

Friday 16 June 2017

Issue 7

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GPC England meeting

GPC England held its meeting on Thursday 15 June. At that meeting GPC England discussed a number of issues, including:

- Taking forward resolutions from LMC Conference
- An update on the recent UEMO General Assembly meeting held in London
- Low value medications
- Collaborative working in general practice
- Funding arrangements for general practice.

The next meeting of GPC England will take place on Thursday 20 July 2017.

Ongoing CHP and NHSPS premises issues - England

We know that practices are experiencing issues with NHS Property Services (NHS PS) and Community Health Partnerships (CHP) at the moment due to significant rises in service charges. GPC has met with NHS PS on a number of occasions to highlight the destabilising effect that these service charge increases are causing. We have now sent out a questionnaire via LMCs to practices in CHP and NHSPS premises to ensure we have all relevant information as we push to reach a negotiated agreement. We have thus far received almost 100 responses to the survey, which shows the depth of the issue.

The deadline to send in questionnaires is 23 June and we would appreciate your support in encouraging practices to complete and return the questionnaire.



While these issues are ongoing, our advice to practices remains the same:

Lease Negotiations. In respect of lease negotiations, it is vital that you do not sign any lease or Heads of Terms (including those purporting to be based on the national template GP lease negotiated between the BMA and NHSPS) unless and until you fully understand and are comfortable with your potential liabilities. To this regard appropriate due diligence as to your potential liabilities should be carried out.

Transitional funding. Such arrangements should only be entered into where you are entirely satisfied that when the transitional period ends that you are not inadvertently left having to meet increased costs without the benefit of increased funding. In the view of the BMA, transitional arrangements should be avoided. More permanent solutions which align a practices' funding to their costs are needed.

Current charges. In respect of current charges, practices should only make payments to both the extent that they are both satisfied as to the legal basis upon which they are payable and their accuracy.

IR35 - UK

NHS Improvement had previously issued guidance to NHS and Foundation Trusts recommending that all individuals providing services through an intermediary should fall within IR35 and therefore, all locum, agency and bank staff would be subjected to PAYE. The BMA [wrote](#) to NHS Improvement to seek clarification on this advice and we welcome that NHS Improvement has now published further [guidance](#) confirming that assessment of whether or not IR35 applies to an individual must be carried out on a case by case basis rather than by a broad classification of roles.

[Further information is available on the BMA website.](#)

Update of medical records roll out sent to LMCs - England

Over a year ago Capita / PCSE initiated a new medical records pilot in the West Yorkshire area, with the intention of rolling it out nationally. Problems identified in the pilot site meant that further roll out was delayed and so practices have been left with an interim solution (which has had its own flaws). Initially the system was overwhelmed causing an unacceptable backlog of notes, and the situation was further complicated as it had no reliable way of tracking notes leading to a significant number of records being reported as missing. This was unacceptable and we insisted it had to be resolved. GPC have been clear that the pilot could not be rolled out until we had the full assurance that it would improve the system, rather than make it worse. We insisted that PCSE must show that they have learned from previous issues, fully evaluated the pilot and demonstrated this to NHS England who is ultimately responsible for overseeing the service. GPC provided constructive suggestions for improvement in the pilot area and these have been taken into account, with extensive testing having now been completed, including a user satisfaction in the pilot area. Following this IT and courier capacity has been expanded.

NHS England now believe the pilot is ready to be rolled out, with the intention of providing improvements to medical records processing system for practices. In contrast to the original plan this will be a phased roll out which is due to start w/c 12 June in the North of England (Leeds, Newcastle, Manchester and Nottingham). The timeframe of the roll out is over a long period stretching into next year, so any issues that arise can be actioned without adding to the present disruption. If the new system is successful it can be accelerated. We will be watching it very carefully and welcome intelligence from LMCs and local practices as the roll out takes place.

One significant problem is outstanding medical records, and we have been pushing PCSE to resolve these issues. In some cases the delay in transfer is because notes are still with the old practice. Practices are probably unaware of this. PCSE will be communicating with practices with a list of outstanding notes and we would encourage practices to release these records as soon as possible so that they can be transferred to the new practice.

Information is provided to practices via the PCSE portal. We are concerned that LMCs are sometimes left out of the loop and we want to strengthen the direct communication that LMCs have with PCSE via the NET team. The NET team should provide you with regular updates on the service. You may already have these in place, but if not now would be a good time to instigate a meeting, particularly so that the NET team can explain the background to the medical record roll out, answer any questions, explain what has been put in place to ensure a smooth transition and to allow you to feedback to PCSE. If you have a problem contacting the NET lead please let us know.

