# EXECUTIVE AND POLICY LEAD UPDATE – 2019

## Sessional GP subcommittee – Ben Molyneux

The sessional GP committee had its first meeting on 4 July 2019. The committee elected a new officer team:

Chair **Ben Molyneux**

Deputy Chair **Matt Mayer**

Executive members **Nicola Kemp**

 **Sarah Westerbeek**

The committee thanked Zoe Norris, the outgoing chair, and Krishan Aggarwal outgoing deputy chair for all their hard work over the past three years.

An update on key areas of work is below:

**Sessional representation within the BMA and GPC**

The committee considered recent letters from the Chair of GPC, Council and Organisation Committee and agreed to await Devolved Nation and GPC UK meetings before deciding upon next steps.

**NHS email addresses for locums GPs in England**

We are awaiting imminent final confirmation from NHS Digital before access to NHS email addresses for locum GPs in England is rolled out nationally.  Once introduced, any locum GP on the performers list in England will be able to obtain an NHS email account.

**Pension annualisation**

Regulations that came into effect on 1 April 2019 to the 2015 NHS Pension Scheme removed the three-month concession around gaps in pensionable earnings for locum GPs. The regulations affect those members of the pension scheme who may have taken breaks within the pension year and may have to tier their pension contributions at a higher rate based on their annualised earnings, rather than their actual earnings. Many GPs who start or leave a salaried post within a tax year will be penalized and almost all locum GPs will have increases to their pension contribution tier as a result of these changes.

After seeking further clarification from NHS Pension on how the new regulations are being interpreted and applied, the committee [has updated the guidance on annualisation](https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/sessional-gps-subcommittee/sessional-gps-pension-guidance) to support sessional GP members.

The committee is working with the BMA Pensions department and BMA legal to look at how the annualisation of locum GP pensionable earnings can be challenged and a letter to the Secretary of State is being finalised.

**Death in service benefit for locum GPs**

The BMA has commenced proceedings in the High Court to challenge the Pensions Ombudsman’s interpretation of the NHS Pension Scheme Regulations and is seeking clarity of the exact meaning of ‘*in pensionable employment’* as it applies to Locum GPs who die in service. The BMA applied for permission to appeal on 27 February and awaits the Court’s decision.

**Enhanced parental leave and enhanced child bereavement leave**

Proposals to include [enhanced parental leave](https://www.bma.org.uk/advice/work-life-support/working-parents/shared-parental-leave/enhanced-shared-parental-leave-for-junior-doctors) and [enhanced child bereavement leave](https://www.bma.org.uk/collective-voice/influence/key-negotiations/terms-and-conditions/junior-doctor-contract-negotiations/child-bereavement-leave-guidance), in line with junior doctors and Agenda for Change staff, in future GMS contract negotiations are being considered.

## Representation – Bruce Hughes

Sessional GP Representation

GPC England received a draft outline of this paper and its last meeting in May. The Representation Policy Group then further discussed the paper at its policy group meeting in the afternoon

Work is ongoing and the formal and final paper will be brought to GPC UK in September.

Gender Task and Finish group

The Gender task and finish group is meeting on 17th July to review its workplan and to begin work to implement the proposals outlined in the paper which was agreed by GPC UK in March.

Multimember Constituencies

The task and finish group is progressing this complicated issue and a proposal has been submitted to the BMA Organisation Committee. We would hope to report to GPC UK in March 2020

Future of GPC UK

Following the March GPC UK meeting the plans for the future of GPC UK will be revisited and brought back in revised version to GPC UK in due course. This is clearly a very complicated and important issue with far reaching consequences and the representation policy group will consider how best to take it forward.

Policy Leads

The application and appointment process for new Policy Leads is underway.

Policy Groups

The preferences for Policy Groups for the 2019/20 GPC session have been sought and myself and the various chairs will meet after this meeting to begin the process of allocating members based on their preferences.

