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| **Chief Executive’s**  **Report** | 2014/05  Sept/Oct 2014 | Logo |

**GP Contractual Issues**

1. **MPIG Transition Arrangements**

NHS England has finally put forward an MPIG financial package so fenced around with conditions it is likely to be attractive only if the alternative is financial ruin; of the 30 practices in London losing more than £3/head/year, 11 are eligible for the package and 8 have accepted such support.

1. **DDRB**

The Treasury has written to the DDRB requesting they accept no evidence in relation to salaried doctors and therefore make no recommendations for financial year 2015/16, as the Government intends to make the same Award as in 2014/15. This approach does not apply to Independent Contractors, such as GPs, and both the BMA and NHS Employers on behalf of the Department of Health will submit evidence in the usual way.

1. **2015/16 GP Contract Agreement**

I have written to all practices outlining the details of the new contract agreement and these letters (referring to the main agreement and subsequently announced QOF changes) are enclosed with my Report.



Colleagues who received Chaand Nagpaul’s commentary will be aware that the chief aims of this year’s agreement were stability and the further reduction in unnecessary and inappropriate beaurocracy. This underlies the QOF changes, and also the ceasing of the Alcohol and PPG DESs and recycling of the associated remuneration into GMS Global Sum (PMS practices will see an equivalent increase in their Global Sum Equivalent Baselines).

1. **National Enhanced Service: Dementia Identification Scheme**

This scheme was developed by NHS England in a very short timescale and outside the Contact Agreement. GPC were asked for their views, but were not able to negotiate. As a result the specification appears to raise more questions rather than provide a basis for practical implementation.

The Area Team is aware of the ambiguities and uncertainties with the scheme and also its disadvantages, for example, as written, identified patients who die or deregister within the six month window will not count towards the 31st March 2015 numerical assessment. This anomaly also existed with the Unplanned Admission DES but has been amended for 2015/16,

As the scheme is discretionary, the LMC has written to practices suggesting it may be preferable to defer sign-up until further clarification in terms of the way in which the Scheme will operate and the Area Team is intending to try and provide additional information and advice.

1. **GP Choice Arrangement**

This amendment to the GP Contract was intended to take effect on 1st October 2014; it is an optional scheme, allowing GP practices, should they wish, to register patients living outside their outer boundary.

NHS London has not yet provided guidance in terms of local arrangements and some Londonwide Borough LMCs (but not Londonwide LMC Secretariat) have recommended practices should not register patients under the programme.

I will write to all practices before October; however, it is difficult to see the attraction of the programme for practices at present.

This amendment to the 2014/15 GP Contract, which was intended to take effect on 1st October 2014, has now been deferred until, at least, 5th January 2015. The Area Team have advised all practices of this delay.

The Scheme is optional, but, if participating, practices will be able to register “out-of-area” patients and opt-out of a contractual requirement to provide home visits. Responsibility for commissioning a service to patients who require an “in-hours” home visit lies with the Area Team; as yet the arrangements for this are unclear locally (or indeed, in most areas, nationally), hence the deferred go-live date.

The LMC has a number of concerns about this Scheme, over and above the fact that no local in-hours service is as yet available, but is also awaiting certain national clarifications (such as the registration fee, and “opt-in/opt-out “arrangements) and I will write to practices again once matters are clearer.

1. **PMS Review**

As in both my May and July Reports, I must advise the Committee that although both ourselves and Londonwide LMCs have been informed that the Area Teams are jointly developing proposals for a PMS Review across London, so far no proposals have emerged, blinking, into the daylight.

It is difficult to predict when further progress can be expected: the original NHS England instruction to Area Teams was to undertake and complete a **local** PMS Review by March-end 2016, although any financial transition could extend beyond this date. The operational merger of NHS England Area Teams, which will occur over the next few months, will further reduce capacity, expertise (and of course morale) and additionally in some areas co-commissioning proposals may see Area Teams considering delegating contractual responsibilities to CCGs, although it is hard to see (m)any CCGs wanting to undertake a PMS Review with the process and outcome requiring the agreement of NHS England.

A few areas (such as Essex) jumped the gun and undertook a local PMS Review which was authorised by the Local Area Team but even there not all PMS practices signed the deal, creating significant uncertainty. Although SSLMCs has heard nothing formally, the many inconsistencies of approach across England are likely to generate a more centralised approach to the PMS contract, contract value, and financial transition and therefore to the process of the review itself.

