EXECUTIVE AND POLICY LEAD UPDATE – January 2019

GP trainee subcommittee – Zoe Greaves and Sandesh Gulhane

2018 junior doctor contract review in England

The review of the 2016 junior doctor contract in England has now completed its evidence gathering and discussions with employers will begin in early 2019. Evidence has been collected from a range of sources including through an online survey open to all junior doctors who had worked under the contract.

Lynn Hryhorskyj, the GP trainee subcommittee the GP trainee subcommittee terms and conditions of service lead, has been successfully appointed to the Junior Doctor Committee's negotiating team. The full terms of the review are available on the BMA website.

COGPED review of OOH guidance

The subcommittee has continued to work with the education, training and workforce policy group (ETW) to advocate for improvement to remote supervision arrangements in the revised *COGPED Position Paper: Supporting the Educational Attainment of Urgent and Unscheduled Care Capabilities in General Specialty Training 2018*.

Members of the exec also met with Urgent Health UK, a federation of organisations that provide OOH/urgent care and are commissioned to provide training for GPVTS in OOH setting. Concerns were raised about the lack of clarity and structure of OOH training in some organisations, flexibility of and access to shifts and the risks of remote supervision. Promoting good practice through the federation is being considered and a further meeting will be scheduled in the following months.

Future of GP training

The GP trainee exec committee met with Dr Will Owen, a GP trainee and National Medical Director Clinical Fellow who has been working with the RCGP AiT Committee and King's Fund to develop a trainee-led position paper outlining a vision for the future GP Training. The subcommittee will continue to engage with this work.

RCGP exam fees

The subcommittee has continued to work with RCGP to develop communications to trainees about how exam and membership fees are spent. A meeting has been arranged with Chris Mirner, Executive Director of Professional Development and Standards on 6 February.

E-portfolio

The subcommittee has drafted a joint letter with RCGP AiT Committee to express concern about the delay to ePortfolio changes and ask for reassurances from the College that these developments are considered as a matter of urgency. A revamp of the pre-CCT ePortfolio started in the summer of 2016 and little progress has been made.

Sessional GP subcommittee – Zoe Norris

Locum- practice terms and conditions – Zoe Norris worked with GPC exec and BMA Law to finalise model locum terms and conditions. The final model contract is due to be published at the end of this month.

Pensions - Krishan Aggarwal has continued to work with the BMA pensions department on pension related issues affecting sessional GPs and has continued to have regular meetings with PCSE, NHS England and NHS Pensions. Next meeting is on 30 Jan. Latest issues raised:

- The amnesty for type 2 forms still stands and new forms will be released shortly. The new forms will be divided into three categories:
    1. The amnesty years 2009/2010 to 2014/2015
    2. 2015/2016 and 2016/2017
    3. Current year 2017/2018
- TRS was updated in December 2018, however, a TRS statement cannot be updated if records are not sequential and previous year's records are missing. There are many reasons why a TRS may not be not up-to-date. Historic issues are being investigated by the independent pensions expert -PWC- which will help determine where the gaps lie in members' records. PCSE will contact the individuals where their records are incomplete.

Further information on pension advice for sessional GPs is available on the BMA website. Krishan has continued to provide the latest updates on pensions via his blogs.

Atypical contracts – Ben Molyneux has worked with contract and regs policy group and the BMA pay and contract team to develop guidance for salaried doctors working in non-standard roles. This has now been published on the website.

Locum NHS email addresses - **Krishan Aggarwal** has been working with Farah Jameel on the NHS England pilot scheme which would enable locums GPs to get an NHS email address. A call for volunteers to be part of the pilot was advertised though the sessional newsletter.

Sessional GP engagement in commissioning structures – Ben Molyneux lead the work on the FOIs submitted to CCGs and STPs about sessional GP engagement in commissioning structures and leadership positions. We wrote to those 16 CCGs that reported barriers to sessional GP representation in their CCG structures. 9 of 16 (56%) have responded to our letters and 6 CCG have stated they will seek further feedback from its members about changing their constitution to remove barriers to sessional GP engagement with their structures.

to the responses from STPs about sessional engagement in their structures was varied. This was due to their diverse governance arrangements (some already transitioning into Integrated Care Systems ICSs) and not being a statutory body.

Indemnity – Matt Mayer has worked with Mark Sanford-Wood on the state backed indemnity arrangements. FAQs have been published on the website and blogs on the winter indemnity scheme.

