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GPC meeting

The GPC held its meeting on Thursday 20 November and this newsletter provides a summary of the main items discussed.

Five Year Forward View

The 'NHS Five Year Forward View' was published on 23 October. The full report can be accessed [on the NHS England website](#) and you can read the BMA's public and media response in the BMA press release [on the BMA website](#).

Much of the content of 'NHS Five Year Forward View' appears to herald a step in the right direction for general practice, with the strategy document emphasising a new focus on many of the areas that the BMA has been working on, particularly in the '[Your GP Cares](#)' campaign and in our document, 'Developing General Practice Today', accessible [on the BMA website](#). The 'Forward View' also includes far-reaching proposals for new models of care, which will require careful consideration, and a full response is being prepared.

Co-commissioning

On 10 November NHS England published its *Next steps towards primary care co-commissioning* report [[available on the NHS England website](#)]. The report provides information on the scope of co-commissioning arrangements that CCGs can apply to take on board from April 2015. These three models described in the report are:

- (1) greater involvement in primary care commissioning,
- (2) joint commissioning (with area team), and
- (3) delegated commissioning.

Amongst the many changes outlined in the report, a number are of great concern to the GPC. These include the proposal to extend the following powers to CCGs who take on board delegated commissioning:

- newly designed enhanced services (local enhanced services (LES) and directed enhanced services (DES));
- design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF);
- the ability to establish new GP practices in an area;
- approving practice mergers; and
- making decisions on 'discretionary' payments (eg returner/retainer schemes).

The changes described in the *Next steps* report are of relevance to all LMCs and all GP practices. As CCG members, all practices should be aware of the upcoming changes to primary care commissioning and should be actively engaging with their CCG on this agenda.

Extensive consideration was given to this topic at the GPC meeting and consideration is being given to the next steps. We will update GPs and LMCs shortly.

Care Quality Commission

The GPC remains concerned about a number of issues that have arisen following the introduction of the CQC's new inspection regime in October. In particular we will be seeking clarity on patient confidentiality, the naming and shaming of GPs and their practices in CQC press releases, the introduction of ratings for practices and the use of 'intelligent monitoring' to band practices prior to inspection.

The particular concern about intelligent monitoring was prompted by the announcement that the CQC would be, for the first time, publishing information on every general practice in England as a way of deciding which surgeries it will inspect and on what it will focus.

This so called 'intelligent monitoring' of general practices is made up of 38 indicators, including:

- Quality and Outcomes Framework
- GP patient survey
- electronic prescribing analysis and costs
- hospital episode statistics

- information centre indicator portal
- NHS comparators.

In theory it will allow the CQC to prioritise its inspections under the new regime, which began last month.

The GPC strongly opposed the publication of the data, as the CQC can only judge the quality of care within a service once it has carried out an inspection. We made strong representations prior to publication and as a result, a health warning was included when the data appeared on the CQC website.

We made it clear in the extensive media coverage that it attracted that GP practices are trying hard to continue to deliver high quality care to their patients despite increased workload pressure that is not being matched by the necessary increase in GPs or funding. This task is only made harder with the CQC's focus on targets. The publication of 38 more targets by which practices will be judged just adds to the growing burden and bureaucracy on practices, and could further undermine hardworking GPs' morale.

This data was published with no context about GP practices before inspections and it is likely to confuse and mislead patients. It will not give an accurate picture of how GP services are operating. The information does not take into account the differing circumstances in which GP practices operate, including levels of deprivation in the community to which they deliver care or the state of their facilities.

Updated guidance on the new inspection regime is currently being drafted and will be on the BMA website shortly.

NHS Property Services Lease: update for all LMCs and practices

It has come to GPC's attention that NHS Property Services (NHSPS) is circulating a lease that is being framed a 'standard lease' which it is saying has the backing of the BMA. Although the GPC has had a number of discussions with NHSPS about developing a standard lease, the GPC has not agreed to standard lease nor endorsed one.

The GPC advises all practices in NHSPS properties that they should under no circumstances sign any current standard lease or other document from NHSPS without receiving full legal advice in order to understand the consequences of signing the lease. To help explain some of the risks of the lease, The GPC has partnered with BMA Law to put together a short guidance note about leases. This note was sent to all LMCs, for distribution to practices in their area, and will be published on the website shortly.

The note provides an outline of the headline issues and key provisions arising from the draft lease. It covers:

- break clauses
- rent reviews

- relocation
- repairing obligations
- sharing occupation
- alterations
- security of tenure.

Our advice to all practices if they are asked to sign or agree a lease would be that they inform GPC and seek independent legal advice on the document.