**Indemnity Update**

CNSGP is now settling into its stride with the number of general queries coming in to the BMA dropping dramatically. We continue to meet with all the MDOs on a monthly basis and with DHSC and NHSR every fortnight.

There are 3 issues that colleagues need to be aware of:

Travel Vaccination Change

NHSR has announced that chargeable travel vaccinations (including malaria prophylaxis prescriptions) will no longer be within the scope of CNSGP. This is logically in line with the definition of CNSGP covering only NHS services, but is a change to the original scope which was the subject of specific and detailed questioning by GPC before launch. We have issued guidance to the profession and a detailed blog to raise awareness among practices.

Prison Doctor Matters

It has come to light that some GPs working in prisons and secure environments may not fully understand the scope of CNSGP. Those prison providers that hold GMS/PMS/APMS contracts or Standard NHS Contracts with Primary Medical Services specified in schedule 2L will benefit from CNSGP cover, but GPs working for organisations that do not hold such a qualifying contract will not be covered. This has caused some anxiety and we are aware that some GPs are experiencing difficulties in finding out from their employers what sort of contracts they hold.

We are considering creating a template letter for prison and FSEC doctors to send to their employers to provides them with the clarity they need.

MDU JR

The MDU have announced that they have launched a Judicial Review (JR) of the DHSC decision to launch the Future Liability Scheme (FLS) without having already signed off an Existing Liability Scheme (ELS) with all MDOs. Their concern (in brief) is that the interplay between liabilities and reserves is mediated by revenue streams. GPCE are watching events very closely.

**Firearms Update**

We now have ministerial agreement to sign a Memorandum of Understanding between the Home Office (HO) and BMA to acknowledge that in respect of any firearms flag, that a GP can be expected only to act with reasonable endeavours in responding to such a flag. QC opinion is that this removes the risk of a GP being held legally liable for a failure to act on the coexistence of a flag and a diagnosis of concern as long as such an omission is not reckless.

We continue to work with HO and police representatives to establish a unified national system for licensing.

**England LMC Conference – Rachel McMahon**

The conference of England LMCs will be held on Friday 22nd November, and colleagues will be receiving further information formally in the next couple of months.  The agenda committee are elected by the conference attendees to deliver the conference that you tell us that you want.  This has always been our aim and remains the case.

The structure of conference is a dynamic process, and we are at a point in time where it can be shaped into something different very easily.  We are always receptive to new suggestions as to how we can deliver a more valuable conference on behalf of LMCs.  If you want to contribute, please do contact Karen Day (kday@bma.org.uk), or any member of your agenda committee directly.  Your agenda committee are myself, Shaba Nabi, Brian McGregor, Zoe Norris, Rakesh Sharma, Elliott Singer and Debs White.

**A WORKFORCE STRATEGY THAT IS RECURRENTLY FUNDED TO ENABLE EXPANSION**

**Education, Training and Workforce – Samira Anane**

* Having contributed to the development of the NHSE Fellowship scheme over the past few months, we have now undertaken a pause in order to assess the situation and reflect on the issues that have arisen so far.
* The GPC General Practice nursing strategy has been completed following feedback from ETW and GPC UK members. The final version will be shared at GPC England next week.
* We are working with HEE and contributing to the discussions and development around training hubs, which will offer an opportunity for training and development across all staff groups.
* Retention remains a priority with a focus on all at risk groups. We are pleased that we have been able to have an ETW member co-opted to the RCGP later years committee and look forward to working with them over the coming session.
* We have been looking at how practices can access the Apprenticeship levy through the different schemes available and what learning can be obtained and shared more widely in order to maximise the opportunities.

**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

I have met with **Prostate Cancer UK** to discuss the role of primary care in diagnosis and management of patients with prostate cancer. I stressed that testing an asymptomatic person for latent disease is screening and should not be dressed up as case-finding. Screening should be approved by the UK National Screening Committee and, if worthwhile, set up properly and funded. The transfer of patients from secondary care to primary care for follow up, either because they are part of active surveillance, or because of a single unconfirmed raised PSA, or because they have cancer but have completed active treatment, is reasonable but only in the context of a local enhanced service and computer-aided recall systems and decision aids.

