# EXECUTIVE AND POLICY LEAD UPDATE – October 2020

**Representation – Bruce Hughes**

The proposal for Multi Member Constituencies (MMC) for GPC elections was a recommendation of the Gender Task and Finish Group report (the proposals outlined within which GPC UK agreed in full last March). The proposal for MMCs was circulated to the committee on 1 May 2020. After discussion via the listserver a brief survey was circulated on 11 May to collate opinions and gain a better understanding of committee member’s views. 62% of respondents were supportive of the implementation of MMCs. The MMC briefing paper is being brought to GPC UK on 1 October for discussion.

The implementation of the recommendations of the Gender Task and Finish group, including committee feedback and terms of office, are ongoing. The profile for a gender diversity champion, agreed at the GPC England meeting on 21 May, has been finalised and will be shared with GPC England on 25 September with further details of the nomination and appointment process to follow.

The Representation Policy Group have been asked by the Organisation Committee to combine the various definitions of GPC into one consistent definition to improve the governance of the association and to avoid dispute regarding which branch of practice members fall under. The definition must have no unintended consequences that will impact on other branches of practice.

The Representation Policy Group have been asked by the chairs of GPC UK to review the future remit and function of GPC UK through a Task and Finish Group who will consider this in this in depth and make recommendations. It is suggested that the group will begin its work after the COVID-19 pandemic has passed.

Elections for the chair of GPC England and GPC UK are currently live, nominations close on 24 September and voting will take place on 1 October. There will subsequently be an election process for the Representation Policy Lead post as well as appointment processes for the executive team and other policy leads.

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

**GP Fellowship**

We have been working as part of the national task and finish group to produce guidance, which has recently been released to help support the roll out of this across the regions. We will be taking part in an upcoming webinar organised by Wessex LMCs with the national clinical and programme leads in the next month (registration here: <https://www.wessexlmcs.com/events/11284>) and continue to feedback comments to NHSE.

**Mentorship scheme**

Member of the national task and finish group together with the RCGP and NHSE, with the finalised guidance released earlier this month.

**Training Hubs**

Ongoing engagement with the national training hub group with attendance at meetings and input, particularly discussions around the introduction and support for the GP/GPN Fellowship scheme and the new AARS roles.

**National GP Retention Scheme**

The national survey has closed and we will be discussing its findings at the next ETW policy group. Concerns remain around the lack of access for GPs in some areas, particularly as the current mode of funding does not enable full coverage for all of those that need to access the scheme in order to be retained as part of the workforce.

**Maternity Guide**

We are looking to launch this for use by practices, practice managers and all GPs. A supporting webinar is planned over the next few weeks

**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

We responded to draft NICE guidance on assessment and management of Chronic pain and it’s been circulated to the GPC committee for comments.

We fed into the document Building consistency of clinical risk and effectiveness in regulation by CQC.

In conjunction with Royal College of Physicians we have worked on bone health card and discharge template letter.

We have been working with our Pharmacy colleagues on Hypertension case finding project and GP referral to pharmacy with view to reducing workload on general practice.

We have co-badged a [**template letter**](https://protect-eu.mimecast.com/s/3LLTC3wNNhgR2zSgTWhX?domain=bma-mail.org.uk) with the Royal College of GPs that practices can use to write to private providers offering non-approved screening tests.

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

## Contracts and Regulation – Julius Parker

The Contracts and Regulations group have continued to review and comment on a wide range of issues raised by LMC colleagues, BMA members, and via the list-server. Many have been Covid19 related and the GPC has a list of advice specifically tailored to practice issues via its section of the BMA website. Other matters have included: -

* Continuing regular engagement with CQC as it moves away from its Emergency Support Framework towards what it is terming its Transitional Regulatory Approach (TRA). The CQC is also developing a process which will see it able to use Remote Regulatory Assessments, which should reduce the number of “across the threshold” Inspections.
* Contributing to the development and implementation of the simplified GP Appraisal 2020 restart, about which all GPs should by now have been contacted by their local NHS England appraisal teams.
* Contributing to discussions about NHS England performance processes, including the current policy in relation to GP performance management records retention
* Monitoring progress on the Northamptonshire safeguarding case, the outcome of which as colleagues may know is being appealed.
* Reviewing the proposals on patient registration, funding, and contract arrangements in relation to digital-first primary care.
* Commenting on RIDDOR [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013] and practices obligations.
* Commenting on the GMS/PMS Contract changes to Regulations due to be implemented in October 2020; a summary of these was provided in the GPC Chair’s 28th August update.
* Reviewing the draft Pharmaceutical and Local Pharmaceutical Services (PLPS) Regulations including the medicines delivery service.
* The Policy Group is also represented on NHS England’s Bureaucracy Review Group

I would like to end by thanking my Contract and Regulations Policy Group colleagues, and also BMA Secretariat colleagues, who have continued to support the Policy Group along with their many other responsibilities during these exceptional times.

