

GPC ENGLAND EXECUTIVE AND GPC POLICY LEADS CONFIDENTIAL UPDATE

Please find below a confidential update which summarises developments since the last meeting.

As ever, these updates are sent on behalf of the whole executive and the Policy Leads and are one of the mediums by which we share privileged information with GPC members, and so the content of these updates should be kept confidential and not circulated further.

We are also in the process of setting up specific web pages for the ten GPC UK policy groups. Those web pages will include contact details for the respective Policy Lead along with the membership of their group. Those pages will also include the individual work plans for each of those Groups and it is our intention that they should be regularly kept up to date with progress. You should see those pages start to be published shortly, and links to those pages will be included in the Chair's regular emails to the profession and LMCs.

2018/19 Annual GMS Contract negotiations

A great deal of Execs recent time has been spent on conducting the annual GMS contract negotiations process.

We will announce the outcomes of those negotiations in due course.

Letter to Simon Stevens about PCSE failures

Richard Vautrey wrote to Simon Stevens on 30th October to highlight the continued failure of PCSE, run by Capita and commissioned by NHS England. That letter was based on the valuable feedback we have had from LMCs. Following good work from the BMA Communications team, it led to a front-page story in The Guardian which in turn led to [support](#) from Norman Lamb MP. Jonathan Ashworth MP, Labour's Shadow Health Secretary, has also written to Jeremy Hunt requesting an "urgent update" concerning the failure of Capita to pay hundreds of trainee GPs their salaries.

The letter from Labour's Shadow Health Secretary calls on the Government to:

- Pay the affected trainees directly until the situation is resolved so that they are not forced to seek help from charities.
- Undertake a thorough investigation into how these sustained failings were allowed to take place under the watch of the Department of Health, and why this service was outsourced in the first place.

You can find links to the letter, and The Guardian article in the chair's weekly [email](#) to GPs.

Following discussions between Exec and Policy Leads, we have also put in place new internal working arrangements for dealing with Capita and PCSE related issues. A specific PCSE/Capita Group (with its own listserver) has been set up to focus on the delivery of all aspects of the significant amount of work related to Capita and PCSE.

Krishna Kasaraneni is the Exec lead for this work, and Ian Hume the Policy Lead. Other elected members are:

- Krishan Aggarwal (Sessional GP representative)
- Samira Anane (ETW representative)
- Peter Holden (Premises and practice finance representative)
- Paul Cundy (IT)
- Andrew Green (Clinical and Prescribing)
- Matt Mayer (Workload)
- Tom Micklewright (Trainees)
- Bob Morley (Contracts and Regulations)
- Zoe Norris (Sessional GPs)

The work in this area cuts across many areas of GPC and BMA policy staff responsible for those areas are also all included on the listserver. The BMA staff lead for this area of work is Amy Bolton (abolton@BMA.ORG.UK)

Practice closures

Following more excellent work by the BMA Communications team, we secured coverage on Sky News last week to highlight the problems of practice closures, with a focus on the situation in Folkestone. Richard Vautrey also did an interview for BBC Radio Kent on the same issue, commenting that the problems witnessed in these practices was a reflection of the huge workload pressure experienced by practices right around the country which resulted from a decade of underfunding leading to difficulty recruiting new GPs and ultimately leaving practices worried about offering a service that was not safe for patients. You can see the BMA's coverage of the issue [here](#). You can also find the Sky News piece [here](#) and Kent piece [here](#).

Since then, a Labour politician in Folkestone, Laura Davidson, has called for an investigation into why 4,700 patients in Folkestone have been forced to look for a new GP after a surgery closure. [Pulse](#) reports that seven other practices in the town have applied to formally close their lists as Labour said it was concerned about the 1,777 patients deemed vulnerable by the practice but not by the CCG.

[Practice Business](#) also report on the BMA's response to the closure of Folkestone East surgery in Kent.

Securing expertise to support practices and LMCs exploring working at scale in England

We know that at a time when General Practice is under unprecedented pressure, and when practices are closing on a weekly basis, that the partnership model of General Practice is under genuine threat. GPC policy is to maintain and develop the independent contractor status of general practice, and the partnership model is the main way this is achieved. To maintain this, increasing numbers of practices are exploring entering into larger partnership arrangements. However, many practices, particularly those under pressure and under-staffed (and sometimes in "last person standing" type situations) don't entirely know how to go about doing that or have the necessary contacts to help them.

