

**Friday 18 September 2015**

**Issue 2**

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## GPC meeting

The GPC held its meeting on Thursday 17 September and this newsletter provides a summary of the main items discussed.

## Negotiations - England

Annual contract negotiations with NHS Employers are due to start next week.

## GPC stakeholder events - England

During August and September the GPC Executive hosted a series of stakeholder roundtable events at BMA House to discuss the future of general practice with a range of leading experts, including Simon Stevens and other senior staff from NHS England, members of the Department of Health, the chief executives of the Kings Fund and Nuffield Trust, Professor Martin Roland who authored the recent Primary Care Workforce Commission report, and a number of LMC colleagues. The meetings were held in the evening, over dinner, and were a chance for informal discussion in a non-political environment. We had a chance to present our survey findings to participants and to outline our ideas for the future.



## Carr-Hill formula review - England

NHS England work on reviewing the Carr-Hill formula is ongoing. The GPC is involved through representation on the steering and technical committee.

## Atypical practices meeting - England

Earlier this month, the BMA hosted a joint workshop with NHS England and LMC representatives about funding problems affecting practices with atypical populations. This followed on from an information collecting exercise this summer where LMCs were asked to identify practices with atypical populations in their area. The workshop considered the challenges and problems of practices with unusually young populations, rural and isolated practices, those with particular service needs (including the homeless, drug users and nursing homes), university practices, practices with large numbers of temporary residents and those with a high proportion of non-English speakers. Workshop participants were given a number of detailed practice case studies to help frame discussions and were also able to draw on the experiences and expertise of our LMC representatives.

The discussion was useful and NHS England took away a list of potential solutions to consider. In some cases, the solution may be formula based but in other cases clear national frameworks for locally commissioned services will be the best way forward. A report of the workshop will be produced by NHS England and given to the formula review steering group. We will continue to work with NHS England to ensure that solutions are found for these struggling practices.

## Maternity and sickness reimbursement policy - England

The GPC executive team has spent considerable time this summer reviewing NHS England's draft policy for maternity and sickness reimbursement. This only operationalises what is in the SFE, though it also makes clear the 26 week limit for maternity reimbursement (rather than the 20 weeks mentioned in contract guidance earlier this year). Unfortunately, despite making detailed comments on several drafts of the document we have had to write to NHS England to let them know that the policy document still needs work to improve clarity. While we work on a new version of the policy document we have asked again that NHS England makes it clear to local teams that the maternity reimbursement period is 26 weeks. We are aware this situation is frustrating for some doctors and LMCs who need clarity on the reimbursement arrangements.

## Seniority and global sum changes - England

For this year only, changes will be made to the Statement of Financial Entitlements mid-year, on 1 October, to implement the agreed annual transfer of funding from seniority payments to core funding. The seniority paycales will be adjusted and the global sum amount will increase accordingly. A new Focus On document explaining these changes in detail has been prepared and will be published once we are able to share the new payscale details, hopefully within the next week or so.

## Subject access requests for insurance purposes

An updated version of the BMA guidance '[Focus on Subject access requests for insurance purposes](#)' was circulated to LMCs recently. The guidance includes updated advice for practices on responding to SARs for insurance purposes, following further dialogue between the GPC's IT Subcommittee, BMA's Ethics department and the Information Commissioner's Office. There is also advice on responding to SARs from third parties for non-insurance purposes, for example a solicitor acting on behalf of a client.

## Updated guidelines on malaria prevention in UK travellers

The Advisory Committee on Malaria Prevention (ACMP), an expert advisory committee of Public Health England (PHE) has updated its guidelines on malaria prevention for medical professionals and other travel medicine advisors based in the UK. The key changes are:

- updated guidance on the use of insect repellent and sun protection
- clarification on the use of hydroxychloroquine
- updated guidance on the use of anticoagulants with antimalarials
- updated guidance on the use of doxycycline in epilepsy
- changes to the country recommendations for Vietnam and Malaysian Borneo, and clarifications on the recommendations for India
- clarification of advice for travellers moving through areas where different antimalarials are recommended

**Undertaking a stringent individual risk assessment**

Recommendations for antimalarials should be appropriate for the destination and tailored to the individual, taking into account possible risks and benefits to the traveller. As part of an individual stringent risk assessment, it is essential that a full clinical history is obtained, detailing current medication, significant health problems and any known drug allergies. A suggested risk assessment template is included with the guidelines.

**ACMP position on the use of mefloquine**

Falciparum malaria is a common, preventable and life-threatening infection. Mefloquine is an extremely effective antimalarial and is currently recommended as one of a number of antimalarials for travellers to high risk areas following an individual risk assessment. During the ACMP meeting in June, the committee reviewed current evidence on the use of mefloquine (proprietary name Lariam), including data provided by the manufacturer Roche, and recommendations on the use of mefloquine for malaria prevention made by other countries. The ACMP concluded that all the currently available evidence had been examined and, on the basis of this, determined that there should be no changes to existing ACMP recommendations regarding mefloquine.

