EXECUTIVE AND POLICY LEAD UPDATE – January 2020

Representation – Bruce Hughes

The representation policy group has, as you might expect, prioritised three major work streams at present:

- Implementation of the Gender task and finish group recommendations which GPC UK agreed in March 2018. GPC England in November also agreed that the committee focused recommendations of the Romney Report should be brought into the workplan of the Gender task and finish group along with the recommendations of its own report, which has now been done. Members will also recall that several of the recommendations of our Gender task and finish group were also included in the final recommendations of the Romney report.
The membership of the group has been bolstered by some new members and is meeting on the 14th January to continue to look at implementation of the task and finish group and Romney report recommendations.

- Multimember Constituency Group: the development of multi-member constituencies was a recommendation contained within the final report of our gender task and finish group. This group is meeting on the morning of GPCE to continue to work on a proposal to put to GPC UK in March regarding the development of multi-member constituencies. As you may imagine, this is a complicated and sensitive issue.

- Future arrangements for GPC: I have been meeting with the BMA and GPDF as member of a joint BMA/GPDF project group looking at future arrangements, ensuring proper representation and efficient use of resources.

Dispensing policy group – David Bailey

We met DDA this week and discussed next steps for moving forward. The principal concern remains remuneration. Matters have been rather on hold since the government published a discussion paper on reimbursement looking to level the playing field but only offering to consult with PSNC for community pharmacy in the second stage. It acknowledged that there would be an impact on dispensing doctors (in both England and Wales and indeed on Welsh community pharmacy) but astonishingly said they were neither going to conduct an impact assessment nor allow representatives from these groups to discuss implementation. There are some good ideas in the consultation - some indeed proposed in the joint GPC/DDA/PSNC paper last year – but the formal response from both the BMA and the DDA naturally focused on the view that implementing change without formal consultation following impact assessment was utterly unacceptable. DDA have met with the minister Jo Churchill to explain the implications of the government position and we will be sending a joint letter from GPC and DDA to the minister to request a seat at the table when changes are discussed.

Whilst the cost of reimbursement (essentially dispensing drug costs) is outside the GMS envelope in line with the cost of drugs from prescribing practices, the dispensing fees are not and there may be adjustments to this if the reimbursement rules are made more sustainable this might still be a reasonable way forward if fees have a better representation of staff costs along with intended uplifts in GP pay and lead to more sustainable solutions for rural patients.

Rural practices will already be under more pressure with multi-professional ways of working as implementing pharmacy first or low-cost medicines policies is impossible when the nearest pharmacy is 20 miles away and the dispensing doctor is forbidden from selling low cost medicines direct to the patient.

Although dispensing remuneration (fees) and reimbursement (drug costs and potential margin profit) are separate issues we recognise that they are inevitably intertwined and need consideration

in the round. The difficulty has always been that they remain in the remit of two separate departments.

The other issue affecting dispensing doctors in England (and partially in Wales) is EPS4 and its association with FMD. IT futures undertakes to provide seamless primary care IT going forward and yet is taking the position that compatibility of EPS4 and dispensing is not their concern. In community pharmacy EPS4 compatibility was considered a business expense but crucially recognised as such within the community pharmacy contract. Frankly given many dispensing practices also have prescribing patients the idea of a split partial implementation of the EPS4 system (which also simplifies and increases the accuracy of the reimbursement process hugely for government) is an absolute nonsense particularly as it also integrates FMD functionality.

ENABLING PRACTICES TO MANAGE THEIR WORKLOAD IN ORDER TO DELIVER SAFE SERVICES AND EMPOWER PATIENTS AND CAREERS AS PARTNERS IN CARE

Clinical and Prescribing – Preeti Shukla

Since the last policy group meeting in November, there has been a further meeting of **the measures and indicators group**. There will be inclusion of hospital admission rates per practice for several conditions, which will need to be analysed and sense checked for accuracy (e.g. correct coding applied). These will not be included as performance indicators but for information and may be used to identify gaps in commissioning or possibly higher rates in under-doctored areas.

We continue to have concerns about the implementation of the **Evidence Based Interventions (EBI)** initiative, and that many CCGs are commissioning a lower level of service than that specified, on the basis that they have previously done a consultation on these conditions. The policy group is liaising with the Health Policy team and Consultants Committee and the BMA will be writing to CCGs asking them to confirm whether they are adhering to the EBI guidance, the BMA will also be responding to the forthcoming NHS England consultation on potentially restricting further interventions.

We have met with representatives from the Royal College of Physician's **Fragility Fracture Audit** Advisory Group and Royal Osteoporosis Society to discuss developing a more seamless service to patients with fragility fractures and treatment of their osteoporosis. We discussed the Fracture Liaison Service (FLS) and requirements for diagnosis, treatment and monitoring of bone building to prevent further fractures and we have agreed to produce a leaflet for patients jointly and help lobby for a fully commissioned fracture service.

