The Humberside Group of Local Medical Committees Ltd

Newsletter: 23 October 2015

The LMC Newsletter is a round-up of interesting news and information for GPs and Practice Managers in Hull, East Yorkshire, North Lincolnshire and North East Lincolnshire. You can read from top to bottom or alternatively, use the contents section to jump to items of interest. Items marked with a * and in orange on the content list are highlighted either because of their importance or because they contain information you may not yet have seen elsewhere.

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INSPECTION

CQC Mythbuster 55: Opening Hours

The latest 'Mythbuster' produced by CQC relates to Practice Opening Hours and sets out both contractual obligations and how they will assess a practice when inspecting. The Mythbuster is reproduced below:

CQC Mythbuster 55: Opening Hours

We are often asked whether:

- access to appointments includes a practice's opening hours
- to be rated good, the practice must meet its contractual obligations to provide essential services within core hours (see below). However the contract does not require the GP practice to make a GP available in person to provide routine services to patients throughout the core hours.

This edition of Nigel's surgery has been discussed with the BMA.

If a GP practice is closed during its core hours and does not make arrangements for patients to access care, should they need it, then we will consider this to be poor practice which potentially puts patients at risk. This will be considered as part of their rating.

There are no set hours for appointments within the GP contract but the opening hours need to be sufficient to "meet the reasonable needs of its patients".

We do not monitor whether GP practices are meeting the requirements of their contract. When we inspect and rate GP practices we use the published Key Lines of Enquiry (KLOE) and rating characteristics to determine whether a practice:

- is providing care that is safe, effective, caring, responsive and well-led, and
- they are rated as outstanding, good, requires improvement or inadequate.

There are a number of areas where there are similarities in the issues that we look at in our inspections and the requirements placed on GP practices through their contracts: one of these is access to appointments.

Contractual requirements

The GMS contract (and virtually all PMS contracts) requires GP practices to:

- provide all 'essential services' within 'core hours' as appropriate to meet the reasonable needs of its patients, and
- have in place arrangements for its patients to access such services throughout the core hours in case of emergency.

'Core hours' means the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday. This excludes Good Friday, Christmas Day or bank holidays.

The contract does not require the practice to make a GP available in person to provide routine services to patients throughout the core hours. Therefore a GP practice is not in breach of its contract if it is closed for some time during 'core hours'. If it is closed during 'core hours', the GP practice must make arrangements to meet the reasonable needs of patients to deliver essential medical services. This does not require access to records.

On our inspections we are **not** checking whether GP practices are meeting their contractual requirements. However, if during inspection we find that they are not meeting their contractual requirements (they are not open during core hours **and** have not made arrangements for patients to have access to services which meet their reasonable needs including urgent care), we will inform NHS England.

It may be appropriate and sometimes beneficial for a practice to close for a period of time, for example for staff training or practice development days. In these situations arrangements should be made to ensure that patients can access services which meet their reasonable needs.

Checking how responsive GP practices are to their patients' needs

When we inspect a GP practice we consider whether they are responsive to people's needs. A KLOE under responsive is:

Can people access care and treatment in a timely way?

- Do people have timely access to appointments for an initial assessment, for diagnosis and for treatment or ongoing management of chronic conditions
- Is the appointments system easy to use and does it support people to access appointments?
- Can people access care and treatment at a time to suit them?
- Does the service prioritise people with the most urgent needs, including through triage?
- Do services run on time, and are people kept informed about disruption?

To be considered 'good' we expect to see evidence that:

- people can access the right care at the right time
- access to appointments is managed to take account of people's needs, including those with urgent needs
- waiting times, delays and cancellations should be minimal and managed appropriately
- services should run on time and people kept informed of any disruption to their care or treatment.

On our inspections, where practices are not open during all of the core hours yet we find evidence that patients can continue to access appointments and services (both when the practice is open and when it is closed) then being closed for some part of the core hours will not lead to a poor rating for responsiveness. The important issue we consider is whether patients can access the care they need.

If there is evidence that people:

- are frequently and consistently not able to access appointments and services in a timely way, or
- experience unacceptable waits for some appointments and services

we are likely to judge a GP practice as being inadequate for responsive.

This may apply where a practice is open during all of the core hours as well as cases where the practice is closed for some of the core hours. In these cases, we would expect to see a development plan to improve access.

