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# NEWSLETTER

## September 2013

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**The LMC Secretariat apologises that due to technical problems it is not yet possible to get the hyperlinks to work within the pdf format**

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## **Negotiations**

The GPC is engaged in negotiations with NHS Employers for 2014/15. NHS Employers has a more limited mandate this year as it has been engaged to negotiate only for England and for Wales on clinical QOF only. Scotland and Northern Ireland have chosen not to negotiate through NHS Employers. The chairs of GPC Wales, Northern Ireland and Scotland remain fully involved in the negotiations as part of the GPC negotiating team.

## **Contract imposition survey 2013/14**

In September the BMA launched the largest survey of GPs since the latest contract was imposed in April 2013. The survey aimed to find out how the contract had affected their practice, and the impact this had on patients.

A total of 3,629 GPs, more than one in 10 GPs in England, took part in the survey. The key survey findings were as follows:

- 97% of GPs said that bureaucracy and box ticking had increased in the past year while 94% said their workload has increased
- 82% felt that some of the new targets were actually reducing the number of appointments available to the majority of patients
- 76% believed they had to reduce the time spent on patients' other clinical needs as the result of the latest QOF changes
- 86% of GPs reported a reduction in their morale in the past year

In addition, the report found:

- 90% of GPs said their practice's resources are likely to fall in the next year
- 45% of GPs said they are less engaged with new clinical commissioning groups (CCGs) because of increased workload.

An email about these results is being sent this afternoon from Chaand Nagpaul, GPC Chairman, to all GPs in England.

## **NHS England consultation: 'Improving general practice - a call to action'**

In August, NHS England launched a consultation 'Improving general practice – A call to action', further details of which are available on the NHS England website.

<http://www.england.nhs.uk/ourwork/com-dev/igp-cta/>

The consultation aims to gather views on how general practice can best meet the challenges of an ageing population, increased patient demand and growing recruitment and retention problems. NHS England has also said it wishes to address inequality of and patient dissatisfaction with access to their GP services.

The GPC is coordinating a central response to the consultation, but NHS England's focus is very much on encouraging discussions at a local level. As such, we would encourage all LMCs to raise awareness of the consultation amongst GPs in their area. The GPC will be producing information for LMCs about the consultation and this will be available shortly. The deadline for responses is 10 November and you can find more information about how to respond to the consultation on NHS England's website at the link above.

## **Monitor call for evidence**

Monitor issued a call for evidence at the beginning of July aimed at understanding the challenges facing general practice and what role Monitor might have in addressing them. They are particularly interested in hearing about:

- Patients' ability to access GP services, including their ability to switch practices or GPs if they want to;
- The ability for new or existing providers of GP services to develop the scope of the NHS services they offer, including through developing services in new locations or expanding their opening times; and
- New models of primary care that local health communities are planning or considering and the potential barriers to these being implemented.

Monitor intends to follow up initial submissions with face to face interviews and roundtables with patients, CCGs, GPs and other primary care providers before publishing an issues statement later in 2013. They are very keen to make sure they hear from all interested parties, and are accepting submissions until 30 September. The detailed call for evidence can be found [here](#).

Monitor is also conducting a related, but separate piece of work reviewing the provision of walk-in centre services. Details can be found <http://www.monitor-nhsft.gov.uk/home/news-events-publications/our-publications/browse-category/guidance-health-care-providers-and-co-40>  
The Monitor team can be contacted at: [GPservices@monitor.gov.uk](mailto:GPservices@monitor.gov.uk)

## Care.data

Care.data is a forthcoming extract of patient data commissioned by NHS England. The intention of the scheme is to make increased use of the information in medical records in order to improve the quality of care for patients. The service is one of the first initiatives to use the powers of the Health and Social Care Act 2012 (HSCA), which allows the Health and Social Care Information Centre (HSCIC), in certain circumstances, to extract confidential from GP practices without seeking patient consent.

The BMA supports the use of data for appropriate secondary uses but also recognises the importance of confidentiality. Our priority in negotiations has been of information governance safeguards and allowing patients to maintain control of the data held in their medical records. The BMA therefore negotiated the right for patients to be able to object to the disclosure of their confidential information from the GP practice.