Richard Vautrey and I met with the **National Cancer Czar** Professor Sir Michael Richards to provide an input into his forthcoming review of cancer screening. He seemed well versed in the barriers patients find in accessing screening services, and in particular we raised the problems trans patients have in accessing screening services.

**NICE** have completed their consultation exercise on new quality metrics for primary care, and of particular interest are those that will impact QOF through the Heart failure, Asthma, and COPD domains. I attended the annual meeting to review the responses, though only as a ‘GP with expertise’ rather than representing the GPC, which would be against their terms of reference. There are some technical problems with the proposed indicators but I am quietly confident a set will emerge which will be helpful.

The BMA’s **PCN Clinical Directors Conference** included a module on the QOF changes.

The last meeting **of PHE’s Expert Reference Group - prescribed medicines that may cause dependence or withdrawal** has taken place, and the report is awaiting publication. This is a subject where the default option will be to blame GPs for over-prescribing, but I was heartened by the support given to us by the addiction and pain specialists on the group, who were clear that without extra resources no amount of ‘better training’ would reduce prescribing.

We were concerned about the advice from the **General Pharmaceutical Council** suggesting GPs should authorise prescriptions from on-line companies for high-risk medications. I met with them, and they do appreciate our concerns, and with encouragement may tighten their guidance to do more to dissuade these prescriptions from being issued in the first place.

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

## Contracts and Regulation – Bob Morley

* Working on providing progress report on 2017 and 2018 Conference motions
* Constructive meetings have taken place with NHS England  and also with Roger Kline( author of GMC report on its fitness to practice processes) addressing concerns with professional performance procedures highlighted in conference motions. Further work ongoing
* Consulted on and provided comments on draft new GMS/PMS regs following 2019/20 contract deal
* Making good  progress with NHS England on way forward re issues over  safeguarding collaborative fees payments
* Liaising with RCGP and NHS England re concerns over new guidance on safeguarding training requirements – letter has been written to NHS England expressing concerns
* Further liaison meeting with CQC and RCGP ; inter alia discussed feedback from launch of new practice telephone PIC interviews and how processes and practice experience could be improved
* Responded to NHS England consultation on changes to EDec
* Engaging with NHS England and commenting on proposed policy over practice support for list dispersal
* Discussions with NHS England on issues around regulations on removal of patients who have moved out of area
* Continue to explore legal and contractual issues around the expansion of GP at Hand; comments provided to executive team on NHS England consultation on digital- first primary care
* Finalising  work with ETW policy group and sessional subcommittee, with NHS England and RCGP on   policy document for performers list status of GPs leaving/wishing to return from abroad.
* Continue to regularly respond and provide advice and guidance on numerous and varied  C and R issues raised directly by LMCs and BMA members and via listserver queries

## Commissioning and Working at Scale Group – Simon Poole

*Working at scale update*

* The policy team has drafted guidance on the role of link workers within PCNs to help GPs make the most of the non-clinical support schemes they refer patients to.

* The policy lead has drafted a blog discussing the opportunities and challenges presented by the development of PCNs.

* The policy lead and colleagues in the policy team have contributed to the preparation of the upcoming PCN Clinical Directors’ conference on 5th June 2019 and the production of a summary of the discussions held on the day.

* The policy team has used the opportunity presented by the next quarterly survey to ask for member’s feedback on their experiences of urgent care and ambulance services, NHS 111, as well as the establishment of PCNs.

*Commissioning and Service Delivery update*

* There was due to be a meeting of the Primary Care Transformation Oversight Group (formerly the GPFV Oversight Group) on 24th June but this was cancelled. The next meeting of the group is scheduled for 18th September.