If a GP practice is closed during its core hours and does not make arrangements for patients to access care, should they need it, we will consider this to be poor practice which potentially puts patients at risk. This will be considered as part of their rating.

The important point we consider in inspections is the impact on people who are using the GP practice and whether they are able to access appointments and services when they need them.

COMMISSIONING

Resources to help GP practices to meet dementia ES and QOF requirements

Yorkshire & Humber Strategic Clinical Networks, working in conjunction with Yorkshire & Humber Commissioning Support has developed the following range of resources to help GP practices who use SystmOne or EMIS Web to achieve the requirements of dementia QOF and Enhanced Service for 2015/16. The template and protocols available will guide clinicians through the processes and reviews required to meet these requirements and will ensure appropriate codes are collected to evidence that work has taken place.

SystmOne practices can access all these resources by joining a YHCSU organisational group. See SystmOne Technical Guidance for details. EMIS Web practices can download these resources to their GP practice system. See EMIS Technical Guidance for details.

DES Resources

The requirements for the 2015/16 dementia DES are:

- To identify patients at risk of dementia and offer an assessment to screen for signs of dementia
- Offer a referral for diagnosis where dementia is suspected
- Support the health and wellbeing of carers for patients diagnosed with dementia
- Offer all new patients an Advance Care Plan

The DES toolkit includes searches and reports which identify, support diagnosis and management of those patients within the target at-risk groups. New for 14/15 is the assessment of patients in the age group with COPD and 'at risk of CVD'.

QOF Resources

The points available for the QOF indicator, DEM2 have more than doubled during 2015/16 (from 15 to 39 points) so there is more money available for this indicator to reflect the additional workload required. Practices now need to produce a care plan which is reviewed at least annually at a face-to-face review appointment.

The QOF resources include two versions of a QOF annual review template to support this process and make links to other incentive schemes e.g. AUA, where appropriate. The QOF annual review template is fully Read Coded to support practice-based audit where the QOF Light version includes fewer coded items and more free text boxes (although all items required for payment under QOF are coded accordingly).

CLINICAL ISSUES

Public Health England Vaccine Update

Public Health England's latest Vaccine Update was published last week. It contains useful information on several immunisation programmes including Shingles, Men B, Men ACWY and Flu.

If you have not yet signed up to receive the Vaccine Update direct to your inbox, just follow the link in the document to receive future copies.

Making a diagnosis of established dementia in a care home setting

A helpful new protocol has been published by NHS Yorkshire and the Humber Strategic Clinical Networks to support diagnosis of dementia for people living with advanced dementia in a care home setting, without the need for referral to specialist/memory services.

Please note that for the majority of people, a referral to memory services is appropriate, in line with NICE guidelines. Memory services will carry out a comprehensive assessment and diagnosis process, initiate treatment where required and provide ongoing support and referral/signposting to other services dependent on need. This protocol is therefore only to be used for those patients living with advanced dementia within a care home setting for whom a trip to memory services is unlikely to be feasible and/or make a difference to ongoing management

Men ACWY for University Freshers – Missed Cohort

An issue has been highlighted about a missed cohort of Men ACWY patients – namely patients born after 1 Sept 1997 who have just started University. Those in the current year 13 (DOB 01/09/1996-31/08/1997) would be in the school catch-up cohort and for a patient to be in the University freshers cohort they must be 19 years on 31 August 2015 in order to be eligible.

GPC raised this issue with NHS England who have confirmed that, as per the tri-partite letter, patients born between 01/09/1997-31/08/1998 will be eligible for vaccination from April 2016. As this means that this group of patients would not be protected against meningitis until then, GPC asked whether this group (although likely to be small) could be included in one of the cohorts (and funded nationally). However, the request to amend the service specification was refused, and instead the following FAQ has been added to the NHS Employers vaccs and imms FAQs:

Q: What about teenagers and young adults who are going to university early but do not meet the age criteria for the two MenACWY programmes?

A: As these patients fall outside of the eligible cohorts defined by the NHS England service specifications, they would not be covered by the automated data collections. As such, practices should discuss the vaccination of these patients with their commissioner on a case-by-case basis. In line with established procedures, where the practice and commissioner agree to the amendment the commissioner will adjust the practice achievement.

In the spirit of the agreement, we would expect these practices to be remunerated for vaccinating these patients.