We know that many LMCs have developed some really innovative and useful support systems for their practices in this area and I have attended a number of events organised by LMCs to help practices with practical advice. In addition the BMA offers practices a legal service to help practices draw up contracts to support them enter into partnership arrangements (ranging from small partnerships of two or three practices to much larger "super-partnership" type arrangements).

Following some of the regional meetings we have been involved in, some practices have expressed an interest in more specific support or opportunity to explore their options further, before making any decisions to move to develop formal contractual arrangements. How GPC could help LMCs and practices better meet this need is something I have been talking to policy leads and GPDF directors about in recent weeks.

I would therefore like to convene a small group of doctors (whose time would be funded) who have extensive expertise and experience of involvement in practice mergers, creating federations and/or large partnership arrangements. It is essential that they are also GPs who have a deep understanding of the central importance of the relationships between GPC, LMCs and practices in England, and who would work closely with LMCs (because that's where the local knowledge and understanding lies) to advise practices on the different types of models which are available and the practical steps that would need to be taken to move forward in a way that would best suit them.

To that end, we are now seeking expressions of interest from any doctors who are both potentially interested in being a part of that panel, and feel that they have the required knowledge and experience of developing new models of care and ways of working, to help their colleagues across the country in this practical way. If you know of such GPs please pass this request on to them.

I must underline that it is absolutely not the intention that the panel will be pushing or advocating for any one particular working model. After all, one size does not fit all, and circumstances across the country differ far too widely for us to take that approach, and that being the case we will be interested in hearing from a range of colleagues with a range of different experiences.

Please contact Richard Pursand at rpursand@bma.org.uk if you are interested in discussing the role further.

GP at Hand/Babylon

You will recently have seen the adverts which have appeared regarding the launch of “GP at Hand” 24hr service in London, along with their claim that they provide the highest standard of care through their innovation. We are in the process of arranging an urgent meeting with both Babylon to find out in detail about their offering, and have had a high level meeting with NHS England to discuss our concerns.

Indemnity

This week we attended an indemnity roundtable with the Royal College, the DH, UK Government investments, and NHS England. Discussions are still at a very early stage and that meeting was mainly an opportunity for us to clearly state our position.

We, along with the College, outlined:

- the full range of cover we wanted
- comparisons to hospital consultants and the NHS Resolution model
- our objections to anything that jeopardises the GP partnership model
- the impact indemnity is having on extension of skills mix and practices taking on other healthcare professions
- the impact indemnity is having on the choice of GP as a specialty
- the need for a commitment to a winter indemnity scheme in 2018
- the importance for ongoing communications for the profession

We also covered:

- MDU’s offer and DH’s response, and the confusion within the profession - DH were clear they stand by the contents of their addendum
- MDU’s offer as it relates to GP trainees and HEE’s bulk indemnity arrangement – which is remaining occurrence based
- MDU’s current winter indemnity offer- which is remaining occurrence based

Going forward, it was agreed that we would meet again in 4-6 weeks’ time, with DH wishing to formalise our meetings and set up a type of Steering Group to oversee this (including DH, NHS England, UK Government investments, HEE, BMA, RCGP and the GMC, and possibly a representative of OOH organisations).

We will continue to keep you updated.

Primary and secondary care interface – New Patient Leaflet

Building on past work that the GPC has delivered - securing important changes to the hospital contract in 16-17 and 17-19, a few weeks ago we, working closely with the BMA Patient Liaison Group, worked with NHS England to produce a patient information leaflet which explains to patients what they can expect to happen if they are referred by their GP to see a specialist or consultant at a hospital or a community health centre. You can access this leaflet from the BMA patient information page [here](#).

This follows on from a recently published [guidance document](#), jointly produced by GPC England, NHS England, NHS Improvement, NHS Clinical Commissioners, RCGP, RCN and the Academy of Royal Medical Colleges, which describes key national requirements that clinicians and managers across the NHS need to be aware of in order to work toward improving the interface between primary and secondary care.

Each of these documents have been developed following significant work by GPC. We'd like to thank the BMA's Patient Liaison Group who supported us in developing this leaflet alongside the BMA's Consultants Committee, Junior Doctors Committee and Staff, Associate Specialists and Specialty Doctors Committee. We also wish to acknowledge the help of Kent LMC who identified the need for a patient facing communication, creating their own leaflet which was swiftly adopted by multiple LMCs around England.

You can download the patient leaflet and other related resources from the BMA website [here](#), under related resources. This has also been published on the [NHS Choices website](#). Visit the NHS England website for more information [here](#).

As a reminder, you can find 16-17, 17-19 and other UK Wide template letters through the [Quality First webpages](#).

