



## CALDERDALE LMC

*Included within this newsletter are updates for your information*

### Key Features inside this issues

Financial support for doctors and their families	1	Asylum seekers and patients without proof of ID	
SFE Amendments and DES directions 2017	1	registering with GP's	5
NHS pensions Locum A and B Forms	1	Firearms guidance update	5
NHS England standard hospital contract		Sessional GP's newsletter—UK	5
Guidance 2017/19	2	Access to medical reports	5
Actions to be taken following introduction of		CQC GP insight	6
2017/18 GMS contract	2	Cervical screening letters— cease recall	7
Important notice for practices in NHS PS		Ongoing issues with NHSPS	7
premises	3		
Review body on Doctors and Dentists'			
Remuneration 2017	4		

### Financial support for doctors and their families - new portal

The main medical charities have produced a new website portal that will help doctors in difficulties to find the most suitable charity to apply to. BMA Charities has worked with the Cameron Fund, the RMBF, the Royal Medical Foundation, and the Society for the Assistance of Medical Families (formerly Widows & Orphans) and the portal has now gone live.

Doctors, or their dependents, and medical students, can answer a very short questionnaire to find the best charity to help them. They can then link to that charity for more information about eligibility and application. And there is also information about other organisations that can offer help. The website address is: <https://www.doctorshelp.org.uk/>

### SFE Amendments and DES Directions 2017

Copies of the amendments to the SFE and DES directions to reflect the [2017/18 GMS contract agreement](#) can be found on the Calderdale LMC guidance. These will also be available on the [Gov.uk website](#) in due course. Guidance on the new contract requirements are published on the BMA website and will also be available on the [NHS Employers website](#).

## NHS Pension Locum A and B Forms

Employers contribution for the NHS Pension scheme has increased from 14.3% to 14.38% as of 1 April 2017. The NHS Pension Agency is currently updating its website and has stated that they are unable to upload the new Locum A and B forms which will reflect this change.

Updated forms can be found on the Calderdale LMC guidance page

## NHS England standard hospital contract guidance 2017 -2019

The [2017/18 NHS standard contract](#) for secondary care trusts came into force on 1 April 2017. A number of changes to the contract have been made and the changes affecting the interface between primary and secondary care are set out at :

<https://www.bma.org.uk/-/media/files/pdfs/employment%20advice/gp%20practices/template%20letters/changes-affecting-the-interface-between-provider-and-gp-17-19.pdf?la=en>.

These are in addition to the requirements that were highlighted in the [16-17 standard hospital contract](#).

**Please do use the relevant template at each instance of a breach** - failing to do so will simply legitimise continuation of inappropriate workload shift onto practices.

The BMA have updated the breach template letters which are available at:

<https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/nhs-england-standard-hospital-contract-guidance-2017-2019>

## Actions to be taken following introduction of 2017/18 GMS contract

A briefing note from BMA on the actions to be taken by practices following the introduction of the 2017/18 GMS contract can be found on the Calderdale LMC guidance page.

## Important notice for practices in NHS PS premises

GPC are aware that NHS England (NHSE) and NHS Property Service (NHSPS) have sent out a joint communication to tenant practices whereby NHSE have indicated that they will temporarily reimburse increased rental costs that NHSPS are seeking to charge despite the fact that a formal assessment has not yet been carried out by the District Valuer (or such other valuer acting on behalf of NHSE).

GPC have serious concerns about this proposal given that NHSE and NHSPS are two separate legal bodies. As such the relationship between a practice and NHSE, as the commissioner/ funder, and the relationship between a practice and NHSPS, as the landlord, should be considered as being separate from one another.

With this in mind, all practices occupying NHSPS premises should be careful to avoid agreeing to any temporary measure put forward by NHSE unless NHSPS have provided categorical written confirmation that their ability to charge such increased sums, and indeed the obligation on practices to meet such increased rental costs, is conditional on the practice receiving funding to cover the same.

Furthermore NHSPS should formally recognise and acknowledge that if a practice makes such payments it is without prejudice to the practices' position and is not in any way to be taken as an acceptance of the increased rents indefinitely.

Ultimately temporary measures should be avoided. As such GPC have been meeting with NHSPS to seek permanent solutions to the ongoing issues facing their GP tenants. Crucially this includes issues surrounding service charges. GPC are looking to reach a negotiated resolution so that a fair, consistent and reasonable process for calculating charges will be implemented, that has due regard to historical arrangements, doesn't expose practices to unreasonable levels of un-reimbursable costs and offers value for practices and the health service.

GPC hope to provide further information on this in May.

In the meantime, if a practice is considering agreeing to a temporary arrangement concerning reimbursements and charges they must ensure that once the temporary measure ends in respect of reimbursements, that they do not inadvertently find themselves continuing to be liable for the increased cost. To this regard GPC strongly advise practices to seek advice before agreeing any temporary measures.

The DDRB has released its 45<sup>th</sup> report (<https://www.gov.uk/government/publications/review-body-on-doctors-and-dentists-remuneration-45th-report-2017>) with recommendations for the pay and conditions for doctors in England, Wales and Northern Ireland.