Although we are pleased that this allows for these patients to be protected and should allow for payment to be made, we appreciate that the workload involved in claiming may negate any overall income received for the practices, and we would have preferred an amendment to the scheme.

Meningococcal B for infants – FAQs

NHS Employers have updated their Vaccs and Imms FAQs in relation to meningococcal B for infants to explain the eligible age cohort (2 – 13 months), as well as a catch-up cohort up to 2 years for children born on or after 1 May 2015. The FAQs also explain what practices can do if parents approach them about having children outside of the cohort vaccinated privately:

Q. Can parents or guardians whose children don't fall into the eligible age groups get their child vaccinated against MenB? If so, how?

A. Children can be vaccinated through a private clinic that is able to obtain the vaccine from the manufacturer. However, parents or guardians should be aware that they will be responsible for the full cost of the vaccine. Under the current contract for general practice, practices are restricted from providing private services to their own NHS patients except in very specific areas, such as travel advice.

In addition to this FAQ, the LMC would like to reiterate the advice that whilst GPs can provide private prescriptions, they are not allowed to charge their own NHS patients and we would therefore recommend that patients (outside the cohort) access a comprehensive private service provided by another practice or service provider, who would then be able to charge an appropriate fee for this private service.

TRAINING, EVENTS & OPPORTUNITIES

BMA GP networks conference

Friday 20 November 2015, 9.30am – 4.30pm
BMA House, London

Whether you're part of an established GP network or considering setting one up, this one-day conference taking place on Friday 20 November is a unique opportunity to meet and network with colleagues and to obtain valuable information and guidance.

Complemented by keynote presentations from the GPC (general practitioners committee) and GP networks leaders, the majority of the conference will provide interactive workshops covering the topics of tenders, procurement, pensions and staffing and workforce issues. You'll be sure to come away with knowledge and practical advice that will support the development of your network. Find out more at the conference website.

Full details of registration fees are available on the website - with discounts available for BMA members and registered networks.

RCGP Study Days – Membership by Assessment of Performance (MAP)

MAP is a portfolio-based assessment. Successful completion of MAP results in MRCGP.

Candidates complete a comprehensive portfolio of 13 criteria, using templates provided, covering all aspects of their practice, to be submitted within a year of application. After marking by a panel of MAP assessors (all experienced GPs) some candidates will be asked to meet a further panel to discuss their submission.

MAP study days are an opportunity for potential and existing candidates to learn in detail about the MAP process. All study days are facilitated by experienced MAP assessors. Study days focus on the requirements for each of the 13 MAP criteria, with most of the day given over to small group work.

The RCGP has two study days for potential candidates planned, one in Maidstone on 5th November and another on 2nd December in Glasgow. Refreshments and lunch will be provided. Bookings must be made in advance online.

To book for Maidstone:
http://www.rcgp.org.uk/professional-development/imap/map-candidate-study-day-5-november-2015.aspx

To book for Glasgow:
http://www.rcgp.org.uk/professional-development/imap/map-candidate-study-day-2-december-2015.aspx

Contact details: MAP Team, email: map@rcgp.org.uk , tel: 020 3188 7661, www.rcgp.org.uk/map

Should you have any queries, either about MAP or about the study days, please use the contact details above

PRACTICE MANAGEMENT

NHS Property Services – Requests for Practices to Sign Up to Heads of Terms

The LMC has heard reports nationally that NHS Property Services (NHSPS) have attempted to get practices in occupation of their properties, but not yet on formal leases, to sign up to Heads of Terms or similar documentation.

It has been brought to our attention that in presenting Heads of Terms and a pro forma lease, NHSPS are intimating that they follow a format that is reflective of the national template documents currently under negotiation between NHSPS and GPC. In addition we are aware of suggestions being made by NHSPS that these documents are largely agreed and that such statements are being used to encourage practices to sign up. In both cases such statements are misleading.

To be absolutely clear, the national template lease and supporting Heads of Terms under negotiation have **not** been agreed.

As it stands there are fundamental issues that remain outstanding and the GPC are awaiting a response from NHSPS and NHS England. The outstanding issues include, without limitation, the fact that there remains a fundamental discrepancy between the rent review provisions being sought and the sums that are capable of reimbursement.

As a consequence of the above, the LMC strongly recommends that practices do not sign anything unless they have taken appropriate legal advice and are 100% happy with the terms therein.

