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| **Chief Executive’s Report** | 2017/03May/June 2017 | U:\Marketing and Communications\Marketing Literature\SSLMCs logo\lmcs NEW REV logo generic.jpg |

**LMC Conference Report**

I enclose a summaryprepared by the BMA of the passed motions and themed debates at Conference which colleagues may find helpful.

**CQC Inspection Programme**

Following a delay caused by the election, CQC have now published their consultation on their proposals to change the way they regulate primary care: this will close in August and GPC have already started preparing a response. The new proposals will not come into effect until at least November 2017.

Some proposals were already known, such as increasing the maximum period between inspections to five years for those practices rated good or outstanding, and the introduction of a new CQC Insight Model; practices have received information about this recently. Others are welcome, for example, making Inspection Reports ”shorter and less repetitive” or changing the six-month rating rule which means a practice’s rating can only be changed if a focussed (i.e.: not fully comprehensive) inspection is conducted within six months of the last comprehensive inspection. CQC are also going to ramp up their inspection of on-line GP service providers.

Of concern is the proposal for an “annual on-line provider information collection”; the extent of this reporting requirement is obviously a key question as it will have workload implications.

However, whatever happens, we are now not paying the fees.

**PCSE Update: Medical Records practice to practice transfer**

As colleagues may recall PCSE initially trialled a GP:GP tagged bag-transfer of medical records from one practice directly to another on the basis of patient re-registration. This pilot in West Yorkshire has been carefully evaluated and PCSE now believe it is operationally and reputationally safe to start rolling this out nationally: this will start in June in Northern England; South East England and London will be the last stage of the roll-out but currently this is planned by the end of 2017.

There does remain an outstanding issue of GP practices not sending patient notes to PCSE resulting in them not being available to the patient’s new practice, for which, naturally, PCSE is then thought to be responsible. It would be helpful if any such notes could be identified and sent to PCSE.

**Locum and Salaried GP Handbooks**

Updated versions of both Handbooks are now available to BMA members; in the LMCs experience these are equally as helpful for GP employers as they are for individual GPs.

**Indemnity Issues**

As colleagues will be aware the continuing cost of indemnity remains a significant concern amongst all GPs and was identified as one of the top three most significant cost pressures identified by GP colleagues in the Autumn 2016 GPC Survey, along with CQC fees and locum costs.

The likely pressures have been exacerbated by the change in the Personal Injury Discount Rate about which I wrote to practices recently. The DH and Treasury do accept the impact of this change, which clearly has nothing to do with individual clinical practice, cannot be borne by individual GPs and the MDOs have been involved in discussions with GPC and the DH in terms of potential solutions. In the interim, MDO subscription fees are not currently reflecting the likely impact of this change.

It is likely further advice to all GPs will be available shortly.

Dr Julius Parker

**Chief Executive**