Please find a list of the local contacts below. GPC will be watching progress with the roll out very carefully and acting on any feedback we receive.

Keith Denford	East of England	keith.denford@nhs.net
Justine Burns	East Midlands	justine.burns@nhs.net
Paul Coppini	London	paul.coppini@nhs.net
Tony Grime	North West and North East	tony.grime@nhs.net
Gill Appleby	South Central	gill.appleby@nhs.net
Claire Horner	South East	clairehorner@nhs.net
Millie Cooper	South West	millie.cooper@nhs.net
Jonathan Gore	West Midlands	jonathangore@nhs.net
Sharon Sissons	Yorkshire	sharon.sissons@nhs.net

Focus on funding from the GPFV - England

We have recently updated our [GPFV funding and support guide](#) and our [GPFV hub page](#) to reflect changes to some of the 2017 timelines for implementation.

It is vital that this funding which has been promised to us reaches the practices which need it. Please do disseminate as widely as possible.

Virtual MCP/Alliance agreement guidance – England

GPC has published further guidance on virtual MCPs and Alliance agreements. This covers some key legal factors that practices should carefully consider if they are thinking of entering such an arrangement. This guidance can be found on the [BMA website](#). The guidance notes provides a summary of the main elements pertaining to the MCP contract and GPC's key concerns and will be joined by more detailed guidance on each of the proposed contractual models as further information is released.

Locum GP and salaried GP handbooks - UK

Updated versions of the [locum GP handbook](#) and [salaried GP handbook](#) have been published.

The locum GP handbook provides advice and guidance on all aspects of locum work, including on starting out as a locum, setting up as a business and establishing a contract for services with a provider. The handbook also provides advice to practices on recruiting locums.

The BMA salaried GPs handbook is a resource for salaried GPs and GP employers. It explains the legal entitlements of salaried GPs as employees, helps to ensure that salaried GPs are aware of their statutory and contractual rights, and outlines the effect of the various provisions of the model salaried GP contract. It includes sections on maternity leave and redundancy, and information on many other areas such as salary, hours of work, sick leave and employment protection.

Sessional GPs e-newsletter - UK

Please find a [link](#) to this month's edition of the Sessionals newsletter, which this month focuses on, amongst other things, an important reminder to fill in the [Sessionals survey](#), and an explanation of the impact on Sessional GPs of changes to IR35 regulations.

GP practice workforce data (England)

We have received a number of recent queries from LMCs and practices asking for clarity on the level of detail required and the number of annual extractions made from online practice workforce data. The latest guidance is [available on the BMA website](#).

To clarify, the Health and Social Care Act 2012 made it a legal obligation for practices to submit workforce data (this is explained in the above guidance). It will also become a contractual obligation in October 2017 following agreement of the 2017/18 GMS contract by the BMA GPC, NHS Employers and NHS England. In exchange, GPC negotiated new investment of £1.5 million into GMS global sum to contribute to the resource required to keep practice workforce data up to date.

In terms of the number of data extractions to the WMDS (Workforce Minimum Dataset) that occur throughout the year, although this initially happened twice a year, NHS Digital conducts these on a quarterly basis and publishes the results on its website. The latest figures can be found [here](#). GPC was content for NHS Digital to move to this arrange, as it is imperative that GP and practice workforce data is as accurate as possible to measure the progress of the various regional and national workforce training, returner and retention initiatives, including those within the GP Forward View. These, and others under development, have and are being introduced to tackle the current workforce and workload crisis in general practice. We need to be able to see progress via this data to be able to hold responsible organisations to account against workforce and workload commitments.

Continual improvements are also being made to the online web tools available to practices to ensure that the capture of staff headcount and FTE (full time equivalent) numbers is as accurate as possible. NHS Digital appreciates that there must be minimum burden on practices. The GPC is in regular dialogue with NHS Digital and we are jointly seeking to make the inputting of data as easy for practices as possible.

Clinical pharmacists in GP practices scheme (England)

GPC is currently working with NHS England to develop and agree an enhanced service for this scheme. This will enable easy transfer of funding to practices employing clinical pharmacists. There are also discussions ongoing regarding MoU (memorandum of Understanding) arrangements between groups of practices utilising clinical pharmacists across multiple sites. This will also include approaches to ensuring clinical pharmacists and practices have adequate indemnity cover regardless of where the clinical pharmacist is based at any point in the week.

Guidance on employing shared staff is [available on the BMA website](#), and includes information on secondments, joint employment, VAT considerations, alternative arrangements and managing change.