Updates from GPC Policy Leads

Clinical & Prescribing – Andrew Green

The last two months have seen two reports to major consultations finalised and submitted, these being the low value medicines project and the commissioning of services for gender variance. We have had face to face meetings NHSE and others about both of these subjects. The work with NHSE et al on interface prescribing is now out for consultation.

Work on the QOF review continues, with the first of a series of stakeholder workshops looking at existing QOF alternatives, multi-morbidity, and system alignment. We sit on both the parent QOF Review Board and its spin-off, the technical working group. In the event of this review leaning towards evolution rather than revolution, we have also been looking internally at the way the diabetes domain might be altered to encourage individualised care, with the intention of this being an exemplar for other areas.

Monthly meetings are taking place Capita with regards to them taking over GP payments and cervical screening administration as of June 2018.

NICE are due to release their guidance on asthma later this month and we have liaised with them and NHSE to examine the implications that this will have on both our practices and wider primary care.

Negotiations were had with Arvind Madan about their proposals on compulsory peer review of all referrals, which resulted in a softening of their position. This issue is by no means resolved and will

particularly impact on GPs working in CCGs where there are large deficits, but at least the door has been opened for CCGs to be flexible in their actions.

Finally for work in progress, the group has started as review of all the clinical pages of relevance on the BMA website.

Dispensing – David Bailey

Met NHSE to discuss our requirements for supporting rural dispensing on 12th October along with Ian Hume, Krishna Kasaraneni, DDA and Greg Lewis and Ciara Green from the secretariat.

We explained how integral to the sustainability of rural general practice it was to have a fair system for dispensing and made suggestions under 4 main headings:

- Reimbursement. Currently the discount claw back for dispensing doctors is higher than for pharmacists and there is no recognition within it of zero discount lines including insulin and vaccines leading to some drugs being dispensed at a loss. Given that a separate tariff was impractical we have suggested that dispensing doctors work under the same claw back system as pharmacists which leaves some incentive in the system to buy prudently and is corrected by a discount inquiry to ensure discounts generally match the level of claw back. Ideally this would include observer status at discussions on the drug tariff with Department of Health.
- Remuneration. There is a negotiated system in place which includes some annual efficiencies in any event but was negotiated when DDRB still purported to recommend a GP uplift to account for expenses. More recently in England and Wales negotiations on expenses have been direct with government and we have requested that it is the total net uplift which is used to include an expenses element when uplifting the fee scale (this would also benefit all GPs via the personally administered regulations).
- EPS phase 4. We have requested that a dispensing module is included within EPS centrally commissioned in the procurement process. With an intention to have all such information eventually accessible within primary and secondary care it makes no sense to not have a fully integrated prescribing process. Suggestions that this is a business expense which should be separately commissioned by dispensing doctors are misguided as they ignore the low likelihood of GP system providers doing this work if not part of the procurement process which would unacceptably fragment the system disadvantaging rural patients.
- Falsified medicines Directive. It was acknowledged that this legislation was outside the control of both parties but also that it had potential to have a significant workload impact mainly on dispensing doctors but also on prescribing GPs whenever they wished to personally administer drugs. Currently the “solution” for this new legislation is standalone with potential large impacts on workload and time particularly where internet connections are slow and we strongly suggested that governments looked at solutions integrated with existing GP software to at least mitigate the problem.

I presented these discussions along with some other minor dispensing issues at the Dispensing Doctors Association annual meeting at the NEC the following week as the strategy is supported by both BMA and DDA. Whilst initial negotiations which will be reported back through plenary are England only I have undertaken to keep Welsh Government informed as they would expect to mirror any revised English regulations for Welsh dispensing GPs (as has always been the case).

Commissioning and Provider Development/Working at Scale – Simon Poole

We have been working in a number of different areas:

Contributing to updated guidance on ACOs including the ACO contract consultation, and wider BMA work on ACOs

We shall represent GPC at the next New Business Models meeting later this month to discuss ACOs and New Models with NHSE

Liaising with and commenting on Sessional Committee's document; Salaried GPs Working under New Models of Care - a really excellent piece of work led by Pooja Arora and Zoe Norris.

Taking on the role of monitoring development of the Integrated Urgent Care Service specification as part of the Commissioning policy work area - this will need careful scrutiny to ensure that this does not impact negatively on GP services.

Facilitated the Commissioning and Working at Scale discussion groups at the LMC Secretaries Conference.

Participating in a forthcoming conversations with NHSE on GP services to nursing homes, in particular palliative care services.

