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| **Chief Executive’s****Report** | 2014/03May/June 2014  | Logo |

**Co-Commissioning Role for CCGs**

The new NHS England Chief Executive has invited CCGs to indicate whether they would be interested in an expanded commissioning role in primary care. The expectation is that CCGs’ applications will describe the additional powers and responsibilities that they would like to assume. I have written to all GPs and CCGs about these proposals, outlining the LMC’s concerns about aspects of any transfer of responsibilities in relation to GP contractual issues.

Although CCGs will not be asked to hold the GP core (GMS or PMS) contract, which will continue to be held by NHS England, the letter does envisage an expanded contractual role of CCGs. The use of DESs delivered by NHS England through their Area Teams is unlikely to change: it is already possible for CCGs to commission alternative Local Commissioned Service to mirror and enhance a DES. Co-commissioning could simply mean increased local commissioning, by CCGs, which the LMC would support. The role for CCGs in improving and monitoring primary care standards is to an extent foreshadowed by some of the London General Practice: A Call for Action proposals.

CCGs have been asked to put forward their proposals by 20th June, and to discuss these with member practices beforehand.

**Your ‘GP Cares’ Campaign**

The BMA on behalf of the GPC has commenced a two month period of campaigning, covering the LMC Conference and BMA AGM, around the strapline ‘Your GP Cares’.

I have written to all practices drawing attention to this campaign; the BMA has prepared a briefing paper, and two initial posters. I have sent these details to all practices.

There are also vignettes from GP colleagues under the themes:

* A crisis of supply and demand
* Not enough hours in the day
* Overcrowded and oversubscribed
* Juggling priorities and complex needs

Sadly, I suspect all colleagues will share some of these experiences and although the core enthusiasm and job-satisfaction for many of us remains, the fire is dimmed.

There will be further publicity material in the weeks ahead.

**CQC**

The CQC has published a proposed handbook for GP practice and out-of-hours service inspections: this is being reviewed carefully by the GPC Contracts and Regulations Sub-Committee.

The CQC is proposing an inspection process based on KLOE’s (Key Lines of Enquiry). There are four main sources of evidence:

* Ongoing local information from and about the provider (e.g.: complaints and compliments, staff comments)
* Intelligent Monitoring (patient surveys, QOF, public health data)
* Pre-inspection information gathering. (CQC records, national datasets, CCG, NHS England)
* Onsite Inspection (what the CQC observes, is told, and hears)

Based on this the CQC Inspector will write, following discussion within the Inspection Team, a report which judges the quality of the services that are reviewed and rates them as: outstanding, good, requires improvement, or inadequate. The definitive rating process will not commence (on current timescales) until October 2014 but some ‘shadow’ ratings will be provided prior to then.

The CQC’s Inspection Team will be invited to form a judgement around the following patient groups:

* Elderly
* Working population
* Patients with long-term health problems
* Mothers, babies, and children
* Patients with mental health problems

asking whether they receive a service that is: safe, caring, effective, well-lead, and responsive.

The CQC will now start visiting practices (and Out-of-Hours services) based on their CCG area; a proportion of practices will be inspected on a proposed two yearly cycle. The CCG area will be announced four weeks in advance, and individual practices will now be given two weeks’ notice. Practices will be asked, in advance, to provide some information, including results from patient surveys, any complaints or significant events, over the past twelve months, and what has been learned from these. Within the LMC Confederation the only CCG to be selected for this first round of visits is Brighton.

There is still considerable work to do in terms of understanding how the CQC will translate the information on the very disparate nature of GP practices into ratings that are consistent across practices, and also create an aggregate overall rating. The GPC is particularly concerned about the rating system, but it is clear the CQC can only develop this by trialling it, which will be happening over the next six months.

All details of the handbook and proposals are available via the CQC website ([www.cqc.org.uk](http://www.cqc.org.uk)) and the finished handbook, which is essentially a guide to the Inspection process, will be available to all practices.

**Flu Immunisation Campaign**

NHS England in conjunction with Public Health England and the Department of Health have just published the Flu Plan, Winter 2014/15. This is available at:

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306638/FluPlan2014_accessible.pdf>

The national flu uptake figures for the past three years are:

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|  | **2013/14 (%)** | 2012/13 (%)  | 2011/12 (%)  |
| Patients aged 65 years or older  | **73.2**  | 73.4  | 74.0  |
| Patients aged six months to under 65 years in risk groups (excluding pregnant women without other risk factors)  | **52.3**  | 51.3  | 51.6  |
| Pregnant women  | **39.8**  | 40.3  | 27.4  |
| Health care workers  | **54.8**  | 45.6  | 44.6  |
| Carers  | **44.8**  | 46.3  | 45.2  |
| Patients aged two years old (including those in risk groups)  | **42.6**  | N/A  | N/A  |
| Patients aged three years old (including those in risk groups)  | **39.6**  | N/A  | N/A  |

Breaking this down further, the annual outcome for over 75s has been very close to the European Union target of 75%, which is a real achievement given the increasing absolute numbers of this population cohort.