Once the outstanding issues have been addressed in a manner which does not expose practices to unreasonable risks or burdens, the GPC will look to agree the final version of the standard lease and Heads of Terms. As soon as this occurs, GPC will formally issue confirmation that the negotiations have been successfully and satisfactorily concluded and issue guidance notes on the agreed pro forma lease. Until this occurs the position remains that GPC has not agreed the standard lease nor any form of Heads of Terms.

Healthwatch – Rights to Enter & View

The LMC has received enquiries from some practices regarding the legal position in relation to Healthwatch asking to Enter & View their premises.

Local Healthwatch does have power to Enter and View providers' premises and practices, as a designated provider, must facilitate the visit.

Organisations must allow an authorised representative to Enter and View and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.

Local Healthwatch must comply with and publish a procedure for making decisions about who may be an authorised representative; and must maintain and publish a list of individuals who are authorised representatives; and provide each authorised representative with written evidence of their authorisation.

This is all contained in Regulations SI 2013 No 351 (NHS, ENGLAND, SOCIAL CARE, ENGLAND, PUBLIC HEALTH, ENGLAND, The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013)

The full regulation can be located at http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf which also sets out what they can and cannot do when they visit. There is no additional resource for the practice to supervise the visit.

Health Foundation report on indicators of quality of care in general practice - England

In June 2015, the Department of Health asked the Health Foundation to carry out a review into indicators of the quality of care offered by GP practices in England. The review *Indicators of quality of care in general practices in England* which was published this week looked at whether:

- comparable indicators of the quality of primary care were sufficiently developed to be used to help practices improve quality
- such indicators help patients and carers gauge the quality of care their GP practice provides
- credible indicators were available for specific population groups and the services available to them.

The report confirms that BMA's view that the services GP practices provide are far too complex to be artitrarily reduced to a single 'quality' measure. The report also rejects the idea of 'scorecards'.

In response to the publication of this report, Dr Chaand Nagpaul, BMA GP committee chair, said:

"We expect the Secretary of State to listen to this report and the BMA, and rapidly abandon the concept of simplistic ratings for GP practices."

CCG Outcomes Indicator Set

Practices have been asked to sign up to this collection within CQRS to allow data to be extracted through GPES. The intention of the extract is to provide information for CCGs about the quality of health services. Further information from the HSCIC on the CCG OIS, including the data to be extracted, can be found on the HSCIC website (see the link 'info for GP practices').

The LMC has sought advice from GPC's IT Subcommittee regarding the proposed data extraction. Following discussions with HSCIC, they have confirmed that **participation in the extract is voluntary, and it is a matter for practices to decide whether to take part.**

There is no CQRS payment attached to this service. The data to be extracted is aggregated at practice level, with no record level or sensitive data included.

We have been informed that 73% of practices offered the extract have signed up (not all have practices have received this request - only those where the HSCIC has the facility to extract this data automatically).

Important information for practices – Patient Objections

Practices in England are due to receive a communication from the Health and Social Care Information Centre (HSCIC) about the collection of patient objection data. **On the advice of the GPC, the LMC strongly recommends practices participate in this collection to allow the HSCIC to uphold patient objections to their data being shared.**

Patients are able to register objections with their practice to prevent their identifiable data being released outside of the practice for purposes beyond their direct care (known as a Type 1 objection), or to prevent their identifiable data from any health and social care setting being released by the HSCIC for purposes beyond their direct care (known as a Type 2 objection).

The HSCIC will be collecting the following data:

- For patients with a Type 2 objection (or a withdrawn Type 2 objection), the NHS Number, objection code(s) and code date will be extracted. The collection of patient identifiable data (NHS Number) is necessary to allow the HSCIC to uphold these objections. The data will be used internally by the HSCIC and will not be published or released;
- Aggregate data on the number of Type 1 and Type 2 objections. This will allow the HSCIC to monitor the rate of objections.

The legal basis for the collection of this data is the issuing of directions under section 259 of the Health and Social Care Act 2012.

Practices will receive an offer from the HSCIC, available from 21 October, to participate in the collection called 'Patient Objections Management' within the Calculating Quality Reporting Service. The deadline for participation has not been specified, but practices have been asked to participate as soon as possible ahead of the first extract. Extractions will run monthly from December 2015.