IR35 - **Matt Mayer** has been monitoring developments since the Chancellor's announcement that IR35 would be extended to the private sector. A Government consultation will be released shortly.

Sessional GP newsletter –the latest December issue of the sessional GP newsletter is available here. If you don't automatically receive the newsletter, you can subscribe here.

Representation – Bruce Hughes

Gender Diversity

The Task and finish group led by Rachel Ali met recently and work on the final paper has begun. The timeline for reporting is to GPC UK in March 2019.

Multi-member Constituencies

The group discussed the pros and cons of multi-member constituencies for Regional Representatives to GPC UK. There was no clear consensus and so a working group led by our Deputy Lead Rob Barnett will examine this further.

GPC Regional Elections

Nominations for GPC regional elections are opening on 14 January. This round of elections will be run using the BMA's online election system.

LMC England Conference – Rachel McMahon

The conference of England LMCs was held on Friday 23rd November 2018. I'd like to take the opportunity to thank to my Deputy Chair Shaba Nabi, the agenda committee and the staff of the BMA and the Mermaid conference centre for all their help and support in making the day a success. Also, thanks go to all the LMCs in England and their representatives for submitting such high-quality motions and contributing to an excellent day of debate.

Firearms Update

The Home Office (HO) has indicated its desire to revise the system for licensing firearms. This had developed out of an increasing awareness that the current system is fragmented and potentially puts the public at risk. Other stakeholders have also moved their positions making further discussions regarding a unified system appropriate. Mark Sanford-Wood (GPC) and Peter Holden (Chair PFC) with support from Public Affairs and Ethics met with Nick Hurd, HO minister for the police with the remit for firearms licensing just before Christmas. It was a productive meeting with government expression of understanding of the complexities facing doctors and a willingness to work with BMA towards a solution that increases public safety without exposing doctors either to legal risk or to unresourced work. We continue to work with HO, police representatives and RCGP to this end.

ICP Campaign Update

To coincide with the publication of the BMA's latest report into integrated care systems and ICPs in early February we will launch a toolkit for GPs providing background information on ICP contracts including the risks to practices as well as supporting material on what GPs can do to mitigate this risk. This will be supported by public facing materials explaining the risks of ICPs to patients and will be linked to the upcoming DHSC GP partnership review.

A WORKFORCE STRATEGY THAT IS RECURRENTLY FUNDED TO ENABLE EXPANSION

Education, Training and Workforce – Helena McKeown

International Recruitment

NHS England (NHSE) started recruitment from Europe in March 2018, and from Australia in October 2018 as well as seeking out potential recruits already living in the UK. Through both the initial pilots and the expanded national programme, there are currently 47 doctors in the country. This includes 34 doctors working in practices in England seeing patients through the pilot sites. Over 40 doctors are either in observer placements in practices or have been offered places on the programme. There is also a pipeline of doctors working through the interview process and additional language training.

Recruitment efforts originally focused within the EEA, and NHSE has five recruitment agencies actively sourcing potential candidates and offering English language training to bring doctors up to the required level for entry to the programme.

One of the initial pilots for the IGPR programme was in Lincolnshire. NHSE has agreed an extension to this pilot.

An NHSE social media campaign is going live and tailored to different countries.

The programme has recently agreed changes to the language entry criteria for the programme to encourage those doctors who have not yet reached the programme language entry criteria to continue with English language study. It will support those doctors who at second interview demonstrate the skills and aptitude required to become a GP in England and will benefit from language support whilst in England. Once the doctor commences on the IGPR programme they will receive ongoing language support to achieve the GMC language entry criteria and ensure that they have achieved the required level of English to successfully become a GP in England. NHSE is also exploring funding training of candidates through one language training provider common to all recruitment agencies.

To mitigate the lower numbers of EEA GPs being recruited, NHSE has developed a range of further measures to increase routes into general practice for non-EEA doctors including a recruitment campaign from Australia: recruiting Australian doctors or UK doctors working in Australia. There have been more than 60 enquiries so far.

Doctors from outside the EEA must complete the Certificate of Eligibility for General Practice (CEGPR) process in order to practise in England. For Australia-trained GPs qualified since 2007, NHSE has agreed a new streamlined approach with GMC and RCGP to reduce the timescales and the amount of evidence required. This includes a three-month supervised placement rather than I&R assessments

There is also a new enhanced package of support for UK-trained GPs currently now working overseas including the recently improved I&R Scheme Portfolio Route meaning that those working abroad for less than 10 years do not need to undertake assessments and only undertake a short one month supervised refresher placement following an assessment of their portfolio of evidence. More information is available at: www.rcgp.org.uk/training-exams/practice/the-induction-and-refresher-scheme-portfolio-route.aspx

Fees for the Portfolio route gave been abolished and returners from overseas can now access the same benefits as the IGPR programme – including a relocation package of up to £18,500 via our commissioned recruitment companies, and for non-EEA nationals we will reimburse tier 2 visa fees for the GP and their family and offer help with finding a practice holding a visa sponsorship licence in their preferred area.

