EXECUTIVE AND POLICY LEAD UPDATE – September 2021

Representation – Bruce Hughes

The group were involved in the future of GPC UK, including the task and finish group and Sessional representation

The group were also conducting a representation survey as a follow up to the Gender Task and Finish group work but widening the remit.

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

Gender dysphoria

The policy group continue to lobby for proper services to be commissioned for gender dysphoria patients. We are updating our guidance for practices, and are also working with the Ethics and Equalities teams in producing new ethical guidance following an ARM resolution last year.

Following a number of queries in relation to Gender Identity Clinics asking GPs to review patients who had already been referred to the GIC, due to long waiting times, we are drafting some advice which will be included in our updated guidance. We are also writing to the clinics directly.

We are aware about concerns in relation to 'GenderGP' and continue to work with wider BMA teams to reach a solution including raising the issue with GMC and CQC.

NICE consultation on potential QOF and vaccination targets

The policy group were asked for comments on 3 new indicators that NICE will take to their advisory committee in early September.

1. The percentage of babies who reached 6 months old in the preceding 12 months, who have received 2 doses of rotavirus vaccine before the age of 6 months.

2. The percentage of babies who reached 8 months old in the preceding 12 months, who have received 2 doses of a Meningococcal B vaccine before the age of 8 months.

3. The percentage of children who reached 18 months old in the preceding 12 months, who have received 2 primary doses and 1 booster dose of a Meningococcal B vaccine before the age of 18 months.

Our response confirmed general support clinically but emphasised the need for robust safeguards in place for practices unable to achieve targets for factors outside their control. For example, for those practices with hard-to-reach populations. We stated that indicators are unlikely to resolve some of the complex reasons preventing practices from reaching 95% thresholds, and noted that further discussions around the threshold are inevitable in any further discussions.

Inclisiran

The policy group has written (jointly with RCGP) to NICE to our raise regarding the lack of consultation with the planned implementation of inclisiran as part of the Accelerated Access Collaborative (AAC) and the plans to roll out the administration of this drug in a primary care setting.

Advice and Guidance statement

Following a query from an LMC who had been invited to sign up to a local scheme to use Advice and Guidance (A&G) before making referrals the policy group drafted a GPC statement which was published in the GP bulletin and GPC update to LMCs. It advised that whilst A&G can be helpful as an option when it is clinically appropriate, we would be concerned about any scheme that compelled its use prior to onward referral for further specialist assessment. Practices should never be put in the position of having a financial incentive not to refer a patient, which goes against GMC responsibilities and the GMS contract regulations

Other consultations

We responded to the Government consultation on increasing the age for free prescriptions, with the rationale that "the rise in the State Pension age to 66 has now created a disconnect between the aged-based exemption and State Pension age", and that increasing the limit from 60 to 66 would generate income that could be used for frontline NHS services.

The policy group provided comments on an update to the **CPR section of GMC guidance**. We also provided feedback on **RMOC shared care guidance** consultation.

Meeting with NICE and RCGP

We had a meeting with **NICE** and the **RCGP**, to discuss how we can work more closely together and asking NICE to alert us to potential guidelines affecting primary care and involve us early as critical friends.

Requests for NHS test from private consultants

We are drafting guidance about **dealing with requests for NHS test from private consultants**, following a query from an LMC, to be published shortly.

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

The team are advising on the next national PCN CD's survey which is due soon. Working with GPC Executive, the team will review the survey results and agree on outcome actions.

The team has commented and participated in discussions in clinical leadership representation on ICS boards and awaiting final paper on this to comment.

The team are contributing to the development of guidance for GP partners in areas of how practices for in with rest of H&S system and primary care Commissioning.

The group continued to be key contributors to BMA guidance on representation of clinical leadership in ICS, particularly primary care clinical leadership.

CSD is scoping work around a 2-year review of PCN's and will continue to use their experience to advise GPC Exec on their negotiations with NHSE.

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

Premises and practice finance – Gaurav Gupta

NHS Property Services – service charge disputes

Background

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 "full cost recovery" approach, outlined in NHSPS' 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.

After years of stating otherwise in 2020 NHSPS conceded that the Charging Policy was not automatically incorporated into NHSPS tenants' occupancy arrangements. In the 16 November hearing, and subsequent judgement, the Court agreed, and established that because NHSPS has conceded the point, declarations to that effect were not necessary. Consequently, NHSPS can no longer rely on the Policy as the legal basis for demanding the payment of increasingly exorbitant service charges.