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

## Premises and practice finance – Gaurav Gupta

**NHS Property Services legal case and update**

The BMA is supporting five test claimant GP practices who have received demands from NHS Property Services (NHSPS) to pay inflated service charges based on its Consolidated Charging Policy (‘the Policy’). These court proceedings were brought against NHSPS for a declaration that the Policy does not form part of their tenancy and therefore NHSPS cannot base their charges on it.

In August we addressed a letter to all practices, outlining developments in the case. In its Defences to the five claims in June 2020, NHSPS conceded that the Policy did not vary the existing leases, and the service charges claimed were not due because of the Policy. On that basis, the five practices have applied to the High Court for a declaration that the Policy does not form a part of their tenancies. The application will be held on 16 November. If successful, such a declaration would not automatically apply to any other practices, but they would be highly persuasive evidence that other GP practices facing similar circumstances would be able to rely on to defend themselves against their landlord.

NHSPS has been invited to deal with the counterclaims outside of court through an appropriate dispute resolution process. This is a model which could be rolled out nationwide to assist practices facing similar disputes.

BMA guidance remains clear – practices should engage with NHSPS, identify areas where there is a dispute, and pay undisputed amounts. Practices should not be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable. Practices should be mindful that the BMA are proceeding with legal action to address historical charges and should ensure that in reaching any agreement independently of this they do not put themselves at risk of any future liability or compromise their future position.

**NHSPS and Community Health Partnerships engagements**

We continue to engage regularly with leadership at NHSPS and Community Health Partnerships (CHP) regarding ongoing issues raised by practices. Similarly, we have been meeting with a wide range of practices who have been unable to resolve these disputes (either themselves or via LMCs). This ensures we hear directly from practices about issues of significance on the ground and enables us to escalate these to respective leadership teams where appropriate.

Practices who are unable to resolve these disputes with NHSPS or CHP should escalate via their LMC in the first instance.

**NHSE engagements**

We have established regular monthly meetings with NHSE officials to discuss premises issues. These have proven a useful way to keep abreast of developments on NHSE side – we are currently developing improved mechanisms to ensure GPC has early sight of policy guidance, notes and training issued by NHSE to ensure these are fit-for-purpose. We have also used these meetings to keep up pressure on the timeline for publication of the Premises Cost Directions (PCDs) and to emphasise the need for capital to result from the Comprehensive Spending Review to address longstanding premises deficiencies.

**PCSE Task and Finish Group – Ian Hume**

The task and finish group continue to engage with PCSE on both operational and transformation issues. With the number of outstanding matters being high, there is a need for the group to continue its work.

**Performers List**

Performers list activity is now all conducted via the PCSE online portal. Individual GP performers (partners/ salaried/ locums) can log on and make changes to their status. We encourage them to do this because we know some errors have passed from the old system, and this is the ideal opportunity to rectify any mistakes. PCSE has run a campaign to raise awareness, and the number of doctors who have now logged on and verified their accounts has risen from about 48 % to 73%.

We have been working with PCSE to share performers contact details with LMCs, so they can perform their statutory representative function. LMCs will know this is a long-running saga. Presently, PCSE online portal has an option to opt-out of sharing. Data from new entrants to the performers list, (NPL1), show 50% are opting out of sharing. We can speculate that they do not understand the importance of sharing details with their LMC, so there is some work needed to ensure the new performer understand the benefit and value of their LMC.

The other issue is that for locums, it is not always clear which LMC is the natural representative body. Doctors may live in one area and predominantly work in another.

GPC are, therefore, working with PCSE and NHS England to develop an opt-in option with the ability to specify an LMC.

The number of paper based NPL1 forms is low, no more than 1-2 per month, and the push is to move online wholly. However, NHS networks still have the form available in a paper-based format on their website, so this needs to be changed to direct all applicants to PCSE online. We are resisting paper refusal until the online system is well established and proven to work.

There is a temporary freeze in further changes while new GP Pay and pension solution is being implemented. However, additional preparatory work is progressing on performer list issues, and some internal website fixes are being implemented. Outstanding issues will be added to the risk register as they are identified, and by the end of Nov 2020 staff will be redeployed. The programme will then run as a business as usual operation.

**New GP Payment system**

The Exeter system (NHAIS) is being decommissioned, and all GP payments and pensions will be visible and managed via the PCSE online portal. NHS England/PCSE has written to all practices announcing that the new system will be implemented in October 2020. The GPC team has been fully involved and very closely scrutinising the proposals.

GPC has been very clear that no practice should be financially disadvantaged by the switch to the new system. GPC has insisted that enhancement to the spine data have been made so that registered patients are properly counted to give an accurate global sum. This required the addition of data files for patients registered address, and this fix has resolved the majority of the discrepancies that we were seeing. PCSE has engaged with the 2-3% of practices where there are variances between the two systems. All these practices will be aware and are working with PCSE to address the issues, which predominantly seems to be discrepancies in the registered list. List cleaning should resolve these issues. Many of these practices are atypical. For 97% of practices, there will be no impact. From 1 October, it is a contractual requirement to maintain a clean and accurate list, and this will ensure that the global sum is appropriately, and accurately calculated for all practices in the future. GPC will closely monitor the situation for these small number of practices. The October global sum will be taken from the Exeter system, so no practice will be impacted in this quarter, and we will examine the impact of list cleaning on payments.