At long last NHS England have published further guidance on PMS Review although it is fair to say some suggestions (such as any PMS Premium being retained within each CCG Area) were unexpected. Others were positive, such as confirmation that all PMS premiums must be re-invested within General Practice services, and that the minimum financial transition is four years, were welcome. I will write to PMS practices giving full details.

Within Surrey and Sussex Area Team pushing forward with a PMS Review has a current low priority; this is because of the on-going Area Team re-alignment (as the merger between Kent, and Surrey and Sussex Area Teams, and others nationally) is euphemistically named, and also because of uncertainty over the role of CCGs within the PMS Review process. It is also unclear whether CCGs will be able to negotiate different outcomes within the same Area Team.

1. **Update on Appraisal Arrangements in South London.**

At a recent update the South London Area Team advised appraiser contracts were to be issued imminently; each appraisal will be paid at £500; this fee will be superannuated at 14% (less 10% for appraisers who work as locums) unless the GP is no longer a member of the NHS Pension Scheme.

As of September, over 1000 GPs have been put forward for revalidation; of these, 146 have had their revalidation date deferred, but the Area Team is on track for 60% of eligible doctors to be revalidated by March end 2015.

The merged RCGP-Clarity Toolkit is now launched with FAQs available on the college website.

**CQC**

There have been several developments in terms of CQC.

CQC published its new handbook for GP practices (and OOHs services) on 9th October 2014 and is now embarking on a six month programme of new style visits. These involve visiting between 1/4 and 1/3 of practices within CCGs. Within Surrey and Sussex, Guildford and Waverly, Surrey Downs and Hastings and Rother CCGs are scheduled for visits.

Brighton and Hove practices were visited under the first wave pilot and their feedback was extremely helpful. The practices also experienced, in some cases, a long delay in receiving their reports as these were subject to internal audit and a quality standardization procedure in order to try and create consistency in reporting. CQC are well aware that a lack of consistency in their Inspectors’ approach or in reports is their Achilles Heel.

The LMC has been invited to attend the next wave of inspections and subject to timetabling I hope LMC Officers will be able to observe local inspections.

In addition CQC would like to facilitate day visits by CQC Inspectors to practices so they can familiarize themselves better with GP practices working arrangements. I have been advised that Inspectors from other Areas may also visit. I will write to practices shortly but I am sure colleagues would appreciate the irony of not taking CQC up on this offer.

The LMC will be looking to facilitate a workshop on CQC in the Spring, after the first six months inspection period is completed.

Clearly there are still difficulties in the process but early feedback from practices is positive; on a national level GPC remains concerned about a number of issues including:

* that the ratings system is simplistic
* the proposed fee increase for 2015/16 of 9%
* the impact of the “failure regime” on practices
* the encroachment of the scope of CQC inspections into GP professional issues such as audit and evidence used in appraisal
* the level of access CQC Inspectors have in terms of patient notes

**PPG DES: Appeals**

Across London over 400 practices have appealed against NHS London’s decision about their PPG DES; Surrey and Sussex LMCs submitted a detailed appeal relating to a refusal to pay based on a perceived non-completion of Component 1. This was fully supported by Londonwide LMC.

I regret to say that NHS London have refused to accept the grounds for this appeal and although a small number of practices may be successful appealing against other Component decisions (Components 2 to 6), this does mean many practices will receive nothing (since if Component 1 is considered to be failed no further payments can be made) despite having undertaken significant work associated with the DES.

I believe the next step is to obtain legal advice; however, I will be writing to all practices giving further details of the situation.

**Friends and Family Test**

NHS England have published details of the Friends and Family Test which becomes a contractual obligation for practices from December 2014. Full details are available at:

<http://www.england.nhs.uk/ourwork/pe/fpc/fft-guidance>.

As most colleagues will know, the Friends and Family Test has been used in Acute Trusts since April 2014.

I have written to practices outlining an offer the LMC has negotiated with IWantGreatCare (iWGC) who will support a free on-line offer to practices and, separately, an optional additional at-cost solution to support a paper based questionnaire.

NHS England require practices to directly submit the results of the standard FFT question, and one further agreed question must be asked with the opportunity for a free-text response. iWGC offers a further set of questions, which are not submitted to NHS England, and on-line access to the individual doctor rating system already operated by iWGC. iWGC will integrate the on-line and paper results from practices and provide a combined submission to practices to send to NHS England, or practices can add any paper based results to the on-line submission when this is sent to them by iWGC. Clearly the use of iWGC is optional, and 45% practices within the LMC Confederations have now signed up to the on-line offer.

iWGC are offering webinars to practices within Surrey and Sussex and the LMC will write to all practices with details of these.