Preeti Shukla (Deputy Policy Lead), Marie Rogerson from the secretariat and I are continuing to plan the "Our Profession, Our Future" events. First one to be held in Leeds 30/11.

As we all know, general practice is under increasing pressure. In response, some practices are considering working collaboratively, adopting 'at-scale' models. In other areas this is being encouraged by commissioners or STPs.

The BMA is not promoting any particular 'at-scale' model. However, as clearly recognised at the 2017 LMC conference, in areas where change is happening, GPs must be at the forefront, controlling the future of general practice for the benefit of patients and the profession.

We are therefore working in partnership with LMCs to hold a series of events, to provide GPs with an opportunity to come together and:

- *Learn about the different models (federations, super-partnerships, primary care home, ACOs, MCPs...)*
- *Hear about the aims and experiences of GPs who have pursued these models across the country*
- *Share local insights and experiences*
- *Discuss the future of general practice in your area*

Contracts and Regulation Policy Group Report – Bob Morley

CQC liaison work

- Cross Sector Advisory Board
- Working at Scale advisory group
- Co-production workshop- next phase of regulation
- -Provider information collection workshop
- drafting response to latest fees consultation

Contractual matters

- Requested GPDF to produce consolidated SFE and GMS /PMS regulations and Performers List regulations documents for LMC USE
- input and advice on drafting changes to Violent Patients Regulations and DES for negotiation with DH in line with conference resolution
- Instigating joint work with BMA's Professional Fees Committee to provide comprehensive new guidance on requests for certificates and reports
- input and advice into response to consultation and guidance on new ACO regulations, working with Commissioning and Service Development Policy Group
- input and advice into response on draft NHS England paper on regulation of "low volume of clinical work" GPs
- direct advice and support to Kent LMC and practices including legal/QC opinion on issues around list dispersal, list closure applications and patient allocation

Other

- supporting Andrew Green/ Clinical and Prescribing PG on contractual issues around transgender services prescribing and commissioning
- Capita working group: leading on patient registration/removal and violent patient issues; Krishan Aggarwal leading on performers list issues on behalf of C and R as well as sessionals;
- Fay Wilson assisting ETW policy group on GP occupational health service issues
- ongoing responses to requests for advice on C and R issues via listserver, direct queries from LMCs and direct queries from individual GPs via BMA
- drafting the C and R work plan for 2017/18, prioritising work on delivery of key conference resolutions relevant to the policy group

Workload Management - Matt Mayer

The GPC update for the Workload Policy Group should be caveated that this group was only recently formed and thus all pieces of work are new and in progress. The pieces of work with progress reports are below:

Safe Working Limits

- Task & Finish Group being led by Brian Balmer in response to mandate from LMC conference
- LMC input being provided by Paul Roblin
- Data gathered from multiple overseas health systems by Mary McCarthy
- Aiming to have paper completed in time for January GPC
- Looking at traffic light system for measuring workload, with black alerts
- Systems for practices to report workload limit breaches to CCG and for clearly defined supportive response to protect safety of patients and doctors
- Facility for practices to report workload level to GPC via web portal for data gathering
- Paper currently in initial draft form

Defining the Role of the GP

- Pamela Martin leading on this piece of work, which has just commenced

- Provisional timeline set to March 2018
- Aim is to clearly define the role of the GP and work which can only be done by GPs
- Looking at Scottish example of GP being “expert generalist” with delegation of appropriate work to other team members
- Clear guidance re: indemnity of such team members being independent to GP

Intermediate Care

- Reports from around the country of high acuity patients being put in “step down” units such as community hospitals or private nursing homes, which then use unreasonable requests for home visits from GPs in lieu of properly staffed medical team
- In many cases this falls outside the definition of primary medical services
- Current stage is data gathering to assess level and nature of problem
- Help from outside policy group being kindly provided by Peter Holden
- Aim is to update the current GPC guidance on this to ensure GPs are fully equipped to push back on such work

Unfunded/Unresourced Work & Primary/Secondary Care Interface

- Aim to expand the current Quality First suite of resources to make area more readable and accessible
- Add in template letters aimed at external sources of unfunded work (e.g: letters for school, housing, commercial sector etc)
- Facility for practices to report this work to central database so it can be mapped and used as evidence
 - Eg: contract breaches to allow heat mapping of worst offending areas
- Central resource area for all workload guidance (fees, dental, reports etc) with FAQs
- Ongoing work, requires various input from eg: web, legal, comms etc

Social Prescribing

- Looking at producing guidance on social prescribing as a means to manage non-medical workload
- Links in with defining the role of the GP with clear demarcation of what is medical and what is social
- Ensuring whole team can access this, and a specific GP referral not required
- Currently in initial data gathering and research stages

The group are also looking at the possibility of creating a “heatmap” for the website which highlights practices which are under pressure of closing.