Queries on how to participate should be directed to the HSCIC contact centre via enquiries@hscic.gov.uk with 'Patient Objections Management data collection' in the subject line, or by calling 0300 303 5678.

GUIDANCE & RESOURCES

Revalidation for nurses

The NMC Council made the decision on 8 October 15 to introduce revalidation for all nurses and midwives in the UK: the most significant change to regulation in a generation.

Revalidation means that everyone on the register will have to demonstrate on a regular basis that they are able to deliver care in a safe, effective and professional way. All nurses and midwives will have to show they are staying up to date in their practice and living the values of the Code, by reflecting on their practice and engaging in discussions with colleagues. For the first time, they will also have to obtain confirmation that they have met all the requirements before they apply to renew their place on the register every three years.

Nearly 16,000 nurses and midwives will be the first to revalidate in April 2016. All 685,000 nurses and midwives on the NMC's register will go through the new process as their registration becomes due for renewal over the course of the next three years.

The following resources may be helpful to Practice Nurses and Practice Managers in planning and preparing for revalidation:

How to Revalidate with the NMC
Employers Guide to Revalidation
Information for Confirmers

Updated Northern Region Guidance on Dementia & Delirium Coding

This recently updated guidance document sets out a consistent way of coding dementia and delirium in GP practices and should be used across the North region.

It was agreed by members of the north regional mental health, dementia and neurological conditions oversight group on Monday 28th July 2014 to use central guidance as the regional standard. Further changes were included following circulation to dementia clinical leads of north strategic clinical networks and the development of a CSU data quality tool to assist in data cleansing. The guidance continues to be refined as comments are received from users of this guidance. Most recent additions include guidance on the coding of delirium.

Guidance for GPs on Fee Charging

GPC has met with Healthwatch England to discuss charges that GPs can make for work not covered by their contract. The patient group understands the reasons behind charging, their main concern was a lack of consistency between practices and sometimes even within practices.

It was explained that the BMA is not able to set fee levels for this work and is expressly prohibited from doing so, but it was agreed that LMCs would remind practices of the BMA's current guidance on charging, which can be found here:

http://bma.org.uk/practical-support-at-work/pay-fees-allowances/fees/fee-finder/fee-finder-why-gps-charge-fees

http://bma.org.uk/practical-support-at-work/pay-fees-allowances/fees/fee-finder

http://bma.org.uk/practical-support-at-work/pay-fees-allowances/fees/check-to-see-gps

It may also be helpful for practices to display information about fees and the reasons where they can easily be seen by patients.

Clarification regarding FGM and PREVENT Training

With thanks to Dr Guy Clayton (Safeguarding GP, East Riding CCG) and Dr Elisabeth Alton (Adult Safeguarding Lead GP, East Riding CCG) for providing the clarification below regarding FGM and PREVENT training which is relevant to GPs in all areas.

FGM (Female Genital Mutilation) and PREVENT (identifying early signs of radicalisation / extremism for the prevention of Terrorism) training are **recommended** but not actually mandatory for all GPS.

Reporting of FGM cases **is mandatory**, and FGM training is now part of the level 3 Safeguarding Children update evening training sessions held three times a year (which are mandatory every 3 years for GPs).

As small providers, GPs have a duty to have an established practice protocol/response to any issues surrounding extremism. Dr Elisabeth Alton, the adult Safeguarding lead GP, has confirmed that **provided each practice has a protocol and that some of the partners have had PREVENT training** then this is sufficient at this time. Prevent training would count towards safeguarding training for your appraisal. The situation may change in the future. A general awareness by all staff also seems sensible.

Detective Karen Windross from Humberside Police on 07814 397408 or email karen.windross@humberside.pnn.police.uk<mailto:karen.windross@humberside.pnn.police.uk is happy to offer advice if a member of staff has concerns about possible early signs of extremism developing in a person.

Those at highest risk have the same risk factors as those at highest risk from being exploited sexually etc, ie vulnerability, isolation, mental health issues, mental health issues etc.

New BMA Publication – Focus On Phasing Out Seniority Payments

Seniority payments are being phased out. The seniority scheme will end completely on 31 March 2020. This document from the BMA outlines the arrangements for phasing out seniority payments and how it will be implemented in practice. The new seniority payscales for October 2015 – 31 March 2016 are also provided.

Stop wasting 15 million GP appointments on bureaucracy – new publication regarding GP workload (Essential Reading!)