GP Nursing strategy

We are editing a Draft GP Nursing strategy position paper. The paper looks at how we can ensure GP nursing is sustainable and how general practice needs to be adequately resourced to invest in the recruitment and retention of GPNs. The paper has initially been circulated to the ETW policy group and comments are being incorporated. Following this we will share the paper with GPC to agree and position the direction of travel.

GP Registrars' OOH Supervision

Alongside the GP Trainees subcommittee we are continuing to try and ensure the safety of our patients and registrars in an ongoing dialogue regarding the level of supervision of trainees OOH, as well as the responsibilities trainers are expected to take on when confirming their registrars are safe to be remotely supervised.

England, National Primary Care Leadership Development Group

GPCE is represented at the England, National Primary Care Leadership Development Group Alongside the RCGP and many agencies representing doctors, pharmacists, nurses, ophthalmologists etc I am grateful for the list server contributions on the external meeting reports.

MRCGP Applied Knowledge Test (AKT) standard setting

GPC UK was represented at the AKT standard setting where we spent the day going through the whole of the written MCQs in the AKT, individually marking our opinion on the likelihood that a borderline candidate would answer the question correctly. This information would then be amalgamated to generate a pass mark.

The RCP's Faculty of Public Health Medicine's Special Interest Group on GPs with a special interest in public health

Special interests may contribute to retention and GPC UK are engaged by an active electronic discussion forum and a bi-annual meeting with the potential development of the special interest in public health.

Primary Care Mental Health Training

GPCE was represented at a round-table on the overlap with Primary Care in long term plan and Five Year Forward View (FYFV), existing offer, new roles and their ability to support primary care, progress against specific programmes, including Improving Access to Psychological Therapies (IAPT) and Long Term Conditions (LTCs).

First Contact Practitioners

GPCE has been engaging with the Chartered Society of Physiotherapy in the role of the First Contact Practitioner Service www.csp.org.uk/fcp

ENABLING PRACTICES TO MANAGE THEIR WORKLOAD IN ORDER TO DELIVER SAFE SERVICES AND EMPOWER PATIENTS AND CAREERS AS PARTNERS IN CARE

Clinical and Prescribing – Andrew Green

We have continued to meet with NHSE along with the wider BMA to express our concerns about the Evidence Based Interventions initiative. Unfortunately, although our concerns about three main areas (pre-authorisations, referrals for opinions, the requirement for CCGs to commission to a level of care no less than that identified) were made and appeared to have been heard the final document was not as we would have wished. I would ask LMCs to monitor at a local level the impact that this is having on patients and doctors, and report to us specific examples of problems.

The RCPG and The Health Foundation have been working on possible Quality Improvement Modules for inclusion in QOF from April 2019. I have impressed on them the need for any changes to QOF to fall within the current workload in terms of GP time. I am grateful to those practices that have provided the College with estimates of the work involved in their first draft proposals.

We met with the Healthcare Safety Information Branch to discuss their first report to involve primary care, which contained in its draft form considerable implications for GPs which included ones with contractual implications. The HSIB is a new organisation set up to investigate episodes of concerning NHS care in a similar way to that which transport incidents are investigated, in other words, from a systems and not individual practitioner perspective. This is a laudable aim but appeared, in this case at least, to be hampered by a lack of primary care clinicians in the investigating team, and them taking advice from 'eminent GPs' rather than appropriate representative and professional bodies. We have offered them assistance in future reports.

A meeting with NHSE's Out of Hospital Care Group was hampered by being before, and not after, the release of the NHS Long Term Plan. With the talk within this document of breaking down the barriers between primary and secondary care the importance of this group will likely increase. Where I live, in Holderness, we have the fastest eroding coastline in Europe and the breaking down of barriers tends to result in the land being flooded rather than new productive fields appearing.