GP Trainees – Tom Micklewright

2018 junior doctor contract

Since trainees transitioned this August, we have received reports that some trainees in practice do not have access to exception reporting software or have not received any training in how to use it, aren't aware of their GP Guardian and don't have access to Junior Doctor Fora yet. I met with St Helen's and Knowsley Lead employer to address this and also helped to draw up a structure for future Lead Employer LNC meetings that would allow for representation from East of England, West and East

Midlands and Mersey. We will be meeting with NHSE shortly to discuss our remaining concerns with other regions.

Comms update

Ongoing discussion with comms about establishing a newsletter and social media. Unable to assist with an officially-branded social media page so we will be proceeding with an unofficial social media page. Waiting to liaise with the webteam about updating our webpages, linking these in with a potential newsletter, and creating some additional pages around GP Trainee travel expenses and GP OOH.

GP Out of Hours

Ongoing concerns regarding OOH. OOH training review is ongoing and likely to take several more months, as HEE waiting to see the outcome of the RCGP Curriculum review first. Concerns voiced at RCGPSAC and COGPED meetings. Conference motion passed on the need for consistency and appropriate supervision in OOH. Further meetings planned at a local level with HEE and NES. Discussed with sessionals about developing a media campaign around our shared OOH concerns.

Physician Associates

RCGP have received assurances that the HEE funding contributing to PA training will **not** be impacting GP Training budgets at all. Spoke with Jeannie Watkins from Faculty of Physician Associates at BMA Junior Doctors Committee – unable to give answers to whether PAs could be supervised remotely in general practice or OOH or whether general practices might be financially incentivised to offer training places to PAs rather than GP Trainees or medical students.

GP Training Practices FAQ and Contract Comparison

I have been working with Krishna Kasaraneni (GPC Exec), Helena McKeown (ETW policy lead) and Adam Harrison (BMA staff) to develop a comprehensive [FAQ for practices regarding the new junior doctor contract](#) and how this relates to GP trainees. We have also produced a document comparing the 2002 with the 2016 contract

MDU transitional indemnity

Following the SoS's indemnity announcement and MDU's decision to offer 'transitional benefits', we wrote to HEE to express our concerns for trainees who were covered by bulk indemnity arrangements with MDU that had been arranged by their LETB or Lead Employer. We have since received correspondence from MDU about an addition to the FAQ which makes clear that GP Trainees covered by bulk indemnity will **not** go onto transitional benefits and will have their indemnity continue as it was previously, regardless of whether the trainee is a new joiner to the bulk indemnity scheme or is renewing after November. The MDU FAQ on this is available [here](#).

[Report of the Representation Policy Group on appointments – Bruce Hughes](#)

The Policy Lead appointment process review is due to be finalise at a meeting on 30th November.

The Gender inequality task and finish group has been formed. It consists of myself, four GPC members, one past member and one LMC person who has never been on GPC. Rachel Ali will lead on it and the first meeting is planned for the beginning of December.

[GP Forward View – Chandra Kanneganti](#)

- **Analysis report of investment in general practice** – published September 2017
 - The report presented analysis based on the 2016/17 investment in general practice data to be published by NHS Digital.
 - Key findings include that the GPFV is not on track to deliver the full potential of its funding commitments. Although the pledge of a minimum funding uplift of £12 billion by 2020/21 through core recurrent funding appears to be on track, it is disappointing that so far little or no discernible progress has been made over the last year in leveraging additional investment from the rest of the system through CCGs and sustainability and transformation funds.
 - Our findings have been discussed with NHS England.

- **Information to LMCs** – September 2017
 - An letter containing information on the GPFV funding and support streams for 2017/18 were sent out to all LMCs in England. This will help to identify what funding is available and how it can be accessed.
 - LMCs have been encouraged to contact the policy groups with any issues they are experiencing in accessing these funds.
 - We will issue a survey to LMCs in March/ April 2018 to monitor if/how these funding streams have reached the ground.

- **Transformational funding from CCGs** – October/ November 2017
 - CCGs are requested to provide £3 per head transformational funding to general practice between 2017 – 2019. This can be paid in full during one year, or split between the two years.
 - The BMA Health Policy team have issued FOI requests to all CCGs in England to identify what transformational funding (per head and in total) CCGs are planning on providing to general practice in 2017/18 and 2018/19.
 - This will help us to monitor which CCGs are unable to provide this funding.
 - We can provide this information to LMCs to ensure the funding has been delivered.