Details on the use of mefloquine in travellers, including contraindications and drug interactions are detailed in section 4.2.4 of the revised guidelines, which is available on the [PHE website](#).

**Flu vaccination resources 2015/16 – England**

[Patient information leaflets](#) for the annual flu vaccination programme are now available. In addition to a general leaflet, tailored versions targeting pregnant women, parents of eligible children and people with learning disabilities are available. Hard copies can be ordered through the [DH Orderline](#) or by phoning 0300 123 1002 and quoting the reference numbers on the back pages. The Winter Marketing Campaign 2015/16 also incorporates flu vaccination, and materials for this will be made available in late September.

**Flu immunisation for patients with BMI over 40 - England**

Following the issue raised on the LMC listserver asking whether practices should or should not immunise those with BMI over 40 as per the JCVI recommendations, GPC contacted NHS England for clarification. It has confirmed that there will be no changes to the current enhanced service to include the morbidly obese as a stand-alone cohort, as the recommendation for this cohort came in after the funding had been secured for 2015-16.

The wording in the [service specification](#) addresses this (page 24, footnote 33 of the specification):

33 JCVI have advised that morbidly obese people (defined as BMI>40) could also benefit from a seasonal influenza vaccination. Many of this patient group will be eligible for vaccination under another risk category due to other health complications that obesity places on them. However, funding has not been agreed to cover this cohort as part of this ES. Practices are able to use clinical judgement to vaccinate patients in this group, but vaccinations for morbidly obese patients with no other risk factor are not eligible for payment under this ES. The inclusion of this cohort in subsequent years is under consideration.

In addition NHS England confirmed that the morbidly obese are not included in the pharmacists additional service so they should not be directed to pharmacists unless recommending a private vaccination.

The GPC's advice to practices is that there is no obligation to vaccinate patients with BMI over 40 and that no pressure can be applied to practices as this is not about clinical risk, but due to a funding decision by NHS England.

LMCs may wish to negotiate with their CCGs to have a LES for this to be added, using the JCVI advice as rationale. In addition, if practices find themselves with flu vaccinations left over due to pharmacists' activity, the obese (of any BMI) might be an appropriate population to use them up on.

**Disability Living Allowance claimants**

We have received the following information from the DWP.

The DWP is writing to all Disability Living Allowance (DLA) claimants aged 16 to 64 on 8 April 2013, to tell them that their DLA is ending. This includes people on lifetime or long term DLA awards. The letter gives information to help people decide whether to claim a Personal Independence Payment (PIP). People will be asked to contact DWP with their decision. If people do not take

any action their DLA will stop. The first letters were sent out in July to a small number of people within a limited number of postcodes in the North-West and the Midlands. Volumes and areas will gradually increase, until all eligible DLA claimants have been contacted by September 2017. If someone decides to claim PIP then their DLA will remain in payment, providing they comply with the process, for example attending an assessment if asked to do so. DLA will continue to be paid until they have received a decision on PIP entitlement.

The DWP has pointed out that GPs may be asked to provide Further Medical Evidence in the normal way for DLA claimants who decide to claim PIP and may receive enquiries from patients currently on DLA who have received a letter or heard that DLA is ending. If the patient has not received a letter yet, they don't need to do anything. Their DLA will continue to be paid as normal. If they have received a letter, then they need to contact DWP with their decision about claiming PIP.

## Sessional GPs e-newsletter

The sessional GPs e-newsletter was sent out yesterday and [is available on the BMA website](#).

The main items this month are news on the [national occupational health service](#) for GPs suffering from stress and burnout, and an update on what we are doing to change the unfair rules on death in service benefits for locum GPs. It also features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one this month from sessional GPs subcommittee member [Mary Anne Burrow on doing out-of-hours work](#).

The e-newsletter has been sent out to all the sessional GPs on the BMA's membership database, but to ensure that it gets to as many sessional GPs as possible we would encourage you to distribute the link as widely as you can. Using the new format it is also possible to easily highlight different sections of the newsletter via social media if you use Twitter, etc.

## Updated PGD and PSD guidance – England only

The GPC's guidance on *Patient Group Directions (PGD) and Patient Specific Directions (PSD)* in General Practice has been updated to clarify the rules regarding private PGDs.

The guidance is available on the [Drugs and Prescribing page](#) on the BMA website.