The Clinical and Prescribing Policy Group met along with Contracts and Richard Vautrey to express our concerns to the Parliamentary Ombudsman, who has adopted a new clinical standard where we will no longer be judged against what our peers would regard as good care but on whether we have identified and followed a guideline. The difficulties of applying this mechanist approach to the frail multimorbid undifferentiated caseload of general practice should have been obvious but appears not to have been. The wider BMA has submitted evidence based on our concerns to the House of Commons Public Administration and Constitutional Affairs Committee.

THE RETENTION OF A NATIONAL CORE CONTRACT FOR GENERAL PRACTICE THAT PROVIDES A HIGH-QUALITY SERVICE FOR PATIENTS

Contracts and Regulation – Bob Morley

- Making progress following further meeting with NHS England on hoping to put in place a national solution for safeguarding and collaborative fees payments by 1st April; meanwhile template letters for practice use being drafted

- Follow-up meeting with chief coroner on 10th January for further discussions on issues of concern flagged up by LMCs; Julius Parker attending on behalf of C and R policy group

- Continuing to robustly challenge NHS England over its ultra vires contract with Capita and policy on out of area patient removal; legal advice being obtained

- Further meeting arranged with NHS England acting director of primary care, continuing to work with C and P policy group over appropriate commissioning for transgender prescribing; ongoing legal input obtained

- Continue to support LMCs and escalation to NHS England over CCG threatening inappropriate contractual action on practices not fully open throughout core hours; BMA guidance has been reposted on listserver

- Met with ombudsman to discuss concerns over introduction of new clinical standard; Julius Parker attended on behalf of C and R

- Guidance on contracts for GPs working in "non-standard" roles published with C and R input led by Katie Bramall- Stainer: www.bma.org.uk/advice/employment/contracts/sessional-and-locum-gp-contracts/contract-guidance-for-gps-in-nonstandard-roles

- Continued engagement with CQC through regular liaison meetings with it and RCGP and through other fora including GP stakeholder and cross-sector events, continuing to robustly support and defend the position of general practice. Consulted on CQC plans to alter its guidance to practices on enforcement action re display of practice ratings

- Continued work with ETW Policy Group, and Sessional SC, NHS England and RCGP on international retention programme; stakeholder meeting arranged for next month

- Ongoing responses and provision of guidance to varied and numerous C and R issues raised directly by LMCs and BMA members and via listserver queries

Commissioning and Working at Scale Group – Simon Poole

NHS England monitoring and delivery update

- The recently published Long Term Plan announced £4.5 billion of extra funding for primary medical and community health services by 2022/23. The group will monitor the delivery and implementation of this funding.

- Practice Manager Development - NHSE has made available some additional funding to support Practice Manager development for each LMC across England. It has been decided the funding will be channelled through LMCs, each LMC will receive £3,425.
- A meeting with NHSE in December confirmed the following:
    - NHSE are at risk of not spending the full amount of this year's capital funding. Any not spent will be carried over to next year.
    - The £3 per head CCG transformational funding is on track to be delivered.
    - NHSE are thinking of expanding the GP Health service.
    - There are currently only 3 practices across the country where evening and weekend appointments are not being offered under the Improved Access Scheme. NHSE confirmed that they plan to do a patient review of the scheme.
    - The emphasis on the International Recruitment Scheme is changing due to the scheme not being successful. Funds and resource will be focussed elsewhere such as addressing workload and retention.
    - Time for Care:
        - 10 CCGs have not had any communications with NHSE regarding this scheme.
        - 27 schemes have been paused.
        - NHSE predict that they will reach 40% coverage of practices by March 2019.

Working at scale update

- The policy lead for Working at scale and Contracts and Regulations attended a meeting at BMA House with representative from NHSE in charge of the development of the new Pseudo Dynamic Purchasing System (PDPS). The PDPS was presented as an online purchasing vehicle for GP and Caretaker GP services which should help to make the procurement process for APMS contracts more dynamic. The policy leads expressed their concerns regarding this new procurement system which large commercial organisations are much more likely to benefit from. GP practices are resource limited and not incentivised to register on an online procurement platform unless something arises in their area. The policy leads also indicated that the new system risked excluding local practices often best-placed to provide emergency/urgent care taking in their local area/region with the support of LMCs and often best resolved without the need for APMS contract.

- The policy lead on Working at Scale is continuing to work on the negotiations with NHSE on the Primary Care Networks (PCNs) agenda, with the ambition to agree on its main aims and objectives. The policy team is currently drafting a guidance which will aim to shed some light on the different models of PCNs and the different workforce and funding arrangements between the CCGs, the networks and the practices.