Below is the Written Ministerial statement on the report, as well as the BMA Press Release in response:

---

### **BMA Press Release - 28 March**

#### **DDRB announcement a "cover for driving down pay costs" warns BMA**

Responding to the recommendations of the Doctors and Dentist Review Body (DDRB), Dr Mark Porter, BMA Council chair, said:

"Yet again the annual pay review is nothing other than a cover for driving down real pay in the health service. The DDRB is recommending just a 1 per cent pay uplift for doctors, well below the current cost of living rise of 2.3 per cent. In real terms, doctors' pay has sharply declined in the past five years, with junior doctors seeing their income drop by 17 per cent at a time when their morale has been badly hit by the government's mishandling of the new contract. Over the same period consultants have seen their pay drop by 14 per cent and GPs by 13 per cent.

"Doctors will be angered by this decision as it comes during a period when many are working harder than ever before in an environment of rising patient demand, stagnating budgets and staff shortages. Hospital doctors and GPs are bearing the brunt of the funding crisis facing the NHS, and are choosing to leave. This is where rota gaps, consultant vacancies and closed GP practices start. While targeted incentives of the kind proposed in this report might sound positive, they do not ultimately address the serious overall problems that are widespread throughout the country. With the NHS at breaking point, the health service needs a proper, long term workforce plan and not piecemeal initiatives that offer only a short term fix.

"We will analyse the DDRB report in detail, but these recommendations will come as a bitter blow to a workforce already wondering whether the government knows or cares about the demoralising effect of year-on-year pay cuts."

---

### **Written Ministerial Statement – 28 March 2017**

#### **Rt Hon Jeremy Hunt: Review Body on Doctors' and Dentists' Remuneration**

I am responding on behalf of my Rt. Hon. Friend the Prime Minister to the 45th Report of the Review Body on Doctors' and Dentists' Remuneration (DDRB). The report has been laid before Parliament today (Cm 9441) and is attached. I am grateful to the Chair and members of the DDRB for their report. We welcome the 45th report of the DDRB. The Government is pleased to accept its recommendations for a 1 per cent increase for 2017/18 to:

- the national salary scales for salaried doctors and dentists. This will be in addition to incremental pay for those that are eligible;
- the maximum and minimum of the salary range for salaried general medical practitioners;
- pay, net of expenses, for independent contractor general medical and dental practitioners;
- the general medical practitioners trainers' grant;

- the flexible pay premia included in the new junior doctors' contract; and
- the value of the awards for consultants – Clinical Excellence Awards, Discretionary Points and Commitment Awards.

The Government also accepts the DDRB's recommendations that the supplement payable to general practice specialty registrars should remain at 45 per cent of basic salary for those on the existing UK-wide contract and that the rate for general medical practitioner appraisers should remain at £500. The Government accepts the recommendations to report to the DDRB on doctors and dentists taking early retirement and reasons for this. The Government notes the recommendation for giving further consideration to pay targeting by specialty and geography. The Government also notes the DDRB's observation that there is at present insufficient evidence about aspects of our workforce of salaried general medical practitioners.

### Asylum seekers and patients without proof of ID registering with GPs

Calderdale LMC would like to remind practices that people applying for registration cannot be turned down for reasons relating to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. Practices should not refuse registration on the grounds that a patient is unable to produce evidence of identity or immigration status or proof of address; there is no contractual duty to seek such evidence. Anyone who is in England is entitled to receive NHS primary medical services at a GP practice. Further information is at <https://www.bma.org.uk/advice/employment/gp-practices/service-provision/patient-registration-for-gp-practices/patient-registration-for-gp-practices-faqs>

AN NHSE leaflet for asylum seekers and refugees about registering with a GP practice is available at <http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-register-with-a-gp-assylum-seeker-and-refugees.pdf>

### Firearms licensing - Updated guidance available

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

### 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.

### 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>

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 prioritisation 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.
- \* Summary 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 judgements, 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 judgements 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 judgements 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.

- the 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

A world-first nationally funded service for GPs and GP trainees suffering 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:

- Common and more complex health conditions
  - Mental health conditions relating to physical health
  - Substance misuse including support for community detoxification
  - Rehabilitation 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 Executive Simon Stevens and in the General Practice Forward View. More information including how to access the service is available at: <http://gphealth.nhs.uk/>

#### 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

#### Ongoing issues with NHSPS

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.'

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. GPC 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](mailto:cgreene@bma.org.uk)) know immediately and we will take it up directly with NHSPS

**This Newsletter is based on the best available information.**

**We will endeavor to ensure you are kept informed of any changes.**

#### **Calderdale LMC Ltd Disclaimer**

Calderdale LMC Limited does not provide legal or financial advice and thereby excludes all liability howsoever arising in circumstances where any individual, person or entity has suffered any loss or damage arising from the use of information provided by Calderdale LMC Limited in circumstances where professional legal or financial advice ought reasonably to have been obtained. Calderdale LMC Limited provides representation, guidance and support to GPs and practices in the Calderdale area. Calderdale LMC Limited strongly advises individuals or practices to obtain independent legal/financial advice. Articles and adverts included in this newsletter must not be assumed to be endorsed by Calderdale LMC Ltd.