Over the last couple of months, the BMA along with other stakeholders including practice accountant and CCGs have been participating in extensive user testing, security testing and data migration testing. Any issues have either been resolved, marked down to fix or added to further enhancements in future versions. We have been very clear that no practice should have a negative financial impact due to the introduction of the new system and we are insistent that though testing is completed before the system goes live. PCSE was originally working on going live in the last week of September, but a final performance test exposed a problem so that date is pushed back.

The data for the October global sum will be taken from the Exeter system so that no practice will see any change. We are pleased that we have been able to influence the process as key stakeholders and that our warnings that the system should not be made available until it fit to do so have so far been heeded. When the new system does go live the BMA will be involved in the early implementation, with initially daily calls to pick up problems. With such a complex migration involving multiple organisation, there is bound to be issues, so we are prepared. We have absolute assurance that even if there is a catastrophic failure practice will be paid, and we have the additional reassurance that the Exeter system will be running in the background for the next 12 months.

**Pensions**

The quality of GP returns is improving, possibly because of guidance that has gone out with forms this time. NHSE have asked PCSE to focus on processing estimates. The majority have been processed, and the rest are out for GP review. PCSE is working to have all certificates finalised by 11 October meaning all TRSs will be updated for December. Covid-19 has been cited as the cause for delays. In future, the hope is that there will no longer be a delay for GPs as when they enter their certificates onto the new system, they will get immediate feedback on anything that has failed.

PCSE has produced a suite of instruction documents for the new system which we believe are helpful, but we are wary of them existing in isolation. We have repeatedly sought assurances that there will be a full and contactable team of PCSE staff available at launch to respond to questions and problems that practices and GPs might have. We are assured that will be the case but, given past experiences of unacceptably low levels of customer service at PCSE, we will be watching this closely. PCSE has written to all customers to set out the new system.

**Annual allowance compensation scheme**

We, along with Pensions colleagues, have been meeting regularly with NHSE on the subject of the compensation scheme in the last couple of months. More recently, AISMA has joined to provide an accountancy perspective. Clear guidance will be issued.

**Information Management and Technology Governance – Anu Rao**

**HJIS GP2GP implementation**

GPC met with representatives from NHSE and NHSD to scrutinise and confirm support for the plan to rollout GP2GP functionality within prisons in England. Detail attached (Item 1)

**Flu/COVID19 vaccination programmes**

GPC are receiving weekly updates on and are being invited to contribute to the development and implementation of an expanded flu vaccination campaign, and as we head into 2021 – a possible COVID19 vaccination campaign. The flow from pharmacy administered flu vaccinations will flow from Friday 25th September, however the focus is still largely on extracting data from the GP record rather than flowing it in.

**COVID19 test results flow**

Routine updates to GPC continue over the flow of test results which has largely taken place without additional burden to GPs

**GP IT futures**

The GP IT Futures expert advisory group has reconvened and includes representatives from BMA. Regular updates will be provided to the committee as the work of the group progresses.

**Contact tracing app**

The new contact tracing app was rolled out on 24th September. BMA GPC representatives have been consulting with the team behind it on an ongoing basis and await full rollout.

**Remote consultation guidance**

Updated guidance on remote consultations is being signed off by GPC.

**NHSE/I redaction guidance**

GPC has received a satisfactory response to concerns raised in a letter to NHSE over; additional burden, patient safety and viability. We await further news on this.

**Access to records**

Sharing of PHRs for direct care. Looking into the governance and the various ways that this can be implemented for example GP connect. Further meetings planned to ensure the systems are streamlined and principles of data sharing is followed. Update will be provided in full at the next GPC meeting.

**GPES extract for COVID19 planning and research**

Over 95% of practices registered to upload patient data via GPES to be held and licensed by NHSD. GPC continues to have oversight of the process for licensing this data. Discussions are now underway to determine whether this data collection can be extended into a post-Covid landscape

**Digitisation of Lloyd George records**

GPC met with the team responsible for restarting this programme on Wednesday 23rd September. We provided initial feedback and will be providing more detailed feedback on FAQs intended for practices in the coming weeks. The digitisation team are expecting to publish guidance immanently, pending final feedback from GPC

**GP Appointment data**

GPC is in dialogue with NHSE/I about how appointments in general practice are defined. We remain committed to ensuring that appointment data that is collected is not used to ‘score’ practices and that data collection takes place with minimal disruption

**NHS @home**

This programme targets 3 cohorts a) care homes b) people at home with COVID19 c) shielding patients to ensure they continue to receive NHS care even when it is logistically challenging. Initially, it is expected that provision will be made to equip care homes with no connected devices with a sim-enabled Ipad

**VDI**

We are expecting more detail from NHSX on this immanently. The programme will initially rollout licenses to regions to prioritise those who need it most.

**GP website accessibility**

The website accessibility requirements deadline has been extended, NHSE have notified practices and we are awaiting copy on what exactly was communicated