There has been a meeting with a GMC representative, to discuss that the MHRA has reported that there are still some pregnancies happening with **women of child bearing age taking Valproate**. As we know the QOF prescribing safely QI domain includes Valproate for women of child bearing age, and previously advice for women with Epilepsy of child bearing age was in QOF. The software clinical suppliers also have various flags to navigate. The GMC do not believe this to be in their remit, and we have suggested that more information and further discussion with MHRA on this is needed.

We have also had a scoping meeting with the Forensic and Secure Environments Committee (FSEC) on **dual-prescribing**, to discuss their concerns that the incorrect prescription of medicines is occurring due to a lack of communication between GPs in the community and GPs in prisons, in particular for desirable/tradeable medications. The policy group will be producing joint guidance with FSEC on this issue.

We contributed to the **Vaccination and Immunisation review** group and are still in negotiations phase.

CPCS (Clinical pharmacy consultation service) – we are awaiting a meeting to assess data from pilots. We are aware that the local uptake of referrals in the pilots has been low so far.

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

Contracts and Regulation – Julius Parker

- Continuing liaison with CQC and RCGP. Issues for future consideration include, revised safeguarding advice, vaccination targets and inspections, standard operating procedures for dispensing practices, and inspection consistency.

- Continuing liaison with NHS England, including:

    - Developing a policy for practice support on dispersals that is compliant with the Regulations

    - Monitoring the implementation of the Geddes letter confirming the need to resource GP practices for safeguarding work

    - Being invited to participate in NHS England review of Gender Identity Clinic Procurement process

    - Exploring the contractual implications of NHS England's proposals following the digital-first primary care consultation, with particular reference to the disaggregation of the patient list and creation of a new APMS contract supporting a local presence in a CCG

    - Addressing concerns with professional performance procedures, taking into account the Kline Report into GMC fitness to practise referrals

    - Liaison on eDec requirements for practices; guidance agreed

    - Issues on the removal of patients who move outside of the practice catchment area and patient assignment are now being taken forward in the specific items subgroup of the contract negotiations

    - Discussion of pooled list guidance

    - Continuing to respond and provide advice and guidance on the kaleidoscope of issues raised by LMCs, BMA members, and via list server queries, including consideration of changes to regulations affecting the Special Allocation Scheme and PCV vaccine

Commissioning and Working at Scale Group – Chandra Kanneganti

Write a guidance on the representation of Primary Care on ICS/STP boards (March 2020).
The group will write a guidance on the representation of Primary Care on ICS/STP boards. The BMA does not have a national policy on this issue yet, and the group agreed to work with GPC Exec to produce the guidance based on local and regional examples. This will inform GPs about existing and emerging models and the potential practical and/or legal implications.

Write a guidance on local collaboration between PCNs and organisations supporting and representing allied healthcare professionals joining PCNs (March 2020).
The group has also been asked to contribute to the new version of the PCN Handbook in the new year by drafting a guidance on best practices regarding the interactions between PCNs and local organisations representing the extended PCN workforce (social prescribers, clinical pharmacists).

Advise GPC Executive Team on:

- **The preparation of the annual PCN Clinical Directors conference (January-February 2020).**
- **The annual PCN Clinical Directors survey (July-August 2020).**

GPC Executive Team will consult the group before conducting the second annual survey of PCN Clinical Directors over the summer.

Support the development of Primary Care Networks
The group is committed to publishing blogs to showcase development and promote good stories and innovative practices emerging in PCNs across the country, on a regular basis. The group will also continue to use the expertise and experience of its members to advise GPC Exec on their negotiations with NHSE.

Attend quarterly meetings of Primary Care Transformation Oversight Group and report to GPC.
The policy lead attends meetings of the PCTOG along with a member of GPC Executive Team. This ensures that NHS England are held to account on their commitments to provide funding and resources to general practice.

It also helps to provide support and guidance to ensure LMCs and practices are aware of how to access funding/support.

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

Premises and practice finance – Gaurav Gupta

Premises Cost Directions
NHS England finally responded to the BMA's submitted review of the PCDs document in November 2019 listing their proposals for outstanding issues and other amendments they and/or DHSC are proposing to the draft. The lengthy delay was attributed to the impact of Brexit and staffing changes at NHSE. After further consultation with our legal team, we have returned comments in early January 2020.

The new directions should provide many positive steps addressing key issues around underlying concerns of premises liabilities and obligations, development and improvement grants and the last partner standing.

We hope to see the new directions address issues such as variation in lease terms caused by rent reviews; arrangements for third party use of premises causing no financial disadvantage to the contractor; improved provisions for minimum standards reviews and contractual rights to reclaim overpayments.

We have been clear that proper investment into GP premises must be built in, and reassurances must be given to doctors facing a last partner standing situation.

Legal action against NHS Property Services
The BMA is supporting five test claimant GP practices who have received demands from NHSPS to pay inflated service charges based on its Consolidated Charging Policy ('the Policy'). The test claimants intend to bring court proceedings against NHSPS for a declaration that the Policy does not form part of their tenancy and NHSPS cannot therefore base their charges on it. The BMA has continued to engage with NHSPS in discussions to try to resolve matters without the need for court proceedings. We have however faced similar obstacles to those faced in previous discussions, with NHSPS refusing to provide a satisfactory explanation of the legal basis for the charges made against the test claimants.