The GPC is seeking clarification with NHSPS on the exact nature of this document and the scope of its intended use. To that end, we will be meeting the Chief Executive of NHSPS in early December.

GP Systems of Choice – contracts signed for Lot 2 services

The Health and Social Care Information Centre (HSCIC) has announced that agreements have now been signed with 30 suppliers to enter into the new GP Systems of Choice (GPSoc) framework, to provide Additional GP IT Services (Lot 2). This will enable practices and CCGs to procure additional software, hardware and professional services, complementary to those available under Lot 1.

A link to the HSCIC's bulletin is [available on the HSCIC website](#) and a summary of the products and services each supplier intends to provide is [available on the HSCIC website](#).

The HSCIC will now work with suppliers on a Lot 2 online catalogue detailing their service offerings. This will be published in December 2014 and will be accompanied by 'how to buy' guidance to support local organisations in ordering services. Services will be funded by the local organisations and ordered through a Call Off Agreement. This will allow ordering parties to negotiate some of the contract terms relating to delivery of the Lot 2 services, such as service management and implementation provisions. Further information is available in the HSCIC bulletin.

Extension to enhanced service for MenC Freshers vaccination programme

The enhanced service for the MenC Freshers vaccination programme is extended until March 2015 due to reported outbreaks. Area teams will be informing all practices of the extension shortly. Participating practices can continue to vaccinate patients. Practices who have not signed up must be offered the opportunity to do so. [More information can be found online.](#)

Seasonal influenza vaccinations for patients with learning disabilities

Area teams and NHS England have received a number of queries from area teams and practices to clarify the position on flu vaccinations for patients with a learning disability. Although this cohort is included in the service specification under the category for 'neurological conditions', the line 'using clinical judgement' has been causing some confusion. As such, NHS England intends to send out a bulletin to clarify this. GP practices should be aware of information material to support the drive to offer vaccinations to people with learning disabilities.

The materials (linked below) provide information for parents of children with learning disabilities, adults with learning disabilities and Headteachers of Special Schools on the reasons for being vaccinated against flu. Practices and providers can use this information to encourage more people with learning disabilities to be vaccinated.

- <https://nhsengland.sharepoint.com/TeamCentre/Operations/PublishedDocuments/Adult%20flu.pdf>
- <https://nhsengland.sharepoint.com/TeamCentre/Operations/PublishedDocuments/Children%20and%20young%20people%20flu%20information%20sheet.pdf>
- <https://nhsengland.sharepoint.com/TeamCentre/Operations/PublishedDocuments/Head%20teacher%20letter.pdf>
- <https://nhsengland.sharepoint.com/TeamCentre/Operations/PublishedDocuments/Parent%20letter.pdf>
- <https://nhsengland.sharepoint.com/TeamCentre/Operations/PublishedDocuments/Social%20care%20provider%20letter.pdf>

Sessional GPs e-newsletter and revalidation survey

The first edition of the sessional GPs e-newsletter was sent out last week, and will from now on be distributed on a monthly basis.

The first newsletter focuses on the implications of the 15/16 GP contract agreement for sessional GPs, a survey on sessional GP experiences of appraisal and revalidation and some guidance on the relationship between sessional GPs and LMCs.

The newsletter is [available on the BMA website](#). It has been sent out to sessional GPs on the BMA's membership database but to ensure that it gets to as many sessional GPs (and indeed GPs as a whole) as possible, we would encourage LMCs to distribute the link as widely as possible. Using the e-newsletter format it is also possible to highlight easily different sections of the newsletter via social media.

We would also encourage LMCs to distribute the link to the revalidation survey, [available here online](#), so that as many sessional GPs as possible give us their views on their experiences of revalidation and appraisal.

Armed Forces Covenant

We have been asked by NHS England to draw attention to the commitments of the Armed Forces Covenant that came into effect through the Armed Forces Act 2011 and NHS England has passed on the following information.

The Armed Forces Covenant is regarded as the 'contract' between the population of the UK, the Government and all those who serve or have served in the UK armed forces and their families. The Covenant notes that the armed forces fulfil a responsibility on behalf of the population and the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of the armed forces. In return, the Covenant states that the whole nation has a moral obligation to the members of the armed forces together with their families.

Those who serve in the armed forces, whether regular or reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

Veterans should receive priority treatment where it relates to a condition which results from their service in the armed forces, subject to clinical need.

Those injured in service, whether physically or mentally, should be cared for in a way which reflects the nation's moral obligation to them whilst respecting the individual's wishes. For those with concerns about their mental health, where symptoms may not present for some time after leaving service, the ambition is that they should be able to access services with health professionals who have an understanding of armed forces culture.