NHSPS has elected to counter-sue the five practices involved in the case. Given that it has been established that the Policy has no legal force, it now falls to NHSPS to establish alternative grounds for the levying and recovery of the disputed service charge amounts.

It is extremely unwelcome that NHSPS has chosen to sue practices in the midst of a once-in-a-lifetime pandemic, where GPs are playing the key role in the rollout of the vaccination programme whilst also doing their best to manage an ever-growing backlog of care as a result. While we remain confident that these cases will produce a favourable outcome for the practices involved, and will demonstrate that NHSPS's approach is deeply flawed, we continue to work towards the development of non-litigative solutions to these disputes.

Update

Over the summer months we engaged (via lawyers and directly) with NHSPS to explore an Alternative Dispute Resolution as both an option to address the disputes of the five practices involved in the case, and potentially as a template for the resolution of hundreds of outstanding disputes between NHSPS and practices across England.

We worked on behalf of the 5 practices to ensure that they could access the information they need in order to consider an alternative dispute process. Whilst talks recently concluded without reaching an out of court settlement, we continue to liaise with NHSPS on behalf of the practices to explore all possible solutions. If it is not possible to get an acceptable out of court settlement, then the issue will be decided by the ongoing court process.

Premises Cost Directions

After almost two years of delays, in November 2020 we received a confidential full draft of the revised Premises Costs Directions (PCDs) from NHSE. In January 2019 GPC submitted its 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 significant. The draft is currently under analysis by the BMA legal team. Over the summer months the premises team have met to review the changes and are working with legal colleagues to draft our response.

Capital allowances and ETTF

We have received reports from practices who have been informed by NHSEI that ETTF funding will be withheld unless GPs agree to sign clauses waiving their right to claim capital allowances- even on the funding provided by GP partners themselves. It seems that the concern is that they will receive a 'double benefit' and NHSEI feel it is incumbent on them to protect the public purse. But what it means is that a private company would be allowed to benefit from an investment where the GPs cannot. We have received legal advice on the matter and have drafted a letter which will be sent to NHSEI requesting clarity on the issue.

Primary Care Estates Ownership Reformation programme

NHSE&I has instructed Primary Care Commissioning (PCC) to lead the development of the Primary Care Estates Ownership Reformation programme. We see this as a continuation of the Primary Care Premises Review 2019, with ownership as one of the key themes.

We have been informed by NHSEI that contrary to their initial plan to formally consult on this issue, the submissions received were significantly more 'detailed' and 'encouraging', they have therefore decided that consultation was not necessary. We have been advised that the feedback received from stakeholders was used to amend the recommendations and influence content in the report. NHSE&I have produced a draft report although we have not had sight of this yet. The report is currently going through NHSE&I's internal publications process and will be available on the website once approved.

We have been advised that the board considered that stakeholders would better benefit from a series of focused explanatory and discussion workshops, which NHSE&I is working to arrange. We are awaiting further details on this.

Information Management and Technology Governance – Anu Rao

NHSX Data strategy

Following oral feedback on the data strategy though bilateral meetings with NHSX, BMA has now provided a written response and expects further engagement as the strategy is finalised and implemented

GP Data for Planning and Research (GPDPR)

Following a secured delay to the launch of the programme as well as significant operational changes, GPC will now be engaging via a check and challenge group to look at specific elements of the programme that are expected to change

Continuity of GP Records (digitisation, GP2GP)

The programme for digitisation was handed to NHSE/I by NHSX and we understand that E/I are carrying out a review before going any further. We do not expect that the review will suggest stopping the programme, but rather how best to proceed. GPC is taking updates on GP2GP via JGPITC to better understand how to improve the service.

Vaccine status certification

GPC remains engaged with NHSX over the implementation of vaccine passports for international travel and, pending a policy decision, for domestic use. We have also been in discussion with NHSX, E and I over a proposed system (Vaccine Resolution Service) that would enable vaccinations given abroad to be entered into the GP record – an ongoing issue for many patients.

Shared Care Records

GPC are advising on the information governance framework and structure for the expansion of Shared Care Records. We are engaging national bodies and stakeholders to ascertain what, if any, action is needed

COVID19 vaccination programmes

GPC are continuing to receive updates on this and are relaying concerns expressed by members to relevant national teams. The focus remains ensuring that the continuation of the programme avoids placing additional burden on practices. We raise any queries received via the LMC listserver at these regular meetings

NHS App

In light of significantly increased downloads of the NHS app due to the ability to display vaccine status, BMA is engaged with NHSX to ensure no additional burden is passed onto GPs to process new registrants to the app.