Practices will have received an email from the HSCIC including GP guidance and FAQs and a separate information pack containing patient information and materials. They have been advised to undertake patient awareness raising activities, such as displaying the poster, making the leaflet available and providing information on the practice website (see FAQ 6). These activities will help ensure that patients are aware of the scheme and their right to object. The BMA and NHS England have also used this opportunity to make patients aware of the existing ways in which the health service uses information from medical records for secondary uses eg research.

The GPC has received concerns from practices and LMCs about the level of patient awareness, and whether an eight week period of activity undertaken by the practice will be sufficient in informing all patients of the extract. Some practices have suggested applying the objection code to all of their patients' records and removing the code once patients have provided explicit consent.

The GPC would strongly advise practices against doing this because the HSCA creates a statutory obligation for GP practices to disclose the data to the HSCIC. In addition, it is a patient's right to object, not that of the practice. As the law creates a legal obligation to disclose data, consent is not required. GP practices must meet their legal obligations under the HSCA, as well as their obligations under the Data Protection Act (DPA) to undertake fair processing (see FAQ 15).

The GPC has been in regular contact with NHS England and have been advised that they will be providing further information about awareness raising activities. Practices should therefore be reassured that they will not be solely responsible for making patients aware of care.data and they

will be informed before any extractions take place. The GP guidance and FAQs have outlined the steps practices should take their patients aware of the extract. NHS England has been working with the Information Commissioner so that there is clarity about what GPs have to do in order to meet the fair processing component of the DPA. It has also been confirmed that data will not be extracted until the awareness raising activities have taken place.

The guidance and FAQs for GPs are available on the BMA web site. <http://bma.org.uk/practical-support-at-work/ethics/confidentiality-and-health-records/care-data>

Further information for patients and GPs, including a GP practice toolkit, are also available on the NHS England website.

### **Collaborative fees**

Following changes to the NHS in April 2013 there has been confusion amongst doctors, Local Authorities, Area Teams and CCGs as to who is now responsible for payment to doctors for work that falls under the term collaborative arrangements (including Mental Health Act and child protection work).

Following pressure from the BMA's General Practitioners and Professional Fees Committees, NHS England has now confirmed to us that Area Teams, pending the development of more consistent future arrangements, have been told to maintain any arrangements for collaborative fees that were previously managed by PCTs. Where it is clear that PCT funding for collaborative arrangements was included in CCGs' budgets it will be for CCGs to manage the payments, but otherwise this is a matter for Area Teams pending the development of a longer term solution.

Where local authorities have previously made direct arrangements for collaborative fees (rather than going through PCTs), these arrangements should continue.

GP practices and Local Medical Committees may wish to contact their Area Team for clarification of arrangements within their local area.

NHS England will shortly be conducting an audit into the legacy arrangements for collaborative fees. NHS England will also be seeking to agree with local authorities, in advance of the next financial year, a more consistent approach to collaborative fees that takes the outcome of the audit into account.

### **Primary Medical Services Assurance Management Framework**

The GPC has received a number of queries about the extent to which there is a contractual obligation on practices to provide the information requested as part of the Primary Medical Services Assurance Management Framework. Following legal advice, we can confirm that:

- there is a contractual obligation to provide the information requested in the annual practice declaration. There is a section in both the GMS and PMS regulations stating that contractors shall submit an annual return to the board. The declaration is also likely to come under the classification of information that is "reasonably required" by NHS England. There is not a specific contractual obligation to submit this information in electronic format, but practices may find that it is more convenient to do so.

- the letters sent out by NHS England to practices about the framework state that practices will be required to submit their catchment area electronically. There is no specific contractual requirement to submit this information in electronic format, but practices again may find it more convenient to do so. GPC has written to NHS England which has confirmed that practices which have problems submitting this information electronically, or choose not to do so, will be able to submit the information in a different format.

As previously stated, the web interface that is being shared with practices also includes data about practices based on NHS England's high level indicators and outcome standards. The information on the interface relates to every practice in England, with the intention being to allow comparisons with local practices within the CCG or Area Team and also to practices with similar demographics. The process was improved through discussions with GPC representatives and some LMC secretaries. There are still concerns about this process and validity of some of this data, including how this data might be used in the future. GPC is continuing to try and minimise that risk through our engagement, and would be happy to receive feedback from the LMC if there are any issues or problems with implementation at a local level.

