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| **Chief Executive’s****Report** | 2014/01Jan/Feb 2014  | Logo |

**GP Contract Agreement 2014/15**

I have written to all practices following the announcement of the GP Contract Agreement applying from April 2014. There are numerous and quite wide ranging changes, and further details are expected, for example, in terms of the new DES and the IT Specifications.

Colleagues should also note that the seven year transition to equitable funding will commence for GMS contractors in April 2014, with a redistribution of current MPIG payments to all GMS contractors. This was however part of the imposed contract changes in 2013/14.

In terms of PMS contractors, there is no clarity yet regarding contract price changes but it is now apparent that Global Sum, MPIG, and PMS contract payments are not to be aggregated as part of a seven year transition, as the GPC had originally hoped. This means that PMS practices are likely to face a review by NHS England, through their Area Teams, although where there is a generic contract such as in Croydon the review is likely to be more straightforward. In fact it may be that ultimately PMS contract prices will rise, as ultimately it is intended that GMS and PMS baseline contract prices should be equivalent. Of course PMS practices will retain the right to revert to GMS contracts now and during any transitional period.

**i) MPIG Transition:** a seven year transitional process during which the approximately two-thirds of nGMS practices that continue to receive MPIG will see this phased out was part of the 2013/14 Imposed Contract. Practices will lose 1/7, in absolute terms of their MPIG, each year.

NHS England has identified 98 so-called outlier practices, almost 50% of whom are in London, which are forecast to lose over £3/head once MPIG is fully removed. Area Teams have been asked to contact these practices and liaise with local LMCs to discuss mitigatory arrangements, although in the context of a national contract it is difficult to envisage what these may be. There are, of course, also practices which will lose significant sums but are below the “outlier” threshold and NHS England has not indicated the spread of the effect or why the cut-off price was chosen.

I have been in touch with Surrey and Sussex Area Team about this issue.

**ii) PMS Review:** following last autumn’s review of PMS funding conducted by Area Teams NHS England have advised GPC they believe they have identified “excess” payments within PMS Contracts. However, no further details are available. It is likely NHS England will request Area Teams to undertake PMS Reviews and this will probably commence with PMS Practices which have not had a Review nor hold generic contracts. In Surrey and Sussex this means West and East Sussex, where there are approximately 35 PMS Contractors.

**iii) 2014/15 Contract Uplift** NHS England has confirmed that PMS Contractors will be treated in the same as GMS Contractors in terms of the movement of QOF points, ceasing DESs, and, ultimately, Seniority, into Global Sum/PMS Baselines. Discussions about rebasing the PMS QOF deduction are continuing.

**iv) GPSoC:**  a new GPSoC Agreement is being negotiated; the indications are that a wider range of ‘kit’ will be considered core and therefore funded by NHS England.

**Care.data**

NHS England have now confirmed that a England wide household mailing about care.data will take place in January. I have written to all practices about this, including a copy of the recently available FAQs. Practices should use the publicity material available in order to fulfil their responsibilities as the data controllers. The LMC is hoping to send out a template opt-out form for practices to use.

Patients across England have started to receive leaflets about the care.data programme. This is also being given the strapline ‘Better Information means Better Care’.

Practices should have received publicity material from HSCIC (Health and Social Care Information Centre) and in order to comply with their responsibilities as data controllers GPs are asked to display this, for example, by putting posters up in their waiting rooms. I have written to practices noting the extensive FAQs that have been developed, and provided two examples of ‘opt-out’ forms or use if patients request this.

There is an animated video about the programme available at:

<http://www.england.nhs.uk/2014/01/23/patient-data-2>

Colleagues should note that, concurrently, the SCR programme continues and participation in this is a contractual requirement from April 2014. Patients are entitled to opt-out of both, or either, of the care.data and SCR programmes and although there is likely to be an overlap of the sceptical patients will need both opt-out codes included in their medical records.

**GP Payment Issues**

Many colleagues will know of the difficulties Practice Managers have experienced in terms of payments since April 2013. This partly stemmed from the fact that payments are now being received from three separate bodies, the Area Team (DESs and some LESs), CCGs (LESs) and Public Health at the local Authority (Public Health Programmes). The other difficulty has been the inadequate information provided to practices when payments have been made, making it almost impossible to reconcile some invoices and received payments especially as the latter have sometimes been combined meaning the payment and invoice (s) are not the same figure. This has been escalated to the South London Area Team, but also through GPC to NHS England and improvements have been agreed which should mean significantly more information is available to practices. I will write to practices when further information is available. Tracey has recently contacted all practices with further information about the CQRS reporting system which I hope has been helpful.