We strongly recommend that you find some time to read at least the Executive Summary of this interesting new report from the Primary Care Foundation and NHS Alliance.

The focus of the report is freeing GP capacity by reducing bureaucracy and avoidable consultations, managing the interface with hospitals and exploring new ways of working.

The Foreword to the report states:

"In addition to the pressing need to increase the GP and primary care workforce, this report looks at how the workload crisis in general practice can be tackled by 'Making Time'. We think there are some things which are just not good enough and need to be fixed now. The complexity and confusion that has plagued central systems for paying practices and sharing information need urgent attention.

Other things require the whole health system to work together more effectively. We were struck by how much time is taken in setting up and rearranging hospital appointments, as well as chasing up delays in discharge letters and the details of changes in medication. This is a key example of where GPs and their consultant colleagues and their respective teams, working together, need to agree better local systems for talking to each other and sharing information. Finally, there are things that practices can learn from each other. While many practices feel beleaguered, some are coping better than others reflecting widespread variations across general practice."

Read the report here.

CONSULTATIONS

Independent Research with GPs to explore their views of joining & leaving the profession

As part of the GP workforce 10 point plan, a partnership between NHS England, Health Education England, the BMA GP Committee (GPC) and the Royal College of GPs to increase workforce numbers and reduce GP workload burden, Ipsos MORI is conducting some independent qualitative research with GPs to explore their views of joining and leaving the profession.

They are especially interested to hear from GPs who identify with the following characteristics:

- with a health condition which, at times, makes them question how easy it is for them to continue working as a GP;
- currently care for another adult or think they might need to care for another adult in the future, which may challenge their ability to stay in the profession;
- returned to practice in England following a period of not working as a GP or as a GP in England; or
- that trained in England but are now working as a GP outside the UK.

If you are a GP and would like to know more about taking part in the research, and to find out if they are eligible, you can contact Ipsos MORI via ResearchGP@ipsos.com

If GPs are eligible and able to participate in an interview, Ipsos MORI will be able to pay an incentive to thank them for their time.

HYMS CPD Survey

Hull York Medical School has now been running primary care CPD events for over 3 years. In that time they have welcomed over 1500 primary care clinicians to at least one of their courses, all of which are independent of pharmaceutical sponsorship.

They are now seeking feedback from local clinicians about what kind of CPD events you want to see in the future.

The survey will be open until Friday 20th November and you can take part here.

All respondents will have the option to be entered into a draw for a £50 Amazon voucher.

GENERAL NEWS

Responsive, Safe & Sustainable: Towards a New Future for General Practice

The BMA has published a discussion document entitled Responsive, Safe and Sustainable: Towards a new future for general practice. If you haven't had time to read it yet, we strongly encourage you to take a look at it (or at least the Executive Summary).

The paper raises important issues relevant to the future of primary care and the challenges ahead for GP practices.

Over the past two years the GPC has undertaken one of its biggest-ever consultation exercises speaking to patients, GPs and LMCs as well as other stakeholders. They wanted to use the findings as a basis for outlining positive solutions for a sustainable future for general practice – a future reflective of and responsive to the needs of patients. The introduction to the report states:

"There is no easy solution to the many issues facing general practice. But it is clear that they must be addressed, for a revitalised general practice must be at the heart of changes in the way services are organised. GPs recognise the need for significant change and are ready to work together and differently to achieve better-integrated and more local services for patients.

This report will focus on ways to deliver what patients and GPs have told us they want from primary care, in the context of a rapidly changing external environment where this is unlikely to be one single model, where resources will be at a premium and where any future changes will need to deliver fairness, consistency, stability and security. ***In order to achieve these aims general practice must adapt. But it must also be supported to deliver what GPs and patients want, and the public and government expect****."*

GMS Contract Negotiations 2016/17

The GPC held its first negotiating meeting of this year with NHS Employers at the end of September. They will be meeting again next week to discuss possible contractual changes for 2016/17. The timetable for these negotiations is later than usual and will need to accommodate decisions set out in comprehensive spending review in late November. It is likely that all parties will endeavour to reach an agreement before the end of December.

Prime Minister's announcement on a new voluntary contract from 2017 and 7 day working

Earlier this month, the Prime Minister announced his intention to introduce a new 'voluntary' local contract for GPs from 2017 encompassing integrated care and extended 7 day access. The

announcement was short on detail and the GPC is raising with NHS England the importance of involving the BMA.