### **Migrant access to healthcare**

The BMA has responded to the government's consultations on implementing new rules for migrant access to healthcare. The BMA fully accepts that there is a need to protect the public purse by limiting access to healthcare in some circumstances and preventing the deliberate misuse of scarce resources. However, we believe that the proposals in the consultations go far beyond what is necessary and appropriate in order to achieve these goals. In particular, the proposal to include primary medical services within this charging system implies considerable costs and complications. It would, for example, lead to the NHS access status of every patient being checked by GP practices on registration, leading to inconvenience for all patients.

Further details, including the BMA's full response, are available on the BMA website <http://bma.org.uk/about-the-bma/what-we-do/lobbying/westminster/migrant-access-to-nhs>

### **Enhanced service FAQs**

FAQs on the four new enhanced services are now available on NHS Employers' website. They can be found at

<http://www.nhsemployers.org/PAYANDCONTRACTS/GENERALMEDICALSERVICESCONTRACT/DIRECTEDENHANCEDSERVICES/Pages/EnhancedServices201314.aspx>

### **Childhood influenza and shingles catch-up programme FAQs**

GPC has published joint FAQs together with NHS Employers and NHS England, to help answer questions about the childhood influenza programme as well as the shingles catch-up programme. Both FAQs are available on the vaccinations and immunisations pages of the BMA website.

<http://bma.org.uk/practical-support-at-work/doctors-as-managers/managing-your-practice/vaccination>

### **MMR guidance and audit requirements**

NHS Employers has published [further guidance about the MMR catch-up campaign](#) and the audit requirements for this.

[http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination\\_and\\_immunisation/MMRcatchup/Pages/MMRcatch-upcampaigninEngland.aspx](http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination_and_immunisation/MMRcatchup/Pages/MMRcatch-upcampaigninEngland.aspx)

This is in addition to the already existing service specification which was introduced on 25 April 2013. A link to the new guidance document will be available on the MMR catch-up programme page on the BMA website, which already has the service specification and FAQs on it.

<http://bma.org.uk/practical-support-at-work/doctors-as-managers/managing-your-practice/mmr-catch-up-programme>

### **NHS Community Pharmacy Advanced Services – Medicines Use Reviews and the New Medicine Service**

A briefing has been developed jointly by NHS Employers, the Pharmaceutical Services Negotiating Committee (PSNC) and the General Practitioners Committee (GPC) to provide information for GP practices about advanced services provided by community pharmacies in England under the new NHS structures implemented in April 2013. It covers both Medicines Use

Reviews (MURs) and the New Medicine Service (NMS). A copy of the briefing is being sent separately.

### **The GP practice – a guide for community pharmacists and pharmacy staff**

An updated version of *The GP practice – a guide for community pharmacists and pharmacy staff* has been published and is being sent separately. This is a joint guidance by the BMA, PSNC (Pharmaceutical Services Negotiating Committee) and NHS Employers, which provides information for community pharmacists about general practice and aims to support more effective working relationships in primary care.

### **Action on Hearing Loss**

One in six of the population has some form of hearing loss, rising to over half of people over 60 years old. This is a condition affecting a high proportion of patients, and yet they can face issues when visiting their GP, from communication problems to difficulties booking appointments, as outlined in a recent report from Action on Hearing Loss entitled Access All Areas. Action on Hearing Loss (formerly RNID), has asked us to distribute their [Guidance for GPs](http://www.actiononhearingloss.org.uk/supporting-you/gp-support/making-your-surgery-accessible/making-your-surgery-accessible.aspx) to make surgeries more accessible to people with hearing loss. <http://www.actiononhearingloss.org.uk/supporting-you/gp-support/making-your-surgery-accessible/making-your-surgery-accessible.aspx>

### **NHSmail for sessional GPs**

There are forthcoming changes to NHSmail accounts for sessional GPs that are currently linked to their previous PCT. Clarification has been sought from the NHSmail team at the Health and Social Care Information Centre, and they have provided the advice below:

If you are a sessional/locum/salaried GP and require an NHSmail account for securely exchanging data, please contact the GP practice NHSmail Administrator for which you carry out most work. The Administrator will need to liaise with the CCG Local Organisation Administrator (LOA) to request an account is hosted and administered via the GP Practice on your behalf.

If you work across several GP practices on a regular basis, it may be more appropriate to have your account hosted and administered by the CCG. If this is the case, please contact the Local Organisation Administrator (LOA) in your local CCG, who can normally be found via the IT department.

