EXECUTIVE AND POLICY LEAD UPDATE – November 2020

Contract negotiations/discussions – Executive Team

We were due to commence contract negotiations in July, but due to COVID these have been delayed. We are therefore only meeting informally to discuss the elements agreed in previous negotiations that require implementation.

We have been clear with NHSEI that we do not expect to negotiate anything new, or substantially different to what has already been agreed. Indeed we have stated that we should streamline the negotiating remit and in view of the on-going COVID-19 pandemic delay implementation of some changes.

NHSEI has decided to delay the implementation of changes to the Access Offer for PCNs until October so that practices do not need to take on this additional responsibility during the pandemic and while delivering the COVID vaccination programme. However, should plans be at an advanced stage in a local area to transfer this responsibility to PCNs they could, with agreement, progress with this from April 2021. We have not yet discussed the content of the Access Offer when extended hours and extended access schemes are combined within PCNs due to the delays.

On QOF, NHSEI has proposed Weight Management and Prescription Drug Dependency for the next two QI modules.

As agreed in the QOF review, we are reviewing indicators associated with obesity, mental health and cancer.

We are continuing to discuss the previously agreed retirement of the current Childhood Immunisation DES and the creation of a new domain within QOF to focus on incentivising optimal levels of immunisation coverage.

On PCNs, we have commenced initial discussions on the intended use of the increased Investment and Impact Fund for 2021/22.

We have agreed that any services that are implemented in 2021/22 must be very high level and streamlined.

We are discussing changes to the ARRS to include further roles, and to expand the maximum reimbursable amounts for some existing roles.

On IT/Digital/Premises, we await the outcome of the spending review to which we, and NHSEI, have called for additional funding for IT and premises.

England LMC Conference – Rachel McMahon

I have been working closely with the Agenda Committee and many members of BMA staff to deliver the annual conference of England LMCs. Huge credit must go to all of them for the hours and hours of work that have been required to produce a conference during a national lockdown!

You should have all received lots of information about how the conference will be different this year. I would ask you all to read and digest it thoroughly **before the day of conference**, as this will help you to get the most from the day, and will help us to make the day run smoothly. If you have questions,

please ask by emailing info.lmcconference@bma.org.uk or using the questions tab on the day of conference itself.

This will be my final opportunity to enjoy the huge privilege of acting as conference chair, as I will be demitting office at the end of the conference. I would like to take the opportunity to thank you all for your support over the past 3 years, and I wish my successor well in their new role.

Representation – Bruce Hughes

Multi Member Constituencies (MMC)

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). In a survey conducted in May 2020 62% of respondents were supportive of the implementation of MMCs. The MMC briefing paper was brought to GPC UK on 1 October for discussion. Following discussion, a formal vote was conducted using the online elections system where 55% of respondents disagreed with the implementation of MMCs. Next steps are currently being discussed.

Gender Task and Finish group

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 with input from the Equality, Diversity and Inclusion team. Nominations are currently open for this position and will remain open until 6 November. If this is contested, an appointment process will follow shortly.

GPC definition alignment

The Representation Policy Group was asked by the Organisation Committee to align the various definitions of a GPC member 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. After lengthy consideration, the final wording has been submitted to the Organisation Committee and is included below. We are awaiting feedback from the Organisation Committee.

> 'Eligible individuals would include all General Medical Practitioners (definition below*) prison GPs and a medically qualified officer of the Secretariat of a Local Medical Committee (LMC), if approved by that LMC to stand for election**
>
> *General Medical Practitioners (GPs) include all Medical Practitioners providing and/or performing primary medical services under the National Health Service Act 2006 and/or the National Health Service (Wales) Act 2006 and/or the National Health Service (Consequential Provisions) Act 2006 and/or the National Health Service (Scotland) Act 1978 and/or the Health and Personal Social Services (Northern Ireland) Order 1972 and any Acts or Orders amending or consolidating the same and as from time to time extended to all or any part of the United Kingdom or doctors providing services of substantially the same type and nature and not under NHS legislation, excluding GP trainees.

**LMCs have existed for over a century and the terminology used within them has changed over time. Different LMCs may use varying terminology to describe the same or similar roles within their organisations such as Chief Executive, Medical Secretary or Medical Director. Any medical qualified person in such a role, who is not covered by other eligibility criteria is eligible to stand for election if approved by their LMC to do so.'

Future function of GPC UK Task and Finish Group

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. A proposal has been developed to outline the membership and terms of reference for the task and finish group and is currently being considered by the Representation Policy Group.