**Immunisation Issues**

A number of issues have been covered recently; the Department of Health has confirmed that practices are not obliged to use Fluenz for at risk children and it is acceptable to use the inactivated flu vaccine if this is available in the practice. Practices are also reminded that Fluenz has a shorter shelf life (of only 18 weeks) than other influenza vaccines and this will of course be partly taken up by the time the vaccine is in the supply chain before it reaches the practice. I understand currently supplied Fluenz will expire on the 16th January 2014. Practices should be careful to check expiry dates on all vaccines but this is particularly relevant to Fluenz.

In addition the Chief Medical Officer has now confirmed that Locum GPs can attend their registered practice to receive their flu immunisation and that this can be claimed for under the LES since these practitioners represent a target group.

**Communication from GPC/LMC**

Having accepted criticism from GPC members, LMCs, and individual GPs, the GPC has revamped its website although this remains a part of the BMA site. The new address is [www.bma.org.uk/gpc](http://www.bma.org.uk/gpc); the information designed to assist colleagues in relation to their practices has been placed in a new section: <http://www.bma.org.uk/support-at-work/gp-practices>. Much of this information is available on the LMC website and the LMC Line highlights both local news, queries about issues received at the LMC office which it is thought may be of general interest to all GPs, and other professional issues as they arise.

**ICO visits to General Practices**

The Information Commissioners Office has been making advisory visits to GP practices over the past year and has compiled a report outlining both good, and less satisfactory, practices identified during those visits. This is available at:

<http://ico.org.uk/news/latest_news/2014/~/media/documents/library/Data_Protection/Research_and_reports/outcome-report-gp-healthcare.pdf>

Areas for improvement noted included:

• Fair processing notices not present where CCTV cameras

• Backlogs of confidential waste for shredding

• Privacy statements on practice websites required

• Lack of internet use policies for staff

• Lack of appropriate storage space for paper records

**CQC Inspections**

The current CQC Inspection regime continues although it is planned to change from April, some follow-up or review Inspections based on ones already conducted will continue to follow the original format.

At present the CQC Inspection Reports appear quite formulaic and rigidly based on what was identified at one point in time, that is, on the day of the Inspection. The LMC has provided a significant amount of feedback and is meeting the local Lead Inspector bimonthly. The new Inspections are likely to include GPs, further details awaited.

The other current review is of fee levels: the CQC has been mandated to be self-funding (it currently receives approximately £31million from the DH out of a budget of £131 million) and also wishes to achieve a situation in which the cost of the inspection and registration process for each sector is paid for by the funds raised, so there is no cross-subsidy. It believes this will encourage improvement in each sector; it would like a form of “no-claims discount” structure. One problem for GPs is that only about 50% of the costs of the registration and inspection of our sector is raised by fees, one of the lowest in all the sectors.

The CQC would also like to introduce a monthly payment option for the annual registration fee.

**Appraisals**

The LMC continues to meet regularly with the Surrey and Sussex Area Team and discusses arrangements for appraisal and revalidation.

There have been some significant concerns about the new, generic, Appraisers Contract, imposed by NHS England. Obviously the Area Team does not have the discretion to vary this contract or offer a different one, and so most of the concerns have been referred back to a national setting and further information is awaited.

The Area Team have appointed five Lead Appraisers; these being:

 Dr Peter O’Donnell (West Surrey)

 Dr Howard Bloom (East Surrey)

 Dr Barbara Turk (Brighton & Hove)

 Dr Lisa Argent (West Sussex)

 Dr Mike Fraunhofen (East Sussex)

There are at present thought to be sufficient appraisers within the Area.

The RCGP continues to advocate the role of impact in terms of CPD learning credits and is now the only Royal College continuing to do so. In light of this the Area Teams are reviewing their guidance to Appraises to advise that impact credits should only be a relatively small proportion of the total of 50 required annually.

By and large feedback to the LMC from Appraised GPs has been positive; the Area Team advise they have caught up in terms of planning. They have undertaken 301 revalidations, accepted178 deferments, the great majority made at the GPs request, and only had 3 instances of (initial) non-engagement with the process.

Dr Julius Parker

Chief Executive