GPFV ROAD SHOWS-

GPFV policy team is in the process of considering plans to run 5 roadshows across England in January 2018 to share local information with LMCs on how to access GPFV funding streams and GP access monies.

OTHER INFO-

CCG's/STP's can now apply for their share of international recruitment as per the below guidance. www.england.nhs.uk/wp-content/uploads/2017/03/international-gp-recruitment-guidance-commissioners.pdf

Latest release of funding from GPFV for e consultations have been released. Budgets allocated to each CCG which need to submit plans are as below-

www.england.nhs.uk/gp/gpfv/redesign/gpdp/online-consultations-systems-fund/about/

NHSE team are be hosting a number of subject specific webinars related to improving access. These will initially focus on procurement and communications, as follows. LMC's are encouraged to attend the webinars for guiding their local GP networks/Federations to bid for the access monies available for all CCG'S from April 2018.

- **Procurement:** [Tuesday 21 November at 12-1pm](#)
- **Communications:** [Wednesday 29 November at 9.30-10.30am](#)

General Practice Transformation Champions event – 22 November 2017, London

NHSE are running [General Practice Transformation Champions](#) event on 22 November 2017 at the Wembley Hilton Hotel, London. The one-day conference is for anyone involved in leading improvement and transformation in general practice in the NHS, from GPs, practice managers and other primary care professionals, to commissioners and STPs.

Sessional GP subcommittee – Zoe Norris

We continue to have a wide range of different workstreams with an exec member responsible for each. I am pleased to continue to get contact from LMCs with sessional issues and would encourage all GPC members and LMCs to use us in the same way if you are contacted by a colleague or practice who have queries or concerns. You can email any of us; our secretariat support is Matt Lasham (MLasham@bma.org.uk) and Zara Raza (ZRaza@bma.org.uk).

PCSE

Krishan Aggarwal continues to work as part of the task and finish group on Capita issues from a sessional perspective, including on: processing of locum payments, testing proposed changes to the online systems, and pushing for LMCs to have access to the up to date performers list.

Pensions

Krishan is also working on the problems around annualization of pension contributions, as well as the redesign of locum forms A&B, SOLO, and the amnesty on type 2 practitioner forms.

Death in service

Test cases have gone to initial appeal with NHS pensions and with support from BMA legal, will now proceed to a formal legal challenge to get a definitive answer on whether locums can have the same death in service benefits as other contributors to the NHS pension scheme.

NHS e-mails for locums

Liz Thomas at the NHSE negotiating team has helped progress this after information from Zoe Norris and Mark Sanford-Wood. A teleconference with David Geddes from NHS England is planned to follow up in the next few weeks.

Liaison with GP Trainees

SSC and GP trainees now have reps on each other's committees to improve cross working.

Sessional SC webpages

Pooja Arora is redesigning the sessional SC BMA webpages with support from the web team; it is a much better resource and is planned to be a template for the other branches of practice to follow. The new subcommittee webpage hub can be accessed at: www.bma.org.uk/sessionals

LMC conference & secretaries conference

Zoe spoke at the LMCs secretaries conference to update on workstreams so far and talk about initiatives and communications with LMCs. SSC had a stand with pre-loaded USB sticks with sessional resources at the LMC England conference.

New models of care guidance

Ben Molyneux has worked alongside the working at scale policy team to produce a document on [sessional GPs working in new models of care](#). This covers a whole range of scenarios and should provide a useful resource for individual GPs as well as LMCs. He is also looking at locum banks, and the contract and employment models for online/e-consulting.

Newsletter

The newsletter format has been altered to include examples of scenarios where the SSC can help members/LMCs, some clinical content from BMJ learning, and information on alternative career options. Figures remain good and we will review feedback after a few months. The newsletter is now going out to all BMA members and non-members at the same time, and has the option for non-members to subscribe to the newsletter, with or without joining the BMA. The November newsletter is available [here](#).

DDRB

Zoe has liaised with the BMA DDRB submission group and Evita Syrengela from the BMA terms and conditions of service team over the content and wording on sessional GP matters in the evidence. Various drafts are being reviewed to be agreed on by all groups.

Member relations

Matt Mayer is reviewing data and examples of problems that member relations are receiving to provide them with more support on the advice being given out and ensure our communications for them and members directly are appropriate.

