employers, including NHS Trusts and GP Practices in England, to help assist with the employment of apprentices by covering training and assessment costs. While only larger employers (those with a pay bill over 3 million) will be required to pay the levy, all employers (including GP practices), regardless of size, will be able to benefit from the fund. The BMA has produced [guidance on apprenticeships](#) in England looking at what funding is currently available for employers, how the apprenticeship levy works and useful resources for those who are considering employing an apprentice.

Reminder – Independent Review of the Partnership Model

Many thanks to all who have responded so far and there is still time to have your say. As part of the review, commissioned by the Department of Health and Social Care, [the key lines of enquiry document](#) calls for evidence to feed in to an interim report, which aims to make recommendations that will revitalise the partnership model and ensure that the views of GPs, other staff working in general practice, patients and the wider system have been considered. Members are encouraged to feed in to the review, by emailing GPPartnershipReview@dh.gsi.gov.uk (please copy the CLMC office in to your response if possible) or email janice.foster@nhs.net. Dr Nigel Watson (GPC member and Chief Executive of Wessex LMC who is leading an independent review) has also been [blogging](#) about the review.

Clinical Pharmacists in General Practice

NHS England has published an evaluation of the phase 1 pilot of the [clinical pharmacists in general practice programme](#). The evaluation was undertaken by the [School of Pharmacy at the University of Nottingham](#), supported by patient representatives and the University of Queensland, Australia. The evaluation aims provides an overview of the Phase 1 pilot to integrate clinical pharmacists into general practice and identifies how best to implement and evaluate the final roll out. The report shows that clinical pharmacists significantly increase patient appointment capacity and reduces pressure on GPs. For more information and the full evaluation [please find the report here](#).

CQC New Recommendations on the Management of Controlled Drugs

CQC has released their [annual report on controlled drugs](#) including four new recommendations:

1. Prescribers should ask patients about their existing prescriptions and current medicines when prescribing controlled drugs. Where possible, prescribers should also inform the patient's GP to make them aware of treatment to minimise the risk of overprescribing that could lead to harm.
2. Commissioners of health and care services should include the governance and reporting of concerns around controlled drugs as part of the commissioning and contracting arrangements so that these are not overlooked.
3. Healthcare professionals should keep their personal identification badges and passwords secure and report any losses as soon as possible to enable organisations to take the necessary action.
4. Health and care staff should consider regular monitoring and auditing arrangements for controlled drugs in the lower schedules, such as Schedules 4 and 5, to identify and take swift action on diversion.

Sessional GPs e-newsletter - UK

The [July addition of the sessional GP newsletter](#) includes an update from Zoe Norris on the partnership review and a blog from Mary McCarthy, UEMO representative about general practice in Europe. Read the newsletter [here](#).