If you have any issues registering an NHSmail account please email [feedback@nhs.net](mailto:feedback@nhs.net)

### **Revalidation**

Following the implementation of revalidation in December 2012, the Revalidation Support Team has published four surveys to collect information on the current and expected impact of revalidation from the perspective of doctors, appraisers, responsible officers and designated bodies. The survey for doctors is available on [https://www.surveymonkey.com/s/RST\\_Revalidation\\_Impact\\_Doctors](https://www.surveymonkey.com/s/RST_Revalidation_Impact_Doctors) and takes around five minutes to complete..

### **Hospitals' duty of care to patients regarding test results**

The GPC and the Consultants Committee of the BMA have published a joint statement confirming that the ultimate responsibility for ensuring that hospital test results are acted upon rests with the person requesting the test and that responsibility can only be delegated to someone else if they accept that responsibility by prior agreement. Read the full statement on <http://bma.org.uk/practical-support-at-work/contracts/independent-contractors>

## **Breaking down barriers - advice for overseas doctors thinking about working in the UK**

As a part of the BMA's commitment to supporting BME doctors in their career progression, as well as implementing positive solutions to overcome the barriers they face, the BMJ has published an online e-learning module, authored by the BMA, which provides overseas doctors with advice on coming to work in the UK.

This module can be accessed via the below link and is free to access for BMA members:

[http://learning.bmj.com/learning/module-intro/bma-careers--advice-for-overseas-doctors-thinking-about-working-in-the-uk-.html?locale=en\\_GB&moduleId=10043945](http://learning.bmj.com/learning/module-intro/bma-careers--advice-for-overseas-doctors-thinking-about-working-in-the-uk-.html?locale=en_GB&moduleId=10043945)

The module aims to provide doctors with the following skills:

- Understanding the UK immigration regulations and how they affect overseas doctors wanting to work in the UK
- Knowing how to become registered to practise as a doctor in the UK
- Appreciating the typical career path of a doctor working in the UK
- Understanding more about working for the NHS
- Knowing where to look for further help and guidance.

## **GP practice visit scheme**

There has been considerable press coverage of the BMA's GP practice visit scheme for MPs in recent weeks. Since June 2013 the BMA has invited MPs to come and see first hand the day-to-day workings of a GP practice and understand the pressures GPs face.

A total of 100 MPs from across the political spectrum have accepted the BMA's initiation, including Shadow Chancellor Ed Balls, Speaker John Bercow, and former Health Secretary Andrew Lansley. To find out more and to see whether your local MP has accepted the BMA's invitation, please see:

<http://bma.org.uk/about-the-bma/what-we-do/lobbying/westminster#GPvisit>

## **Sessional GPs Conference: The Journey Forward - Friday 11 October 2013**

Working as a sessional GP has its particular challenges and this one day conference aims to offer expert advice, practical information and guidance to support all sessional GPs in making the most of their careers.

Addressing the issues that matter to sessionals - including pensions, appraisal and revalidation, negotiating skills, as well as making successful career choices - attendees will be able to personalise the programme by selecting from a wide range of breakout groups. The conference will also give attendees the opportunity to network with their peers and discuss shared issues.

For the full programme see the BMA website. <http://bma.org.uk/events/2013/october/sessional-gps-conference>

## **History of the British Medical Association**

The third volume of *History of the British Medical Association* brings to life and places into context the tumultuous last 30 years in UK health policy and medical ethics. It's an essential text for anyone interested in medical politics and a thoroughly compelling read for all those involved during this dramatic period in the Association's history. Copies can be ordered from the BMA library at [BMA-library@bma.org.uk](mailto:BMA-library@bma.org.uk). Bookshop price is £25 but BMA members and staff receive a discount and is priced at £20.



## The next LMC Seminar

The next Seminar will be held on 21<sup>st</sup> November at Willerby Manor Hotel, Willerby from 2.00pm-4.00pm. This is a follow on from the previous very successful LMC seminar.

The topics will include

- Procurement
- Tendering
- AQP
- Conflicts of Interest
- NHS Standard Contract

Speakers will include BMA lawyers and representation from the CSU.

The cost of the seminar is expected to be about £25.00.

Booking forms will be sent out shortly.

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