

GPC ROADSHOW Q&As

Disclaimer - This is a brief summary of the answers given by Dr Krishna Kasaraneni at the GPC Roadshow on 2 March 2021.

It is not intended to be verbatim and should be read in conjunction with the accompanying slides.

- 1. QUESTION** - *Will all of the previously published 20/21 QOF indicators be required from 1/4/21, along with the new additions in the SMI and cancer categories? There had been additional areas for heart failure, obesity, prediabetes and asthma diagnosis compared to the 2019/20 QOF. There are ongoing difficulties with some of the services during the pandemic. For example, the diagnostic requirements for asthma and COPD. We are still not doing spirometry due the pandemic and have not introduced FeNo yet. We are unlikely to have our usual clinic capacity for chronic disease reviews and blood recalls from 1/4/21 as we are currently prioritising the vaccination programme. Appointments for bloods and BP etc are longer in view of infection control requirements which further reduces capacity.*

ANSWER – for the services listed above, Dr Krishna confirmed that if clinically appropriate, GPs should refer the patients on. Practices can use personalised care adjustments (PCAs - the new version of exception reporting) if the service is not available locally. Do the reviews remotely where possible and use face-to-face appointments where they are clinically appropriate.

Spirometry is not in the QOF to force GPs to do something unsafe at the current time. This is being regularly reviewed to support general practice. Where the service does not exist locally, then patients can have the PCA applied.

- 2. QUESTION** - *QOF has been discussed and the catch-up of health checks on disease registers. Can you recap please if there is likely to be any further protection extending into next year, or is it likely that full services are expected to be restored from 1st April?*

ANSWER – Dr Krishna shares concern regarding the services which cannot start from 1 April.

At this stage, he cannot say if it will be income protected. All changes will be in regular discussion and made visible as soon as available.

At this point in time, QOF comes into effect 1 April as outlined.

- 3. QUESTION** – *Has any extra funding been given to Mental Health Trusts to fund their 50%*

ANSWER – Mental Health Trusts should have this information shortly and documents will be available on Mental Health Trusts websites. NHSE will be making the information available.

- 4. QUESTION** - *'Sustainability: Reducing carbon emissions, to support the NHS Net Zero commitment' - The sustainability appears to be a PC tick box do we have any further detail as to expectations/work involved?*

ANSWER – Dr Krishna stated that he cannot confirm what will be contractual regarding sustainability. He said it is not intended to create any more targets but it is about providing principles and guidance.

5. **QUESTION** - *Employment terms - who is this targeting all staff, GPs ? Looks like a potential additional layer of bureaucratic data capture. Are there any further details yet?*

ANSWER – the intention is to involve all staff. It is based on a good level of data from secondary care colleagues and recruiting from other areas of the NHS. The focus will be looking at how primary care can compete with other areas of the NHS.

Dr Krishna confirmed it is not intended to add more burden to practices. It is intended to give a snapshot of practices to be able to advertise appropriately and compete with other areas of NHS.

6. **QUESTION** - *Last year there was discussion re bureaucracy. There appears to be some tinkering around the edges but core issues remain un-tackled in several areas. This is a cultural top down issue fostered by local NHSE/CCGs. Happy to provide details separately. The DoH, NHSE & CCG appear the key obstacles to bureaucracy at an institutional level.*

ANSWER – extensive work has been done trying to gather feedback with support from Department of Health, to look at which processes to prioritise.

A review will be coming out soon regarding legislative changes. Dr Krishna offered to come back to speak about this once review has been shared. Less bureaucracy is the focus.

7. **QUESTION** - *Inequalities bureaucracy. Areas of deprivation have low / reducing levels of GPs higher levels of sick certification, dwp forms and yet there has been no change to the requirements for doctor completion.*

ANSWER – alongside contract work there is ongoing work on health inequalities. The current President of the BMA is a former CMO of Scotland. Agenda for health inequalities is a new project for the BMA President and there is ongoing work to address this from a contractual perspective. Dr Krishna will share information on this in due course.

8. **QUESTION** - *Covid payment: is there going to be escalation of the issue that Covid payments cannot currently be identified down to the payment for dates of each Covid clinic and what has been paid , clarity over additional payments for care home payment and the day that the payments are attributable to*

ANSWER – Dr Krishna confirmed there is lack of clarity on payments and there are challenges being faced. Practices are encouraged to look at the figures and if payments do not look right, please flag to the LMC and / or BMA.

9. **QUESTION** - *With regard to the digital changes did the GPC during negotiations consider emerging issues re digital poverty/ access to and use of technology in those for whom English is not their first language /reduction in F to F consultations in deprived or rural populations.*

ANSWER – There was an interim finding report mid-way through the first lockdown where challenges and benefits were looked at. The BMA is conscious of the fact that in certain geographies, there is digital poverty e.g. not enough bandwidth and patients are at a disadvantage if they do not have a smart phone. Digitisation should be working to reduce inequalities. Changes are already happening and practices are implementing these. Dr Krishna confirmed that any further changes will be looked at to make sure they are not increasing digital poverty before implementing.