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

## Premises and practice finance – Ian Hume

## NHS Property services

Addressing the ARM in June, the GPC announced that the BMA has written to NHS Property Services asking it to urgently respond to concerns over the worrying rise in service charges faced by GP practices or it will be forced to consider legal action. Now, in a letter of claim, BMA lawyers have set out in detail the reasons why it believes NHSPS is acting unlawfully. If no satisfactory response is received, [the BMA says it intends to take NHSPS to court.](https://www.bma.org.uk/news/media-centre/press-releases/2019/june/address-astronomical-service-fees-for-gp-practices-or-face-legal-action)

This announcement coincided with publication of the National Audit Office report [their report](https://www.nao.org.uk/report/investigation-into-nhs-property-services-limited/) which finds that NHSPS lacks the power it needs to make tenants sign leases and pay their rent/charges.

BMA guidance is clear that practices should engage with NHSPS, identify areas where there is a dispute and pay undisputed amounts. Agreements between NHSPS and practices need to be reached which are affordable and include any commitments from previous commissioners. Practices should not be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable.

## Premises Review

The long-awaited GP [Premises Policy Review](https://www.england.nhs.uk/publication/general-practice-premises-policy-review/) was published in June. Despite the urgent need for investment in GP premises, highlighted by BMA [research findings](https://www.bma.org.uk/advice/employment/gp-practices/premises/bma-gp-premises-survey-results-2018) that half of surgery buildings are not fit for purpose and even fewer are fit for the future; this review offers no commitment to funding. Although some elements of the report are moving in the right direction- such as the issue of last partner standing scenarios, there is still a long way to go. NHSE must now urgently secure funding from the Treasury to address the problems facing GP premises and support a clearer vision for practices and the development of Primary Care Networks.

## Premises Cost Directions

The GPC wrote to Secretary of State for Health Matt Hancock in July requesting urgent intervention to progress publication of the PCDs and emphasising that the ongoing delay is having a significant impact on the development of GP premises and frustrating the ambitions set out in the long-term plan. As yet we do not have a date for publication. NHS England is still considering their position on several outstanding issues. We are disappointed with any delay in publishing the premises cost directions, but unfortunately, this is outside our control.

## Primary care support England

Since my last update, you will be aware that PCSE have reported another significant incident of 160,000 patient records incorrectly being archived instead of being released and sent to the appropriate GP practice when the patient re-registered. Records have now been sent to practices, so we are advising the following whilst GPC continues discussions with NHS England regarding this

*‘Until an urgent resolution has been reached with them, we are advising practices as is contractually and professionally required, to undertake the work of processing patient information received to the extent they are able with the resources they have but should also inform their CCG and NHS England locally that they do not have sufficient resources to undertake the work quickly enough to mitigate against the risk of adverse consequences. They should request help from the CCG/NHSE locally whilst we continue our discussions with NHSE nationally to help reduce the risk to patient safety as they have responsibility for the delay in record transfer.’*

We are hopeful of an outcome of our discussions imminently.

In parallel to this we continue to input into the planned transformation programmes, but we are insistent that plans cannot be signed off before they have been fully evaluated. Our focus is on reviewing the proposed changes to the management of the performers list. This will see the implementation of a digital solution which will allow GPs to enter online changes to their details on the performers list, rather than go through a paper-based system. We are looking at options to allow GPs to register on the PCSE portal to enable them to make these changes. We are hoping for significant developments of the next few months.

We are also involved in discussions about the decommissioning of the Open Exeter system.

**Information Management and Technology – Paul Cundy**

**FitzGPSoC**

IT Futures, the scheme to replace GPSoC has been officially launched, <https://digital.nhs.uk/news-and-events/latest-news/invitation-to-tender-launched-for-gp-it-futures-programme>. There has been an encouraging interest with two potential new suppliers for core GP clinical systems. The next phase of the program will be detailed discussions between NHS Digital and the suppliers who have expressed interest in joining the program.

