



## Weekly operational update for local general practice

Thursday, 14 November, 2019

Welcome to Insight, Devon Local Medical Committee's weekly operational update for GPs and practice managers.

### LMC motions prioritised for national debate

The LMC has had four motions prioritised for debate at next Friday's England LMC Conference where the views of local GPs can help to shape future national policy.

They are:

- That Conference ask GPC England to ensure that instigation of any changes in QOF do not occur until the GP IT system providers have updated the software required to support the changes.
- That Conference is aware that many Primary Care Networks (PCNs) have experienced difficulties in recruiting clinical pharmacists and asks GPC England to survey all PCNs to establish if:
  - i. they have had recruitment problems
  - ii. salary levels and reimbursement percentages need to be adjusted for the revised primary care network DES specifications for 2020-2021 and beyond.
- That Conference with reference to the PCN DES asks GPC England to ensure that:
  - i. in future PCNs are not required to deliver the full specifications of the DES if they have been genuinely unable to recruit into the roles specified for roles that be recruited reimbursement at the salary rates specified
  - ii. there is more flexibility regarding salary reimbursement
  - iii. PCNs are allowed to recruit more inventively
  - iv. any monies held by clinical commissioning groups (CCGs) for funding of PCNs that has not been used at the end of the financial year must remain ring-fenced for use in primary care and should be redistributed for use in areas of deprivation within the CCGs.
- That Conference with reference to the Improved Access Scheme asks the GPC England negotiating team to ensure that:
  - i. the provision of these extra appointments is not part of the primary care network DES
  - ii. accountability for the provision should remain with CCGs
  - iii. primary care network DES should have the ability to decline to provide these appointments while still providing the rest of the primary care network DES specified services.

The Conference agenda – which includes all the motions being debated – is available [here](#).

Dr Rachel Ali, one of the LMC's Medical Secretaries, explains the workings of the England LMC Conference in a new short videocast which is available on our intranet in the 'Hub' section.

### Primary Care Networks – next steps for practice managers

NHS England and NHS Improvement (NHSE/I) is holding a regional event about Primary Care Networks (PCNs) this autumn for practice managers.

The event will consider the fundamental role of practice managers and what development support is available, provide an opportunity to talk to other practice managers who are working within PCNs and understand how their roles have developed, plus get involved in workshops that focus on key areas like proactive patient care and collaborative working and creating time and capacity.

It will take place at St Mellion Golf Club on 28 November, from 9:30am-4:30pm. Register [here](#).



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### **Primary Care Networks: a pre-mortem to identify potential risks**

The Nuffield Trust – a national health think tank – has published a [paper](#) about six risks that could lead to the failure of primary care networks (PCNs) and recommendations to mitigate against them.

### **Exception reporting – QOF implications**

NHS England and Improvement (NHSE/I) has released the following statement after practices raised questions about how the new business rules regarding exception reporting are impacting upon QOF data, giving rise to patient safety concerns: “The business rules reflect what was agreed during contract negotiations in that, at the end of the QOF year, if a patient has not responded to two invitations then they can be removed from an indicator denominator using the personalised care adjustment rule. It is important to note that while QOF data are collected from about September onwards it is only the collection on 31 March which is used to calculate achievement and ultimately practice payment. The current issue is arising because system suppliers are linking the business rules (which are intended to produce a year end calculation and are correctly drafted to achieve this) with in year care prompts. It is this linkage which is causing the prompts to be removed from the patients’ record, when from a clinical care perspective it would be better if they were to remain.”

Both NHSE/I and the General Practitioners Committee (GPC) are writing to system suppliers, to ensure this is rectified as soon as possible. We will keep you updated.

### **Childhood nasal flu vaccine**

AstraZeneca has advised that there will be a delay in their delivery of some batches of the childhood nasal spray flu vaccine that were due to arrive in November. Public Health England (PHE) is working closely with NHS England and Improvement (NHSE/I) and the Department of Health and Social Care (DHSC) to ensure that all eligible children receive their flu vaccination as soon as possible. This means that some schools will need to reschedule vaccination sessions planned for mid-November. Clinics will be rescheduled as soon as possible and children in high risk groups are being advised to visit their GP if their school session is delayed, to ensure that they are protected early. More information is available in a PHE briefing [here](#).

### **Changes to GMS and PMS contract regulations**

Changes to the GMS and PMS GP contract regulations came into force on 1 October 2019 and can be found at [here](#). Model contracts and variation notices will be available shortly [here](#).

### **Practices reminded of duty to register individuals leaving secure institutions before release**

NHS England (NHSE) has issued a [reminder](#) about the responsibilities of GP practices to register individuals leaving prisons, young offender institutions, immigration removal centres and other secure facilities prior to their release. The rules which are set out on page 64 of the 2017/18 GMS contract are intended to maintain continuity of care and support rehabilitation. Clinical Commissioning Groups (CCGs) are expected to oversee the new arrangements.