Issue 1

May 2017

CALDERDALE LMC

Included within this newsletter are updates for your information

"Welcome to the what we will hope will be the first of regular quarterly Calderdale LMC newsletters. We aim to distribute these electronically to all GPs, Practice managers and also on our website. They will provide current advice and guidance from the BMA that can be accessed as a valuable resource. It is a work in progress and any comments will be welcome to make our communications more responsive to your needs,
Best wishes Seema Nagpaul, Chair"

2017/18 GMS Contract Announcement

Full details of the agreement is available via the BMA website at https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/gp-contract-negotiations

There are also a set of FAQs available at https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/gp-contract-negotiations/faqs and further guidance will follow in due course.

The main changes:

- ·of the AUA DES (avoiding unplanned admissions direct enhanced service) in April 2017, with funding moved to core budgets. There will be a requirement to review patients living with extreme frailty, based on clinical judgement, with no forms to fill or claims to make
- ·reimbursement of CQC (Care Quality Commission) fees
- ·payment to cover indemnity-fee rises
- ·-discretionary reimbursement to cover GP sickness absence, with no list-size criteria, and with provision for internal GP cover
- ·disability DES payment uplift from £116 to £140 per check
- ·of specific expenses – increased employer NHS superannuation costs, increased workload in bagging and labelling notes from Primary Care Services England or Capita and completion of workforce census reports
- ·million pounds to cover administrative costs for new patient self-declaration of European Health Insurance Card or S1 status at registration
- ·overall intended pay uplift of 1%
- ·global sum per weighted patient is set to rise from £80.59 to £85.35 in 2017/18. This is a 5.9% increase overall.

Firearms licensing - Updated guidance

Updated guidance regarding the fire-arms licensing process is now availa-ble on the BMA website at https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms

QOF Year End 2016/17

The QOF year end 2016/17 bulletin is available at:

http://link.ict.hscic.gov.uk/m/afe79ebc7e4c49b7833320fba1e59a62/E561C085/11403F32/022017n

This issue of the NHS Digital GP Bulletin will help practices prepare for the QOF 2016/17 year-end actions

Access to medical reports for insurance purposes

Updated BMA access to medical reports for insurance guidance is available at:

https://www.bma.org.uk/advice/employment/gp-practices/service-provision/access-to-medical-reports-for-insurance-purposes

The NHS GP Health Service

World-first nationally funded service for GPs and GP trainees suf-fering mental ill-health and addiction is now available. The NHS GP Health Service provides free, confidential specialist mental health support for a range of conditions including:

·and more complex health conditions

·health conditions relating to physical health

·misuse including support for community detoxification

·and support to return to work after a period of mental health

GPs and GP trainees can self-refer through a regional network of experienced clinicians and therapists across 13 areas in England. This service was a commitment from NHS England Chief Execu-

Sessional GPs e-newsletter - UK

The latest edition of the sessional GPs e-Newsletter is available here which includes updates on changes to funding for indemnity arising from changes in the 2017/18 GP contract, and progress on pensions issues following a further meeting with NHS England and Capita.

CQC - GP Insight

GPC have given advanced warning of communications that may begin to reach practices from the CQC regarding its new monitoring scheme called GP Insight.

This new scheme is designed to replace the previous Intelligent Monitoring process with CQC's stated aim being to use GP Insight to inform the prioritization for the next phase of physical inspections.

As part of the scheme CQC will produce an individual 'Insight report' for each practice and encourage it to verify the data in advance of publication on the CQC website. Practice reports will be based on a number of indicators, using data already published by the NHS, such as prescribing data and patient experience. Individual practice Insight reports will be structured as follows:

- Contextual information, providing a summary of the practice's profile including local population demographics and practice staffing information.
- level information, detailing how the practice is doing for three of the five key questions (effective, responsive and caring domains).
- Indicator level data, detailing how the practice compares against the England average, as well as showing the practice's results. The GP Insight methodology identifies indicator scores that demonstrate variation from the expected value, which is usually defined as the average value or target value for all GP practices with data. Indicators are flagged as showing:
- Significant variation (negative)
- Variation (negative)
- Comparable with other practices
- Variation (positive)
- Significant variation (positive)
- CQC will do this for each indicator, thereby highlighting the practices that significantly vary from the average. They have stated that they will use their analysis of these indicators to raise questions, not make judgments, about the quality of care.

A supplementary FAQ document and guidance on the indicators and methodology they have used will also be published.

CQC have strenuously reiterated the point that GP Insight is designed to deliver information and not to make judgments about practices. However, GPC is extremely concerned about the proposals and today have formally written to Professor Steve Field setting out its objections.