- The policy lead contributed to the BMA's response to NHSE's recent public consultation on the proposed ICP contract.

PREMISES, IT INFRASTRUCTURE AND ADMINISTRATIVE SUPPORT TO ENABLE THE DELIVERY OF QUALITY CARE

Premises and practice finance – Ian Hume

Premises Cost Directions

The refinement of the PCDs document has been delayed going through the legal process. GPC has now completed our review. We have returned our comments and have a further meeting with NHS England in the diary to discuss progress. We are disappointed with the lengthy delays in publishing the premises cost directions which are outside our control. We are acutely aware of the difficulties that failure to issue the premises cost directions is having on GP developments which is particularly frustrating for those with ETTF bids.

The new directions will give additional clarity and resolve some of our long-standing problems, e.g.

- Rent reviews will be simplified with contractors not having to undertake their own valuation but show evidence of negotiation with the landlord.
- Rent reviews will not lead to varying lease terms.
- There will be more formalised arrangements for third party use of premises with no financial disadvantage to the contractors.
- Improvement grants will be permitted to purchase land to build an extension.
- Grants representing a hundred percent of the project cost will be allowed (currently this is only 66%).
- Amended abatement and use periods have been agreed.
- Last partner standing issues - we have more specific options and clarity for practices that have received a grant, and for leaseholders.
- We have greater clarity over contractual rights to reclaim overpayments.

We were not able to agree to all the conditions concerning grants in our negotiations but have been continuing to discuss individual cases with NHS England to find ways of progressing schemes and utilising ETTF funding. We are committed to seeing full utilisation of the ETTF. We are drafting guidance which can be released at the same time as the publication of the premises cost directions.

Premises Review

As part of the 2018 contract deal, GPC agreed that we would participate with NHS England in a premises review. We have been participating in a core steering group and a wider stakeholder group meeting throughout autumn and winter months. NHS England recently sent a consultative 'call for solutions'. These were analysed, and NHS England has come up with a shortlist of initiatives, focused on achieving solutions which will address our fundamental concerns. We have a core group meeting in a few weeks' time to hopefully agree final recommendations. We also carried out the BMA premises survey, which builds on surveys undertaken in previous years and provides up-to-date data on the current picture concerning GP premises, the results of which we shared in confidence in December. We will use the results to feed into the review and plan to publish them in February. We are also liaising with the Patient's Association who carried out their own premises survey in 2018 and published a report on 9th January. We have set up our own internal stakeholder group and will share details of the discussion with the policy group and stakeholder group. Some of the outcomes from the review will dovetail with the partnership review, particularly issues regarding funding and risk. The outcome of the review will be a set of recommendations for NHSE and DHSC to consider.

Other work

We have been providing support and guidance to GPC Scotland implementing the national code of practice for GP premises and working on the underpinning legal documents. We have now concluded some detailed legal work with the Scottish government and the proposals are now being implemented. The Scottish model is not necessarily transferable to England because of the different landscape, but the lessons learned are invaluable informing our ongoing discussions and premises review.

We continue interactions with NHS property services, gaining evidence about their service charge model and examining the legality of this process, pushing back on any attempts by NHS property services to bully or cajole practices by legal action. We will continue to seek appropriate legal advice and explore all options, but ultimately, we hope to reach a negotiated settlement. Further meetings are being arranged, and we are all hopeful that we reach a negotiated settlement. We are reviewing our guidance on the website to ensure that it remains consistent and relevant.

Primary care support England

We continue regular engagement, at a senior level, meeting monthly to cover operational issues. GPC also wrote to the chief executive of NHS England expressing its extreme concern after being made aware that a significant number of women had not received information regarding cervical cancer screening after a system error. The letter, again, called upon NHS England to strip Capita of the contract and take Primary Care Support England (PCSE) services back in-house. Furthermore, as you will be aware there have been issues with PCSE management of pensions which we continue to keep pressure on NHS England to rectify the problems.

We are also committed to input into the transformation projects which are ongoing. This includes:

- Reviewing the performers list process. Going forward this will be an electronic format, which should provide significant improvements for those who wish to change status on the performers list. A considerable amount of work has gone into testing the system and scrutinising the content and appearance of the new electronic forms. We are closer to agreement of how somebody would be verified to have access to the portal in order to change status.
- At stage the Exeter system will be decommissioned, and the spine will be used as the prime source for patient registration and payment data. This is an area which is hugely important for the stability of general practice and we are insisting on a high level of diligence going into the project.