Vaccination of clinical ‘at risk’ groups under 65 remains static at around half of eligible patients, although the precise denominator is difficult to establish. The uptake within at risk groups under 16 is particularly low and hospital and community paediatric and specialist nursing colleagues are being asked to address this as a priority. It will take time to implement the new childhood routine screening programme, but this got off to an encouraging start with a 42.6 for two year olds and 39.6% for three year old uptake.

The uptake amongst carers (again with an uncertainty about the dominator) can be best addressed by GPs actively seeking to identify such individuals. The immunisation uptake amongst pregnant women got off to a shaky start - the emphasis will be a midwifery services promoting and encouraging the programme.

Although the Plan emphasises the importance of proactive and personalised invitations from GPs, there is no personalised invitations from GPs, there is no mention of any additional resources to support this process or of a national campaign.

Unfortunately there has been no increase in the immunisation fee, which remains at £7.64 and has done so for many years. Applying the Bank of England inflation calculator means that the fee would have been £10.32 in 2012. I have contacted GPC about this issue.

For interest, I attach the local CCG Immunisation uptake statistics.

**Care.data**

The care.data programme has now been paused, and will be subject to a review. The strapline ‘Better Information means Better Care’ is designed to foster a more informed understanding of the basis for the programme. There may be legislative changes to more publicly protect and restrict the use of extracted data.

The current thinking is of a limited pilot relaunch in the autumn with improved publicity and an amended mailing to households. There is also concern about the potential for confusion between the care.data programme and SCR.

For the moment, practices should take no further action, other than code any opt-out requests. There is no need to continue to publicise the programme or distribute information to newly registering patients. The LMC are meeting the South Regional IT Manager to express GP concerns about the programme.

**BMA Survey of CCGs**

The BMA has released a survey of General Practitioners perception of the work of CCGs, and their attitude towards CCGs.

Although there are clearly some CCGs which are being effective, in general, it is disappointing to read that almost two thirds of GPs feel they have little influence over their CCGs or are being told what to do by the CCG. There is also evidence that their day-to-day workload is preventing GPs from becoming more engaged with their CCG. There is also no evidence that GPs believe that CCG policies have improved the care of patients.

I am writing to all GP practices with the results of this survey and encouraging both GPs and CCGs to consider how better to ensure engagement of GPs within their CCGs.

The full results of this survey are available at:

<http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/surveys/ccgs-one-year-on>

**Knowledge of English: Medical Act 1983 (Amendment)**

The Medical Act has been amended to allow the GMC to assess doctors’ knowledge of English when considering their fitness to practice for the purpose of registration with the GMC, and allow the GMC to direct that a medical practitioner should undertake an assessment of their knowledge of English if this is thought to be required. The GMC can also sanction doctors if their knowledge of English is found to be inadequate.

The GMC has campaigned for this change for some years now and has finally been successful; these rules will come into effect on 25th June, and the minimum score for the International English Language Testing System test is also being raised.

**Update on Appraisal Arrangements – Surrey and Sussex**

The total number of GPs with a connection to the Surrey and Sussex RO is 2382. Of these 458 were recommended for revalidation April 2013 – March 2014, which is just below the 20% target of 476. 118 were deferred, the great majority at the GPs own request for reasons such as sickness or maternity leave. A much smaller number were deferred because of current performance issues either at the GMC or Area Team. One GP was referred to the GMC for non-engagement with the approval process.

The target for revalidation recommendations this year is 40%, which is a significant increase and may represent more of a challenge, as the first 20% cohort were to an extent seen as GP “leaders” and therefore, arguable, more engaged with the process and more likely to have the evidence required for their appraisal.

The Area Team has just appointed a pool of clinical advisers to assist in performance matters.

Fifty Shades of Red

London Fire Brigade have already noted an increase in call-outs to people trapped in handcuffs, and noted this may be related to the popularity of books such as E L James’ trilogy ‘Fifty Shades of Grey’. Their official advice now includes the line: “If you use handcuffs, always keep the key handy”.

Now the BMA have warned that the recent increase in STIs amongst older couples could also be attributed to the book encouraging a ‘more explorative’ approach in the bedroom – although in fact the main characters in the book are, apparently, in their 20s.

Dr Julius Parker

Chief Executive