## GPC guidance notes – update

The following guidance notes have been issued by the GPC, in recent months, and are available on the BMA website:

- [Becoming architects of new models of care in England](#)
- [Common legal structures for practice networks](#)
- [Essential guide to the GP Trainees Subcommittee](#)
- [Focus on Fit for Work scheme](#)
- [Focus on GP trainee occupational health vaccinations](#)
- [Focus on PMS reviews and transition to GMS](#)
- [Focus on the global sum allocation formula](#)
- [Focus on the new national GP Induction and Refresher Scheme](#)
- [Guidance and FAQs on out of area registrations](#)
- [Guidance on child deaths](#)
- [Guidance on co-commissioning – conflicts of interest](#)
- [Guidance on GP contract guidance](#)
- [Guidance on GP networks](#)
- [Guidance on how to deliver new contract IT requirements](#)
- [Guidance on how to set up a GP network](#)
- [Guidance on Patient Group Directions](#)
- [Guidance on rent reimbursements](#)
- [Guidance on subject access requests for insurance purposes](#)
- [Guidance on the clinical pharmacists pilot](#)
- [Guidance on the induction and refresher scheme](#)
- [Guiding principles for practice networks](#)

- [Named, accountable GPs for all patients](#)
- [New deal for general practice](#)
- [NHS England new care models – vanguard sites](#)
- [Preparing for a CQC inspection](#)
- [Publication of GP mean net earnings](#)
- [Quality first: Managing workload to deliver safe patient care](#)
- [Sessional GPs – appraisal and revalidation guidance](#)
- [Sessional GPs – the effect of 2015/16 contract changes](#)
- [Sessional GPs - tips for working out-of-hours](#)
- [Sessional GPs – top 10 tips to help GP locums get paid on time](#)

## General Practitioners Defence Fund

The AGM of the GPDF was held on Thursday 17 September. Stuart Kay was elected as Chairman; Alan McDevitt and Douglas Moederle-Lumb were elected to fill vacancies on the Board.

The Treasurer, John Canning, wrote to LMCs on 13 August inviting LMCs, or groups of LMCs, to submit proposals for the GPDF Board to consider as part of its operating plan and budget for 2016 and projections for 2017. Proposals must be received on the form provided by 15 October.

The GPDF has recently determined the outcome of the bids for LMCs to receive grants to assist the development of networks in their area. Applications have been significantly greater than the initial expectation and the GPDF has been able to increase the funding available more than threefold with the final allocations to LMCs being over £300,000 to enable this work to be undertaken.

The GPDF is also pleased to be able to underwrite the cost of the GPC's network conference to be held in November at BMA House.

## LMC observers at GPC meetings

This is just a reminder that LMC observers are welcome to attend GPCUK meetings. If your LMC would be interested in sending an observer to a GPC meeting, please contact [hsenior@bma.org.uk](mailto:hsenior@bma.org.uk) and we will try to find a suitable date. Please note that a maximum of 3 LMC observers may attend any one meeting (there are already 3 observers due to attend October's meeting).

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

The meeting dates for 2015/16 are as follows. Meetings begin at 10am and usually finish by 5pm (where subcommittees are held, GPC meetings will finish at 1pm).

- 15 October 2015, BMA House
- 19 November 2015, BMA House
- 17 December 2015, BMA House
- 21 January 2016, regional meetings – locations to be confirmed
- 18 February 2016, BMA House (subcommittees in the afternoon)
- 17 March 2016, BMA House
- 21 April 2016, BMA House
- 16 June 2016, BMA House (subcommittees in the afternoon)

Meetings are held at BMA House, Tavistock Square, London WC1H 9JP.

## LMC Conference 2016

The 2016 LMC Conference will be held on **Thursday 19 and Friday 20 May 2016** at Logan Hall, Institute of Education, London. An email has been sent to LMCs asking them to confirm the number of GPs they represent for the purpose of calculating how many places they will be allocated at the Conference. If you haven't responded, please can you do so asap, as the deadline is Friday 25 September. Further information on the deadline for receipt of motions, expenses and nearby hotels will be sent out in due course.

## **LMC survey**

We received extremely valuable feedback from the survey of LMCs, was analysed and summarised in a short report, sent out to LMCs earlier this month. We are already putting in place steps to address some of the points made, as well as developing systems to be more responsive to LMC needs and greater partnership working.

## **LMC access to the BMA website**

It has been drawn to our attention that some LMCs are 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](mailto:kday@bma.org.uk) and she will email you your relevant information.

## **LMCs – change of details**

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](mailto:kday@bma.org.uk).

**The GPC next meets on 15 October 2015, and 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 is 7 October 2015. It would be helpful if items could be emailed to Holly Senior at [hsenior@bma.org.uk](mailto:hsenior@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. Their names and addresses are in the GPC Yearbook. 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: addresses are on page 3 of the GPC's yearbook.

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