10. QUESTION - *Any progress on the issue of cashflow for PCN lead practices with ARRS roles? The delay in lead practices being reimbursed is limiting recruitment locally, as they simply don't have a big enough cash "float" to pay salaries and wait till the following month to get the ARRS funding. Currently OD or GPFV funds being used but wage bill will continue to rise - need a national solution*

ANSWER – Dr Krishna recognised this concern, especially if there is a lead practice taking on the staff. He confirmed that a solution is being worked on but not available for sharing yet. It is high up on the BMAs radar and they are working with NHSE to find a solution.

11. QUESTION - *Where the local market rate for ARRS roles is above the indicative reimbursable banding will CCGs be able to make exceptions for increased reimbursement? The going rate for a Primary Care Paramedic in Hull is an 8a and they won't accept less - even those coming from YAS are used to an antisocial hours payment so in real terms a band 7 is a drop in income*

ANSWER – This year, to claim the ARRS reimbursement, CCGs need to draw from NHSE. Dr Krishna confirmed that NHSE will not be able to reimburse for higher bandings, but CCGs can support PCNS with their baseline. Dr Krishna encouraged constituents to submit this topic as a motion to future LMC conferences to highlight these issues.

12. QUESTION - *Any investment likely for estates especially to house additional ARRS roles? Or is digitisation of notes/space available with network partners/base funding via PCN and practices assumed to solve the issue? Usable space for a larger team difficult and not sure there is a good understanding of space utilisation in Primary Care.*

QUERY PLEASE ANSWER – Dr Krishna has submitted written evidence to pending review.

Both are available in the public domain and links are below:

<https://www.bma.org.uk/media/2109/bma-budget-submission-feb-2020.pdf>

<https://www.bma.org.uk/media/3313/bma-comprehensive-spending-review-2020-consultation-response-september-2020.pdf>

The Covid pandemic has shown investment is needed in premises. Every time there is an update in government, this issue is raised. Dr Krishna confirmed it is a priority. If practices are struggling for space, please flag this with the LMC and CCG.

13. QUESTION - *The COVID capacity expansion fund has been really beneficial in supporting our pandemic response, particularly for funding additional clinical consumables. Is it anticipated that this will continue until the "end" of the pandemic period as practices are still incurring significant additional costs?*

ANSWER – the BMA will negotiate capacity expansion fund to last as long as possible. They meet 2-3 times a week with NHSE to raise issues. It is still TBC on when the next announcement will be but information will be shared as quickly as possible.

14. QUESTION – *it is noted that changes in the contract this year are minimal because of pandemic. Is there an assumption that there may be changes throughout the year? What will be the lead time on these changes, what discussions will be had, and what will be the process of how changes will be approached?*

ANSWER – Discussions have not stopped regarding contractual elements. When the changes will be coming into effect will depend on what happens with Covid in the next weeks / months and if new variants are posing challenges.

Dr Krishna confirmed information will be sent with advanced notice. He stated that it needs to be done timely and appropriately. He does not have this info currently but will share when it is available.

15. QUESTION - *Is the GPC taking a view on the GP Access Database and how this information is being used?*

ANSWER – the BMA are looking at appointment data and how widely it fluctuates. They are reviewing the quality of data from practice workload and ensuring they are getting the right advice from general practice.

Link to the data is here: <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub>

Most of the extracts are automatic, but the ask is for general practice to record them accurately so that the data can be analysed meaningfully.

16. QUESTION - *Are there any proxy measures that are being looked at Nationally to capture the movement of work from secondary care into Primary care? Are there many monitoring measures for the impact on Primary care when long waiting lists exist in secondary care?*

ANSWER – significant work has been done by LMCs trying to quantify primary care pressures, to determine if the added work has been generated from elsewhere in the NHS or generated by the pandemic. There will be a bottleneck and Dr Krishna recognised that secondary care backlog will result in patients coming more frequently for primary care and added work.

17. QUESTION - How likely is it that 'light touch' appraisal will permanently replace the 'sledgehammer' version ??

ANSWER – Dr Krishna said he hopes it does not go back to previous appraisal process because change is needed. The GPC will resist the return of previous appraisal process. Covid appraisal process could possibly be retained for the future but this cannot be confirmed at this stage.

18. QUESTION - *Is there any further detail on the digitisation of medical records? I'm hoping we won't be asked to do it as we simply do not have capacity!*

ANSWER – this has been delayed due to Covid. Practices do not have to digitise themselves, but if they do, they will not receive funding / reimbursement. Dr Krishna has asked for an update on this to be circulated to the LMCs.

19. QUESTION - *Regards digital services and two way communication with patients - is this something that will be tasked with the clinical system providers?*

ANSWER – There are many digital solutions and Dr Krishna confirmed there needs to be joined-up discussion at local level as to which systems will be beneficial to their patients. What works in one area will not work in another. Dr Krishna encouraged practices to consider different options and review the positive and negatives of different models and how they work on the ground.