Education, Training and Workforce – Helena McKeown

Deputy Policy Lead – Samira Anane has been selected as Deputy Policy lead and has kindly agreed to represent the PCSE/Capita issues on behalf of the ETW.

1. **Targeted GP training** – the next meeting for this workstream taking place in the afternoon of Thursday 9 November. HEE has recently completed and published the results of a consultation in this area. Proposals that have been suggested by HEE in their consultation response are welcomed by the BMA, but other stakeholders are reticent about the proposals (Policy leads – Helena McKeown and Tom Micklewright)
2. **Undergraduate/Postgraduate education** (Policy lead – Tom Micklewright)
 - a. **Funding for undergraduate/postgraduate education** – HEE have (under the auspices of DH) suggested making changes to the funding models to simply payments, that will see a minor uplift, which HEE will pay for. However, there has been a significant lack of detail of how this will be achieved.

38 CCGs to deliver integrated psychological therapies at scale. IAPT expansion is in the NHS Planning Guidance for 2017/18 and 2018/19, including an expectation that all areas commission integrated IAPT services from 2018/19 – meeting these ambitions will require an expansion of therapists in primary care. From 2018/19 funding for IAPT expansion is in CCG baselines and the effective implementation of these integrated mental health services by CCGs is expected to result in substantial savings in physical healthcare. We haven't been to any recent meeting on this but are monitoring. (Policy Group lead – to be confirmed)

9. **Physician Associates in GP** – next meeting of the national HEE-led working group on Tuesday 14th November – to date we have consistently offered constructive advice and suggestions for the best ways to ensure GP practices can recruit and make best use of PAs (Policy Group leads – Ben Molyneux / Samira Anane (deputy))
10. **International GP Recruitment Advisory Board** – next meeting of the national NHS England-led advisory board on 14th November – tender processes to select agencies that will identify and recruit 2000-3000 international GPs is underway and two Commissioning Support Units have been appointed to host the national office for the programme (Policy Group leads – Terry John / Helena McKeown (deputy))
11. **Induction and Refresher Scheme Review Group** – this annual review will get underway in January 2018 (Policy Group leads – Helena McKeown (ETW) and Vicky Weeks (Sessionals))
12. **Retaining GPs within GP** – the working group last met on 1st November and GPC-led discussions are underway to develop a GP partner element of the scheme (Policy Group leads – Helena McKeown / Krishna Kasaraneni (ETW) and Vicky Weeks (Sessionals)). Krishna Kasaraneni, Pam Martin and I separately met with Mona Aquilina (RCGP) to discuss the retention of older doctors and we are pursuing our ideas within the BMA and with the RCGP. We also responded to a consultation from NHSE on measures to support GPs that are still on the Medical Performers List but not currently working in general practice.
13. **Data quality** – as part of the Technical Steering Committee work, NHS Digital is in the process of gathering all GP workforce datasets and definitions in use across the UK. Once this is done, we will be engaged to discuss further ways to collect, analyse and present accurate and comparable UK GP workforce data (Policy Group lead – Grant Ingrams)
14. **Physiotherapy services in primary care settings** – meeting arranged with Arvind Madan, NHS England Director of Primary Care and senior colleagues from the Chartered Society of Physiotherapists to discuss the commissioning of musculoskeletal primary care services on 20th December (Policy Group leads – Helena McKeown and Krishna Kasaraneni)
15. **Newly qualified GP resource** – develop an online and live resource aimed at trainees and newly qualified GPs about GPC / LMCs and practical advice and guidance (Policy leads – Bethan Roberts, Jamie Lingard (more TBC)).
16. **NHS English GP Health Service** - We are monitoring the successful implementation and the overwhelming uptake of the NHS English GP Health Service at the national Expert Advisory Group.

17. **MRCGP CSA Examination Board** – Helena attended the ongoing monitoring of the MRCGP CSA Examination Board with the RCGP.
18. **GP Specialty Advisory Committee** - Sarah Matthews has continued to attend the RCGP's GP Specialty Advisory Committee on behalf of the ETW.
19. **PCSE/Capita Debacle with respect to Trainees payments** - Ian Hume helped some Trainees who approached us to get their severely delayed payments from the PCSE debacle – thank you. Samira Anane represents the PCSE/Capita issues on behalf of the ETW.

Premises and Practice Finance – Ian Hume

Leases and service charges

We are aware that a number of practices have been affected by NHSPS (NHS Property Services) and CHP (Community Health Partnerships) significantly increasing its service charges for practices in premises owned by NHS PS without explanation or provision of an itemised bill and have been doing a lot of work on this issue.