There are many far reaching changes taking place in local health care contracting at the moment, as a result of the vanguard programme, the Prime Minister's Challenge Fund and other related initiatives. Several CCGs are pushing ahead with developing accountable care organisations. [The Kings Fund definition of an accountable care organisation is where a group of providers agrees to take responsibility for providing all care for a given population for a defined period of time under a contractual arrangement with a commissioner. Providers are held accountable for achieving a set of pre-agreed quality outcomes within a given budget or expenditure target.]

The LMC will take an active role in all local discussions about the future of general practice contracting and will remain independent, representing the interests of grass roots GPs.

BMA to ballot junior doctors on industrial action

The BMA needs all junior doctors, including GP trainees, to check their BMA membership details so that everyone who is eligible to vote is included in the forthcoming ballot. This should include their employer, their current place of work at the time of ballot forms being issued and they should also indicate that they are a GP trainee.

Any questions about the contract negotiations or industrial action should be emailed to gptrainees@bma.org.uk . GP trainees having trouble logging in or updating their membership details should email info.pow@bma.org.uk .

Further information about the negotiations that stalled in October 2014, the Doctors' and Dentists' Review Body report from July 2015, the government's imposition announcement on 15 September and campaign materials are available here on the BMA website.

Additional Funding for CAMHS in Hull & East Yorkshire

Given the chronic underfunding and poor state of Children and Adolescent Mental Health Services nationally, Hull and East Riding CAMHS teams have received a significant piece of good news.

There will be an investment of around £1 million additional funding in CAMHS to create a dedicated 24/7 crisis service for young people as well establishing a community eating disorder service and piloting an on-line CBT tool. Other services such as HeadStart in Hull will also be strengthened, helping to promote greater emotional and well-being resilience for young people before they need to access CAMHS services.

Update on Pharmacy 2U Sale of Personal Customer Data

You may remember reports in the media earlier this year that the online pharmacy, 'Pharmacy2U', had sold personal customer data to a marketing company.

The ICO has now concluded its investigation and Pharmacy2U has been fined £130,000 for breaching the Data Protection Act. The ICO investigation found that Pharmacy2U had not informed its customers of intentions to sell their details, and that customers had not given consent for their personal data to be sold on. The report concluded that the sale of customer names and addresses,

and the subsequent targeting of these customers by third parties, was 'likely to cause distress to individuals who have a reasonable expectation of confidentiality'.

Please note that the breach relates to data held by Pharmacy2U – there is no indication of any data breach from GP systems. Full details of the ICO investigation are available here: https://ico.org.uk/about-the-ico/news-and-events/news-and-blogs/2015/10/online-pharmacy-fined-for-selling-customer-details/

The findings raise serious concerns about the handling of personal data by Pharmacy2U, which is the UK's largest NHS approved online pharmacy. Although the BMA welcomes the ICO investigation, they are pushing for custodial penalties for those who wilfully or recklessly abuse personal data. It is not yet clear whether any further action will be taken by the General Pharmaceutical Council or Care Quality Commission, with which Pharmacy2U is registered.

Practices should be aware of these developments in case of any queries from patients.

New Campaign – There's Nothing General About General Practice

Health Education England has launched the 'There's nothing general about general practice' campaign. This campaign is designed to encourage foundation doctors, specifically those in year 2, to consider GP specialty training and is being run in partnership with NHS England, the Royal College of General Practitioners and the British Medical Association.

You can find out more on:

- The campaign page on the GPNRO website– https://gprecruitment.hee.nhs.uk/Recruitment/Nothing-General
- The campaign Facebook page– https://www.facebook.com/nothinggeneral
- The first campaign video on YouTube – https://www.youtube.com/embed/WfajPqPrRkM
- The press release announcing the launch of the campaign - https://hee.nhs.uk/2015/09/24/new-campaign-launched-to-inspire-young-medics-to-choose-general-practice/

Look out for our campaign posters and flyers – please contact Health Education England if you would like some to help promote the campaign in your area.

The campaign is also being supported by GP ambassadors who will be attending events across the country and helping to promote general practice as a career.

If you have any questions about this campaign, please email hee.GPrecruitment@nhs.net

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The LMC is now tweeting. Follow us for news and updates.