For GPs, asking, READ coding and recording if patients have served in the armed forces, or are part of the wider armed forces community (family, reservist, etc.) will help their patients get better access to the full breadth of NHS services; including some that are specifically focussed on this cohort (e.g. the Reserves Medical Assessment Programme). It may give access to specific veteran-focused funding (eg prosthetics or mental health) and further charitable services (eg mental health).

This knowledge will also enable GPs to access their prior medical records; a précis of which should be provided by the new veteran on leaving their respective service and registering with an NHS GP. The registration and recording helps the referral process, as well as the commissioning and planning of appropriate services.

[Further information is also available via NHS Choices.](#)

For clinical commissioning groups, the main responsibility is for the healthcare of the veteran population and non-mobilised reservists, and potentially for the families of those serving. In some parts of the country, where there are higher levels of veterans, CCGs have a lead GP for this area of work and find this a useful contribution to enabling the commissioning process. All CCGs are urged to ask themselves the question about the care for veterans, and particularly to help with ensuring that GPs are aware of the potential to access some of these bespoke services.

LMCs – change of details

If there are any changes to LMC personnel, addresses and other contact details, please can you email Karen Day with the changes at kday@bma.org.uk.

Royal Medical Benevolent Fund

Please find attached (appendix 1) details of the Royal Medical Benevolent Fund Christmas appeal.

The GPC next meets on 18 December 2014, and LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items is 9 December 2014. It would be helpful if items could be emailed to Nadia Kalam at nkalam@bma.org.uk. You may also like to use the GPC's listservers to exchange views and ideas.

GPC News

LMCs are reminded that their regional representatives can provide more detailed information about the issues covered in GPC News, and other matters. Other members of the GPC would also be pleased to accept invitations to LMC meetings wherever possible. Their names and addresses are in the GPC Yearbook. The secretariat can also provide a written background brief if required, but it would be helpful to have such requests well in advance of your meetings.

Finally, if LMCs require assistance on local issues, they can also contact the BMA's local offices: addresses are on page 3 of the GPC's yearbook.

This newsletter has been sent to:

- Secretaries of LMCs and LMC offices
- Members of the GPC
- Members of the GP trainees subcommittee
- Members of the sessional GPs subcommittee

President's Appeal



A personal appeal from Professor Parveen Kumar President of the Royal Medical Benevolent Fund

I am writing to you in my position as President of the Royal Medical Benevolent Fund to make a personal appeal for your support. Every day the RMBF helps doctors, medical students and their families when they need us most due to age, ill health, disability or bereavement.

The RMBF has been at the heart of the medical profession for over 175 years and I am immensely proud of the work that that we do and the compassion and care with which our beneficiaries are treated. In the past year **the RMBF has helped over 330 beneficiaries**, from as young as six months to those well into their nineties.

Dr Millar's story illustrates the positive and life changing effect of the RMBF's support. As a GP working in the NHS for over 20 years, Dr Millar became dependent on alcohol following a series of personal problems, including divorce, break up of her family and losing her job. Dr Millar received help from a local abstinence programme, but as she was also facing serious financial difficulties, she contacted the RMBF.

The RMBF was able to help her with short-term emergency housing costs, living expenses and travel costs which enabled her to retain contact with her children. The RMBF also helped with retraining support with the aim of helping Dr Millar get back to work.

"You gave me not only hope when hope was gone, you gave me a home when I was homeless. It was never just money; you gave me and my children memories. You gave me faith in human beings when my fundamental belief was gone. You gave me that and from the bottom of my heart, thank you."

Dr Millar

I am most grateful to Dr Millar for her bravery in allowing us to tell her story. Every year the RMBF helps medical professionals like Dr Millar and we are committed to leading the way in providing support to doctors, medical students and their families. To do this it is vital that we raise further funds to continue our work and to meet new and emerging needs in the medical profession. The RMBF relies heavily on voluntary donations and without the help of colleagues like you we could not support our growing number of beneficiaries.

I do hope you will consider making a donation to help us ensure that doctors, medical students and their families will always have somewhere to turn in times of crisis. Please give generously.

You can make a real difference to the lives of colleagues and their families in need.

My sincere apologies for intruding on your time and thank you very much for your kind support.

Professor Parveen Kumar CBE
President

To make a donation fill in the form overleaf, call 020 8540 9194 or visit www.rmbf.org

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You can also donate online at rmbf.org or by phone on 020 8540 9194

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