GPC has met with NHS PS on a number of occasions early this year to highlight these issues and seek solutions. Efforts have been frustrated which led to GPC issuing NHSPS with a deadline within which to provide a reasonable proposal for a process for calculating service charges and to accept that they cannot make unilateral changes to their charging policy. They did not provide either and discussions stalled.

GPC has written to practices (in both NHS PS and CHP premises) to inform them of the discussions going on at a national level and to highlight that we are pushing for a robust process to be implemented for calculating service charges that are logical and represent good value for practices. Our advice to practices in relation to service charges is clear, practices should be satisfied that the charges are legitimate and reasonable before payment is made. We asked them to complete a questionnaire on their particular situation in relation to service charges. We received over 180 responses and the information is crucial for informing ongoing work.

We have been told that NHSPS and CHP are not calculating charges on a per use basis. We wrote to NHSPS and CHP to seek clarity on a number of issues, but were not provided with the reassurances required. On 8 November 2017 we issues a freedom of information request to both companies to seek further information and clarity on how their charges are calculated. We await the response to the FOI and are considering all options at the moment to resolve this issue.

Primary care support services

We have recently established a new way of working in terms of this policy area as NHS England offered us the opportunity of greater input into some of the transformation changes that was taking place with PCSE. We felt that input into this phase was important and recognised that it crossed many different policy groups so would benefit from wider input from GPC members. Therefore we identified individuals with special interests in the various workstreams of the process and asked for their input. This has resulted in wider involvement and a new listserver being established. A meeting with Jill Matthews and Gus Williamson (NHS England) has also being arranged on 6 December, where we have invited all responsible GPC members involved to attend and share their concerns and discuss the new way of working.

You may have seen the letter that Richard Vautrey sent to Simon Stevens, on 31 October. The letter highlights GPC's dissatisfaction with the lack of improvements made to the service and seeks clarification on what NHS England plan to do to address the many issues that are outstanding. We will share the response to our letter with you when it is received.

ETTF

The Estates and Technology Transformation Fund (ETTF) is part of the General Practice Forward View commitment to improve general practice facilities and technology across England. We met with NHS England about the ETTF spend to get a general update. As of January 2017, 560 schemes were funded, a further 200 are progressing and over 800 schemes are currently going through the approvals (due diligence process). Spend in 2016/17 has still not been confirmed as this is subject to final accounts, it has been confirmed that in December 2016 over £75m of investment was approved. We have asked NHS England for an update and are awaiting a response. [Update when Ian Biggs responds].

IT and Information Governance – Paul Cundy

GDPR

GPC is working on producing guidance for practices on GDPR, but as yet the final legislation which will turn GDPR into UK Law has not been agreed by Parliament and we and others are lobbying for changes to diminish the impact of GDPR on GPs.

Online Consultation

The online consultation fund was launched by NHSE on 30 October 2017. GPC had asked for the funds to be held back. We continue to express our concerns that none of the current providers are safe from a clinical and data protection point of view. Bea Bakshi, as a subject matter expert, will be working with NHSE to develop a framework that aims to encourage the providers to improve.

Cyber security / GP IT Operating Model

Update on plans to support practices with GDPR and the 10 National data guardian standards were presented to the informal JGPIT Liaison group. They have now sent through an informal first draft of the GP IT Operating Model 2017 addendum that we will discuss at the next liaison meeting on 14 November. We have requested that all legacy operating systems be replaced by no later than 31/3/2018.

SNOMED

A letter drafted by Paul Cundy, with input from other members and NHSD was sent out to all LMC's informing them of the upcoming switch from Read Codes to SNOMED CT.

National consent opt out

The GPC remains concerned about trust in NHS Digital as a secure haven for patient data and the BMA is continuing its discussions with interested parties.

Payments for "ex" patients

We have confirmed with NHS Digital and NHSE the changes needed to ensure that CQRS will automatically include all patients eligible for payments under DESs, including those that have left practice lists.

GP2GP transfer

We continue to push for the final elements needed for universal deployment of 100% reliable GP2GP transfer. One aspect that remains unresolved in practices not importing GP2GP records that have been successfully delivered. We ask that all practices fully engage in the GP2GP system.

Looking to the future we continue to discuss the options and obstacles for a final program to remove the traditional Lloyd George envelope.

We are aware that PCSE is advising some practices that they are not allowed to provide some elements of transferring patients records on media such as CDs and USB sticks. This advice is incorrect and we will be advising LMCs accordingly.