**IT Operating Framework**

The IT Operating framework for CCGs and commissioners has been finalised and is now with treasury and DH for sign off. Regarding somce concerns about GP choice of supra practice level systems the word NHSE wanted was for CCG’s to “determine” but the final version has had this replaced by “collaborate with GPs”. We wait to see if this change survives the sign off process.

**Health Intelligence, CHIS and DESP**

We have expressed concern at NHSE’s approval of the Health Intelligence Child Health Information System product, the one that would have placed 3,500 practices in breach of GDPR. Despite raising this issue urgently with NHSE in February we have yet to receive a formal response. We have since met with Health Intelligence who have agreed our position and have confirmed that no data will be extracted using their new system, they will continue to rely on Miquest. Consequently we have joined forces with them and others to demand that NHS Digital develops new data extraction tools to equal the now tired and retired Miquest.

 **On-line services**

We are working with NHSE on the 2019/20 contract IT commitments which remain conditional on adequate systems being available. We hope to be able to release joint system specific practical guidance as to how practices can reasonably meet the contractual requirements in relation to redaction and prospective protection of sensitive data. At the moment the documentation runs to 178 pages, this needs to be rationalised and we have further meetings planned.

**LHCREs**

It remains my view that under the principles of data protection and the specifics of GDPR and DPA2018 it is very difficult to justify anything other than access or pull on demand systems for sharing records for direct care. “Data bucket” models where every patient’s entire record is placed in a repository in an anticipatory approach cannot be justified when there are no systems that can automatically restrict access to that which is necessary, relevant and appropriate, i.e. allowing the physio to only see what they need as compared to what the community psychiatrist would access. We continue to work with BMA Ethics in our discussion with NHSE in their drawing up of national level advice and guidance as well as advising LMCs and practices about their own specific LHCRE proposals.

**PCN Data Sharing**

We are close to agreeing a template PCN Data sharing agreement. We hope this will be co-badged with NHSE and will be on the basis of practices in PCNs acting as “Joint Controllers”.

**SNOMED**

SNOMED is now working in GP systems and the transition appears to have been remarkably pain free.

**IT Failures**

There seem to have been a plethora of these lately; CHADVasc2, the Docman incident, Capita and unsent letters and problems with QOF business rules and proprietary achievement systems. They all originate from different areas and backgrounds and for different reasons but have a common impact on GPs. We continue to discuss how they should be supported in the work this generates.

**Biobank and CPRD**

We have agreed the approach with Biobank as per comms via the LMC and GPC lists. CPRD remains outstanding but I am committed to providing advice before the month end.

**SAR Code of Conduct**

This is to be discussed and agreed by GPC England.

**GP Connect**

GP Connect is the system designed within the NHS to enable others to access and view GP patient and appointment data. In a recent comparison between it and its only commercial rival it come out best and is well placed to provide the core functionality that PCNs will need for shared care.

**NHS App**

Take up of the app has been disappointing despite its wide national availability. We are meeting regularly with the App team to do what we can to encourage take up.

**Digitisation of the Lloyd George records.**

Until a national specification has been agreed that will support interoperability via GP2GP we recommend practices to not sign up to local schemes and this message will be repeated in the IT Operating Framework.

**GP2GP and Orphaned records**

We continue to encourage NHSE and D to sort out the last remaining issues with GP2GP transfer. We have offered our advice as to which option we see as being the solution for records of patients who have not re-registered elsewhere by the time practices close or merge, the so called “Orphaned records” problem. There is only one real option so the debate should be short.

**EPS Phase 4**

JGPCIT has recently given its support for further extension of the EPS Phase 4 pilot. 56 practices have been involved with 179,000 prescriptions issued from over 2,200 different dispensers as at 10th July 2019. National deployment initially with EMIS and TPP is expected for September 2019.

**GPES replacement**

We continue to discuss the replacement for GPES and have agreed an outline approach that will include pseudonomisation at source for GP extract data. However, there is uncertainty about the future of GPES in the light of LHCREs which appear to have rival ambitions.