As you will see from the attached letter at GPC have advised CQC that:

- despite the provision or statements that the data within the reports will not constitute regulatory judgments on performance, their publication on the CQC website and linked to some of the CQC's key questions (e.g. effective, caring) will inevitably be interpreted that way by practices, and more importantly by patients and the wider media.
- the provision of context from practices about the data provided is vital, yet this is not catered for in the proposed methodology.
- he use of z-scores and benchmarking against local and national averages will give a skewed impression of achievement by the profession with half of practices being denoted below average.
- the parameters used in GP Insight are likely to represent a form of informal Quality and Outcomes Framework at a time when this has been scaled back by common consent.

GPC have called on CQC to halt the distribution and publication of these Insight reports.

Calderdale LMC will keep you updated on developments.

Follow up of patients discharged from secondary care

Practices are responsible for essential services, in a manner determined by the practice. As with the management of any chronic disease the practice will be mindful of guidelines, NICE or otherwise. If the patient has been discharged from secondary care, consideration should be given on a patient by patient basis as to whether the patient can be managed without specialist input. If not practices are advised to re-refer.

Also by way of reminder, it is a matter for individual GPs to decide whether they choose to take on shared care arrangements. Where they do choose to assume responsibility they have to consider their professional responsibility to practice within their level of competency; it is important that consultants acknowledge this and that there are proper shared care arrange-

Workforce Minimum Data Set

Practices are required to submit a workforce minimum data set (WMDS) under the health and social care act. This data can either be submitted to HSCIC using the national primary care workforce tool, or to Health Education England using their GP tool. The HSCIC submission is mandatory, however practices have the option of providing the HSCIC data via the HEE GP tool (this involves ticking a box on the HSCIC tool confirming the practice has completed the HEE tool).

Although we understand the initial set up of the HEE submission is more time consuming than the HSCIC submission, Calderdale LMC supports the use of the HEE GP tool as it provides greater benefits in terms of primary care strategy development. The HEE data is analysed in detail and is shared at a local and regional level, with CCGs and NHSE; we are aware the HEE analysis has been a valuable resource in discussions with NHSE regarding STPs.

Dr. Krishna Kasaraneni, Policy Lead: Education, Training and Woforce,Practitioners Committee, has written a blog regarding the WMDS, entitled '*Another form to fill? Yes, but this one matters*' which can be found here.

BMA guidance is available at

https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/workforce-minimum-data-set

Ongoing issues with NHSPS

NHSPS have committed to get back to GPC with their plan to provide practices with schedules of charges that are reasonable and sensible in order to resolve this problem. are working with some of the examples that have been shared with them of significantly inflated and unexplained service charges and GPC continue to meet with NHSPS to ensure that there is a robust process for calculating service charges going forward.

If you hear about any further incident of bullying behaviour then let Ciara Greene (cgreene@bma.org.uk) know immediately and we will take it up directly with NHSPS

Cervical screening letters—cease recall

NHSE and PHE are working to standardise the forms being used across the country as there have been multiple local variations.

When the national letters are approved communication from NHSE will be sent to practices.

Please also note that a common cause of rejected forms is that they are sent to PCSE incomplete (common issues are that they are not signed by a clinician or the Patient).

As per National Screening Programme requirements for being ceased from screening programmes, signatures are mandatory, and therefore, Capita are following the instruction to check that ceasing forms meet this requirement.

GPC have met with NHSPS over the ongoing issues that practices have been experiencing and have outlined the unacceptable heavy-handed approach that has been taken and that this has been causing significant distress to practices. GPC wrote (see attached) to NHSPS recently Insisting that they desist from this approach and withdraw such demands. NHSPS have informed us that the debt recovery letters were sent out in error by SBS and that practices should ignore these letters. Please see the below statement from NHSPS:

Like many in the NHS, NHS Property Services uses NHS SBS services to support our administrative functions. NHS SBS have previously assisted us with contacting customers in relation to outstanding bills, however we ceased using SBS for this activity in June 2016.

We are aware of around 200 letters sent by SBS to our customers due to a computer error during January and February of this year. These letters should not have been sent. We are engaging with SBS to ensure this is not repeated and from June 2017, NHSPS will no longer use SBS to support our administrative functions when these services will move in-house.'

The Cameron Fund - The GPs' own charity

BMA House, Tavistock Square, London WC1H 9JP, Registered Charity No. 261993

The Cameron Fund is the medical benevolent charity that provides support solely to GPs in the UK. It provides grants and loans to assist doctors and their families experiencing financial difficulties due to short or long-term illness, relationship breakdown or hardship following the actions of regulatory bodies or former partners. An increasing number of requests are being received for assistance from GPs during re-training. Interest-free loans may be available towards the expenses encountered during a return to professional work.

Anyone who knows of someone experiencing hardship is urged to draw attention to the Cameron Fund's existence.

You do not need to be a member of the Cameron Fund to benefit from this charity but please consider becoming a member – it is free to join and the membership form can be downloaded

http://www.cameronfund.org.uk/sites/default/files/MembershipApplicationForm.pdf

and returned by email to info@cameronfund.org.uk

General contact details are:

Phone: 020 7388 0796

Email: enquiries@cameronfund.org.uk

Web: http://www.cameronfund.org.uk/content/link-us