GP workforce initiatives (England)

Avoiding the loss of salaried, partner and locum GPs from the workforce is as much a priority as increasing the annual cohort of GP trainees. Further to the implementation of new schemes, including GP [Induction and Refresher](#), [Clinical Pharmacists in General Practice](#), the [NHS GP Health Service](#), the [General Practice Improvement Leader Programme](#), [Practice Manager Development](#), [Training for Reception and Clerical Staff](#), [GP Retention](#) and the [GP Career Plus](#) (pilot), we remain in regular dialogue with NHS England and HEE to find more ways to offer flexible working arrangements to GPs. We will communicate further updates to the profession as discussions progress.

GP Trainees regional elections - now open

Are you a GP trainee and interested in becoming involved with the BMA's governance structure? Nominate yourself in the GP Trainees subcommittee regional elections to play a part in influencing the future of general practice.

Nominations are open from Monday 12 June for the GP Trainees subcommittee 2017-2019 in the following 10 regional constituencies:

- Northern Ireland
- Wales
- Mersey (Mersey Deanery region of North West LETB)
- Yorkshire
- Peninsula (Peninsula Deanery region of South West LETB)
- Wessex
- Scotland, North
- London, North West
- Kent Surrey Sussex
- West Midlands

If you would like to get involved in the work of the subcommittee, and really make a difference to the lives of your fellow GP trainees, please consider standing for election. Please note that candidates do not have to be BMA members.

Interested in running?

To nominate yourself please go to www.bma.org/elections and log in, you will see details for the GP Trainee elections. Nominations will be closing at 5pm, Monday 3 July 2017.

For further queries about the GP Trainees subcommittee please email info.gptrainees@bma.org.uk.

Dates for your diary

Please note the dates of forthcoming events:

LMC Secretaries Conference – 19 October 2017

LMC Conference – England – 10 November 2017

LMC Conference – UK – 9 March 2018

More information about these events will be sent out in due course.

GP workforce conference – 24 November 2017 (England)

The BMA will be hosting a GP workforce conference later this year, giving LMC representatives the opportunity to share their experiences, both positive and negative, of initiatives that have been launched since 2015. The purpose is to bring regional knowledge to a national forum to further inform the national programme of improvements. This will give GPC, NHS England, HEE and other key stakeholders the opportunity to hear how things are progressing across England and gather feedback and ideas on how to make further improvements to reducing GP workload and increasing practice staff numbers and expertise.

LMC access to the BMA website - UK

It has been drawn to our attention that some LMCs may be having difficulty accessing the BMA website. All LMCs do have access, but need to use the login details registered for submitting conference motions. This may, however, be an individual's email address, registered to input conference motions only.

If you wish to create an office account, using the office email address as part of your login and a password that everyone can use, or if you are unsure of your current login details and password, please email Karen Day at kday@bma.org.uk and she will email you your relevant information.

LMC observers at GPC meetings - UK

LMC observers are welcome to attend GPC UK meetings. If your LMC would be interested in sending an observer, please contact Kathryn Reece (kreece@bma.org.uk). A maximum of three LMC observers may attend any one meeting.

The dates for the 2017/18 session for GPC UK meetings are below. Meetings will commence at 10:00am and will usually finish at 5:00pm (never later than 6:00pm). Meetings are held at BMA House, Tavistock Square, London WC1H 9JP.

Thursday 14 September 2017	GPC UK
Thursday 15 March 2018	GPC UK

Please note that all travel and other expenses for LMC observers should be met by the relevant LMC.

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LMCs – change of details - UK

If there are any changes to LMC personnel, addresses and other contact details, please can you email Karen Day with the changes at kday@bma.org.uk.

GPC England next meets on 20 July 2017. LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items for the GPC England meeting is 6 June 2017. It would be helpful if items could be emailed to Kathryn Reece at kreece@bma.org.uk. You may also like to use the GPC's listservers to exchange views and ideas.

GPC News

LMCs are reminded that their regional representatives can provide more detailed information about the issues covered in GPC News, and other matters. Other members of the GPC would also be pleased to accept invitations to LMC meetings wherever possible. The secretariat can also provide a written background brief if required, but it would be helpful to have such requests well in advance of your meetings.

Finally, if LMCs require assistance on local issues, they can also contact the BMA's local offices. Their details are available on the BMA website.

This newsletter has been sent to:

Secretaries of LMCs and LMC offices
Members of the GPC
Members of the GP trainees subcommittee
Members of the sessional GPs subcommittee