**Seasonal Flu Immunisation: Community Pharmacy Programme**

NHS London is once again offering Community Pharmacists across London the opportunity to deliver seasonal flu immunisation; GP practices will be informed on an individual basis of the date of immunisation, and NHS details of NHS registered patients via the sonar system. However, aggregate patient details are also available which should make it easier for practices to receive and process this information into the patient’s record.

This year, following discussions with the LMC, all GP practices will be offered an SLA to claim standard immunisation fee for:

1. Unregistered patients (who are not registered with any NHS General Practitioner)
2. Patients who are in receipt of a Voucher from NHS England, which is being provided to certain front-line NHS staff, previously only Community Pharmacists immunise patients under the Voucher programme.

All practices should have received advice from NHS England London regarding this programme.

In addition an analysis of the value-for-money and impact of the programme will be undertaken from an academic perspective; the analysis of the 2013/14 programme being less than robust.

**Supporting children at school with medical conditions.**

The Department of Education has issued new guidance in relation to the responsibilities of GPs (and other health professionals) when supporting pupils at school who have medical conditions.

This guidance came into force on 1st September 2014.

It is difficult to predict the likely workload associated with this guidance and as yet the LMC Office has not received any queries. Not all pupils with medical conditions will require individual healthcare plans, and the GPC believes that in normal circumstances the most appropriate route for informing a school of any child’s medical condition should be the child’s parent(s). It would seem to be in a child’s best interests that their school is aware of their medical condition.

Any work involved in providing advice of this nature is in the GPC’s view not covered by GMS/PMS contractual arrangements and should properly be seen as work paid for under the Collaborative Fees arrangement; currently these are being paid by NHS England via the PCSS but this is acknowledged to be a temporary solution following the introduction of the Health and Social Care Act and is to be reviewed in the future.

Any GP who is invited to contribute to a health care plan for a pupil at school is asked to contact the LMC office.

**Revalidation in Surrey and Sussex**

The Area Team has provided the LMC with the following update in terms of progress this year on GP revalidation: -

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| Spread sheet | | | | | | |
|  | Total  GPs | Deferred | Revalidated | % Deferred | % Revalidated | Others |
| April 2014 | 64 | 9 | 53 | 14.1 | 82.8 | 3 |
| May | 80 | 17 | 57 | 21.3 | 71.3 | 6 |
| June | 86 | 9 | 71 | 10.5 | 82.6 | 6 |
| July | 95 | 15 | 80 | 15.8 | 84.2 |  |
| August | 88 | 16 | 70 | 18.2 | 79.5 | 2 |
| September | 98 | 14 | 84 | 14.3 | 85.7 | 11 |
| October |  |  |  |  |  |  |
| November |  |  |  |  |  |  |
| December |  |  |  |  |  |  |
| January 2015 |  |  |  |  |  |  |
| February |  |  |  |  |  |  |
| March |  |  |  |  |  |  |
| Totals | 511 | 80 | 415 | 15.7 | 81.2 | 19.6 |

For information, ‘others’ include those who have retired, withdrawn from the National Performers List, no longer connected to Surrey and Sussex Area Team.

Following a 20% target for 2013/14, the Area Team have a 40% target for 2014/15 and 2015/16, and report they are on track for this year.

**Ebola**

Public Health England have now issued updated guidance to primary care in terms of the assessment of patients who may be at risk, and I have circulated this to practices together with a link to a poster which can be downloaded.

**LMC Observer Scheme**

I have written to all practices to invite GP colleagues and Practice Managers who may have an interest in their LMC offering the opportunity to attend one LMC meeting as an observer but with their honorarium paid. This will be limited to a maximum of two observers per LMC meeting. This was one of the actions in terms of highlighting the work of the LMC and encouraging GP interest in membership that was discussed and agreed at the LMC Away Day in July.

I am pleased to say that the LMC Office has at the time of writing been contacted by 18 GPs/PMs expressing an interest.

Obviously I would still ask colleagues who are LMC members to encourage others who may be interested in attending an LMC meeting (whether under the Observer Scheme or not) or in joining the LMC to contact me or the LMC Chair.

Dr Julius Parker

Chief Executive