GPC elections

Elections for the Chair of GPC England and GPC UK concluded on 24 September. Richard Vautrey has been elected uncontested to both positions for a three-session term.

Elections for GPC UK Representation Policy Lead election 2020 concluded on 5 November. Bruce Hughes has been elected uncontested for a three-session term.

<u>Trainees Committee – Lynn Hryhorskyj</u>

First meeting of the session and elections

The committee had its first meeting in September. Lynn Hryhorskyj was elected as chair with Euan Strachan-Orr elected as Deputy Chair. Also elected were:

Dave Smith as Terms and Conditions policy lead.

Raoul Li-Everington as Education and Training policy lead.

Recruitment concerns

The sole use of the MSRA remains a concern for the committee, as the pandemic continues, particularly around differential attainment, trainee safety and patient safety.

Redeployment

In order for trainees working in primary care to pass their exams and successfully CCT to enter the GP workforce, the GP trainees committee believes they must remain in primary care and not be redeployed to secondary care to staff acute rotas. Within the primary care setting, trainees should continue to have a 7 clinical : 3 educational split in their working hours, including a debrief following clinical activity.

GP trainees working in secondary care may be asked to redeploy from their training rotation to help staff COVID surge rotas. This temporary redeployment as stated by HEE is a voluntary choice and trainees should not be forced to move.

The committee is looking into concerns about health and safety and lead employers' ability to provide correct and consistent advice including the correct information about risk assessments

Trainee survey

This will be a key piece of work for the committee focussed on understanding grassroots members priorities. We aim to circulate the survey in the new year and will be taking a four-nation approach, to collate data specific to each nation, and also including a specific LTFT section.

AKT

Concerns remain around how the AKT will work in January and the differing guidance on the practicalities that exists across the nations. Ensuring accessibility is a priority and it must be ensured that those who cannot get to training centres as a result of government advice are not detrimentally impacted. While it is considered unlikely that there will be agreement to move to a remote AKT soon, the committee will continue to push for this.

Contractual issues

We are now very close to reaching agreement with NHS Employers with regards to GP mileage and version 9 of the TCS, which incorporates amendments, is expected to be published imminently.

<u>Sessionals Committee – Ben Molyneux</u>

Elections

Elections were held at the first meeting of the session with Krishan Aggarwal elected as deputy chair and Nicola Kemp and Paula Wright elected to the executive. The committee has also elected Sarah Westerbeek as Equality Champion for the session.

Committee Business

The committee has started work on its workplan and the prioritisation of projects. New additions to this session include:

A piece of work around Locum issues to reflect the fact that COVID-19 has changed the relationship between Locum GPs and Practices and the importance of supporting locums in the second wave to avoid the under and un-employment experienced during the first wave.
Retained GPs scheme survey – a piece of work is being planned around the national GP retention scheme with particular focus on addressing areas that practices are not delivering in and seeking a commitment to ensure HEE leads are mor active in quality assurance

Representation
Having secured a seat on the SRG, we are now moving forward with the representation work including approaching BMA Council to secure a seat on that group.

COVID-19
The chair continues to meet with NHSX, and the BMA are pushing for NHSE to release funding for sessional GPs as the UK faces a second wave of the pandemic.
The committee will continue to lobby for NHS 111 COVID contract Terms and conditions improvements.

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

The group last met on 1 October where we **discussed GP referrals to the Community Pharmacist Consultation Service** (CSPS) which is being introduced from 1st November 2020. We also discussed our work with Royal College of Physicians on **bone health card** and discharge template letter, to be published shortly and Cancard – a 'get out of jail card' for patients using cannabis for medicinal purposes which we would advise GPs not to sign and leave for specialist prescribers.

We have tested and fed back comments on the **COVID-19 Risk Stratification Clinical Decision Support Tool**.

We have attended a meeting as the GP/BMA representatives on the NHSE/I **long COVID task force** group. The discussions are in the early stages, but we have stressed that it is a specialist area, needs commissioning of services appropriately taking into consideration health inequality and involvement of occupational health services for primary care colleagues who suffer from long COVID.

We have been invited by NICE to feed into their draft guideline on **Gender Incongruence in Children and Young Adults** and have had one meeting (4 Nov). We continued to put pressure on NHSE/I asking for **an update on Arrangements for caring and prescribing for gender dysphoria patients,** and have received reassurance that they are considering the issues and are having internal discussions on best way of ensuring the continuing provision of services to this cohort of patients.

There has also been a meeting with the **Priority prescribing working group** (4 Nov) where we discussed Commissioning Framework for optimising prescribing of medicines which may cause dependence and withdrawal in line with a review that Public Health England (PHE) published in September.