As a result, the BMA and the test claimants have now notified NHSPS that they will start court proceedings without further notice. As of December 2019, Capital Law are working with the test claimants to gather further information.

Practices cannot be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable. However, practices should be mindful that while the BMA are proceeding with legal action to address historical charges they do not put themselves at risk of any future liability or compromise their future position in reaching any agreement independently of this. We have issued guidance to practices in December on this issue.

PCSE Task and Finish group – Ian Hume

The task and finish group continue to engage with PCSE on both operational and transformation issues.

In the last few months the main focus has been on the go-live of the new service for managing the performers list. This transfers a paper-based system to an online system which should provide benefits to all users, if it works. Individual GPs will use the system to check detail and make any necessary alterations should there be omissions or inaccuracies in the data held. It is a condition of being on the performers list that you keep your details updated. If you are changing role or practice you will need to use the online system to update your details. This will also require input from practices to verify leavers and joiners, and NHS England are responsible for contract changes. In the past the paper-based trail has often failed because of inaction at one of these stages. The online system will provide greater transparency to monitor and to intervene if details are missing. This will improve efficiency, for example for GPs being allocated prescribing numbers or practices having the correct pension deductions. This step in the modernisation of the back office support for GPs and practices is long overdue, and should be welcomed. The performers list is just a data base, so it should be a relatively simple task to transfer. GPC is therefore deeply disappointed that since the go-live in early December we have seen a much greater number of problems than anticipated. What should be a simple click and verify process to register has been plagued by broken links and a short duration to verify emails links. When GPs have registered, some have then proceeded to find errors in data fields such as title, address and status. While a proportion have managed to alter details straightforwardly online, the approach to resolving issues has been piecemeal leaving many bemused by the whole experience. Although we expected some teething problems, the scale of problems is unacceptable. We expect that at such a busy time of year the registration process has not even been started for many GPs. We have asked NHS England to investigate these issues.

We recommend that any GP who has not received an initial e-mail inviting them to register online, checks that the e-mail address they use for the GMC is correct and active. If you have already received the original e-mail from PCSE online, it is worth requesting a new link online and activating your account so you can confirm your details held are correct. We also encourage practices to register so that they are in a position to verify any changes. This new online system should also mean that PCSE can share details of performers in their area with the LMC. Individuals can opt out.

GP Annual Benefit Statements (ABS) were issued in August and on 18 December. ABS will be available to view via total rewards statements. If members find this has not been issued, then this would suggest that historical data is missing and should prompt further investigation.

Work continues with the decommission of the Exeter system and introduction an online payment portal.

Following staff changes in the office. I am pleased to welcome Adam Harrison who is supporting the task and finish group.

Information Management and Technology Governance – Anu Rao

Digital transformation in primary care

2019 was a busy year in terms of digital transformation in primary care. This blog provides an overview of some of the major changes and what to expect in 2020.

Online consultation services

NHS England has developed a toolkit to provide information to staff in practices and commissioning organisations who are implementing online consultation systems. There is both a full version of the toolkit and a shortened version particularly aimed at GPs and other practice staff. Both versions, along with further resources, can be found on here.

Digitalisation of LG Records
It is recommended practices/areas consider carefully when looking to digitise LG paper records until the national standards are developed and published. This will ensure investment is appropriate and the burden to practices is kept to a minimum as no further work will be required in order to meet the national standards, which will include compliance with data protection and GDPR.

NHS App
All practices using TPP or EMIS systems are now connected. GP practices using Vision or Microtest systems will be connected later. The number of registered users with the App now stands at more than 200,000. During September alone there were 1.4 million GP online service appointment transactions. NHS England will be broadening their information campaign beyond NHS staff towards the public more generally. They will be refreshing GP practice materials to coincide with this public facing phase of their campaign.

NHS 111 booking
We are aware that practices have been sent DSAs by NHS 111 providers to enable full access to medical records for the purposes of booking appointments. Our understanding is that a DSA is not necessary for the purposes of assigning an appointment only as it does not require access to the patient's medical record. However, there is another issue around the need for sharing records so that clinicians triaging the 111 calls can make better clinical decisions. Once we have further clarity we will share further information with practices.

Electronic Prescription Service update
Phase 4 of the EPS is currently being rolled out on TPP SystmOne. Read more here. Further information for dispensing practices has been produced by the DDA and found here.

LHCRs
We continue to work with NHSE as national level advice and guidance is being developed.

GP2GP
We are working with NHS Digital to ensure this service becomes business as usual. The GP2GP team are currently looking to understand what makes some transfers successful and others not. In the last few weeks the GP2GP team they have gathered input from GPC and have visited practices to determine how the service can be improved. They will then share their learning with system suppliers.