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

Commissioning and Working at Scale Group – Chandra Kanneganti

Letter to Ian Dodge on Primary Care representation on ICS boards.

The policy lead and the Chair of GPC wrote to Ian Dodge on 16th October to urge NHS England and Improvement to issue guidance to ICSs (integrated care systems) stressing the importance of primary care provider representation on their boards and other decision-making bodies.

The policy lead, the Chair of GPC and other members of the Group are meeting with Ian Dodge on 3rd December to discuss this issue.

The letter sent to Ian Dodge can be found at Appendix A.

Workplan

The group discussed and agreed its workplan for the new year. The workplan and list of new members of the group can be found at Appendix A.

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

Premises and practice finance – Gaurav Gupta

NHS Property Services – service charges and court case 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 our August and October updates, we outlined that the five practices have applied to the High Court for a declaration that the Policy does not form a part of their tenancies. This follows a concession from NHSPS in its Defences to the practices' claim that the Policy did not vary the existing leases, and that the service charges claimed were note due because of that policy.

The application will be heard on 16 November. If successful, any resulting 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, and remains the BMA's preference for resolving these disputes fairly and efficiently.

In the meantime, on 7 October NHSPS informed practices that it anticipates rises in service charges and facilities management charges in light of COVID-19. It estimates that this uplift may amount to a 4.75% increase, to be passed on to practices. We have used our regular meetings with NHSPS executives to challenge this decision and to seek immediate clarity that practices will only be charged for additional services in accordance with existing terms of occupancy, or where this has been separately requested by the practice. We expect NHSPS to provide clarity on this and other material issues in the coming days.

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. Practices should only make payments if they agree with the legal basis upon which landlords have claimed the charges are due, and agree they are accurate.

Premises Costs Directions

After almost two years of delays, last month we received a confidential full draft of the revised Premises Costs Directions (PCD) from NHSE. In January 2019 GPC submitted its "final review" of the draft PCDs, but by November 2019 DHSC and NSHE had returned with a further list of proposals and outstanding issues, which have been worked into this most recent iteration by DHSC lawyers in the months since.

Many of the further changes sought by DHSC and NHSE are not insignificant. The draft is currently under analysis by the BMA legal team; following this, a response will be drafted with input from our premises policy leads and experts. The PCDs will be shared more widely as soon as it is appropriate to do so.

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.

In a recent success, we worked with CHP leadership to defuse an escalating dispute between CHP and a group of practices, enabling both sides to understand one another and how best to resolve circumstances to everyone's satisfaction and avoid legal action.

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

Engagements with practices and LMCs

We are receiving a steady inflow of concerns from practices and LMCs regarding their arrangements (or lack thereof) with NHSPS and CHP, as well as on a whole host of other premises-oriented matters. Where appropriate, we have been (virtually) meeting with these practices and LMCs to better understand their circumstances and how the BMA might best help. In some instances, this can be resolved via advice, and in others (such as the case mentioned above) our relationships with NHSPS and CHP leadership has enabled us to escalate for resolution.

NHSE premises engagements

We have continued to hold regular, wide-ranging monthly meetings with NHSE officials to discuss premises issues. These have proven a useful way to keep abreast of developments on NHSE side, and also gives NSHE an opportunity to sense-check its work with GPs. Over the last few months, this has included:

- Updates on the status of the Comprehensive Spending Review in light of COVID-19 impacts
- an hour of formal oral feedback from deputy premises policy lead Dr Ian Hume regarding NHSE consultation on key guidance: *Facilities for primary and community care services* guidance (HBN 11-01)
- an exploration of the digitisation of notes and flow-through impacts for premises
- NSHE's 3 Facet Survey and how this can help us to design more informed proposals for investment in GP premises.

<u>Information Management and Technology Governance – Anu Rao</u>

Digitisation of LG records

The process for digitising all existing Lloyd George records has been revived following the suspension of many routine processes as a result of the immediate pressures during the last six months. GPC have been engaging with NHSX to ensure that this process is as easy for GPs as possible, including by reviewing an FAQs document that is to be circulated to practices

EPS 4

DHSC are expected to move ahead with proposals following feedback from GPC via the Joint GP IT committee. Members of the committee expressed some concerns about technical aspects of the proposals but are satisfied that these have now been spoken to

NHSX Data strategy

GPC has received an update from NHSX on their data strategy, the strategy aims to unify existing programmes with a coherent set of principles being developed within the organisation. Launch is expected with the next month.

Local Health and Care Records (LHCR)

GPC are advising on the information governance framework and structure for the expansion of LHCRs. These frameworks and structures will enable greater and more secure information sharing between primary and secondary care and will be key to ensuring that data flows implemented to support the COVID19 response can continue where clinically appropriate

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. Data flow processes are underway to ensure information on vaccinations can flow efficiently over the coming months.

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.

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.

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

VDI

The programme will initially rollout licenses to regions to prioritise those who need it most. There is a possibility to scale up the amount the VDIs available in the short term in a limited sense and GPC remains in discussions about how to scale up to the extent needed for national coverage.

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

PCSE Task and Finish Group – Ian Hume

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

Performers List

95% of performers list activity is now conducted via the PCSE online portal. The transformation of the service is expected to be complete by the end of November 2020. We encourage everyone to check their details are correct. PCSE has run a campaign to raise awareness, and the number of doctors who have now logged on and verified their accounts is about 75%. Issues with the public-facing element of the portal were due to have been resolved by mid-October but, at the time of writing, this works appears to be incomplete and will be raised at the next board meeting.

We have been working with PCSE to share performers contact details with LMCs so that they can perform their statutory representative function. Data from new entrants to the performer's 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 a GPDR compliant solution which will be an opt-in, with the ability to specify an LMC. We have received feedback and concerns from LMC s about the consequences of performers opting out of sharing, and this has been full circle. We did have an opt out system which has been rejected. We understand the arguments and frustrations, but what we have is a plan to deliver on the promise that LMCs will receive a list compliant with data sharing regulations. This is now the only option. So, we need to ensure constituents understand the value of sharing details with their LMC, and those in training are aware of the role and benefits of the LMC.

The Performer list transformation Board is expected to close down the process in November, but operational issues and ongoing work will be monitored by the stakeholder forum which will sit quarterly after that. We will use that forum to continue to push for better outcomes for the issues mentioned above and all the operational problems.

GP Pay and Pension (GPPP)

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 wrote to all practices announcing the new system. The go-live of the GPPP solution has been delayed because of a performance issue in final testing and paused while the problem is fixed. At the time of writing further final testing is progressing, with results due in the next week. Only then, if the system is operating as expected, and proven to be able to perform beyond maximum capacity, will the new system be rolled out. The performance issue is not related to data quality, which will come from PDS (spine data), but how that data flows.

In recent months, the BMA, along with other stakeholders including practice accountants and CCGs, have been participating in extensive user testing, security testing and data migration testing. This has resulted in further enhancements and improvements which are being implemented. The BMA has 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.

Although performance testing is ongoing, planning continues for a go-live date with options of mid-December or the end of January. To go into February is too close to the Pension and Practice end of the year and is impractical. Both options have benefits and drawbacks, which is far from ideal. Views will be taken from the numerous stakeholders, PCSE, NHSE, local offices, BMA, Pensions, NHS Digital, registration and screening. The BMA view, on balance, is that 25 January is the preferable date. While December would be better from a Pensions perspective, it is felt that the risk regarding GP payments is too significant so close to Christmas, when we suspect that the PCSE support team and early life support functions for developers and regional offices will be depleted.

Whichever date is ultimately chosen there will need to be clear communication. We fully understand that the switch over will be anticipated with trepidation. We do have the assurance that robust business continuity plans are in place. Whatever happens, practices will need to ensure they have appropriate staff registered to use the system.

We have also highlighted the need for PCSE to reach out to LMCs as a vital conduit in supporting the GPPP roll out. Many LMCs have raised concerns that they do not have a named person to contact at PCSE, and GPC has raised this on several occasions. The need for reliable and efficient route into PCSE to trouble shoot is even more important, so we are pushing to establish better engagement.

Pensions

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. GPs need to activate their PSCE online accounts as this will be required to view their pension statements. GPs will be able to look back at previous years and see if there is any missing data. All GPs should prepare by logging in to PCSE online and understanding their pension.

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. Unfortunately, the meetings have failed to develop their understanding of what is required in terms of their actions and those of GPs to get the scheme to work.

This has now been escalated by the GPC Executive with senior NHSE counterparts, and we had hoped that the latter's involvement and attendance at the next meeting would provide a much-needed breakthrough. However, having chased NHSE for this next meeting, we were informed that they are

planning on putting out communications and guidance soon. We have been clear that we cannot be supportive of this without first having sight of the materials and NHSE have now conceded that this will happen. What is less clear is what kind of notice and opportunity to feedback we will be given.

The timelines for the scheme are generous enough for it not to be too great a concern for now, but it has been a frustrating experience for all involved from the BMA.