GPC Newsletter

BMA

www.bma.org.uk

Friday 19 July 2013 **Issue 1**

Content

GPC meeting

The GPC held its meeting on 18 July 2013 and this newsletter provides a summary of the main items discussed.

Elections

Elections were held for the GPC Chairman and negotiators and the team for 2013-2014 is as follows:

Chaand Nagpaul (Chairman)

Peter Holden
Dean Marshall
Beth McCarron-Nash
Richard Vautrey
Charlotte Jones (GPC Wales)
Tom Black (GPC Northern Ireland)
Alan McDevitt (GPC Scotland).

Negotiating update

The GPC negotiators have now started formal negotiations with NHS Employers for 2014/15. NHS Employers has stated its intention to negotiate with the GPC on a wide range of issues, many of which are set out publicly in the Department of Health's consultation on a revised mandate for NHS England, see the Department of Health's website.

Publication of the GPC's OOH position paper

A draft out-of-hours (OOH) position paper considered by GPC in June was revised earlier this month to take on board comments from members and input from the various external organisations that attended an out-of-hours roundtable meeting at BMA House on 3 July. The final paper is being published today and sent to stakeholders and is attached at appendix 1.

Urgent and emergency care

Earlier this year the NHS Medical Director, Professor Sir Bruce Keogh, announced a review into the way the NHS responds to and receives emergency patients, called the Urgent and Emergency Care Review. This is one of the priorities in the planning guidance for clinical commissioning groups called Everyone Counts.

A steering group chaired by Professor Keith Willett National Director for Domain three: Acute Episodes of Care at NHS England has developed an evidence base for change and some emerging principles.

The BMA is preparing an Association-wide response which will incorporate input from GPC and refer to the new GPC position paper on out-of-hours care.

Meeting with NHS England on operational issues

The GPC negotiators recently met NHS England to discuss a long list of outstanding operational issues including revalidation, appraisal and remediation, IT funding, premises, the retainer and returner schemes, PCO administered funds, collaborative fees, prescribing codes for sessional GPs, PMS locum superannuation payments, suspended doctors, occupational health services, flu immunisation for locums, payment delays, levy collection, performers list panels and dispensing. As yet, there is no clear solution to most of these outstanding matters and the present ambiguity is destabilising practices, causing huge problems. NHS England is giving many of the issues raised further consideration. LMCs will be informed as soon as further clarity is received.

Payments to practices

The GPC is aware that issues remain relating to payments from Area Teams, CCGs and Public Health. We understand that these problems have arisen due to a lack of trained finance staff that can authorise payments from Family Health Services (FHS) payment agencies. To complicate matters further, there is confusion amongst CCGs, Area Teams and Public Health in relation to who should be paying for certain things.

The GPC continues to pursue this matter with NHS England and has insisted that these problems are dealt with urgently. In the meantime, practices should contact their LMC if they are having difficulties in obtaining payments for services.

Migrant access to healthcare

The Department of Health and Home Office have published parallel consultations on migrant access to health services in the UK, available on the Department of Health and Home Office websites.

The consultations essentially split patients into four categories:

- Permanent residents, who have a right to free NHS care. The consultations propose that the definition of ordinary residence, which entitles patients to free NHS care, should be changed so that non-European Economic Area migrants must have indefinite leave to remain (ILR) in the UK before they can attain this status.

- Temporary migrants - non-EEA migrants who are subject to immigration control and do not have ILR. It is proposed that this group will in future have to contribute separately to their healthcare costs through a new levy on their visa of at least £200 per year. There would be an initial NHS registration process which would assess the need to pay this levy, be run externally to GP practices and be separate to practice registration.

- Short term visitors from outside the EEA and illegal migrants, who would be charged directly at the point of use for treatment, both by hospitals and by GP practices.

- Expatriates and former legal residents of the UK not subject to immigration control. It is proposed that this group would have a right to free NHS care if they have paid National Insurance contributions for a significant period.

Other issues considered in the consultations are:

- Whether non-EEA visitors and other chargeable migrants should be charged for access to emergency treatment in A&E or emergency GP settings.

- Whether the levy for temporary migrants should be at a fixed level or vary, for example, according to the age of the applicant.

- How to improve current hospital processes for collecting income from chargeable patients.

- How to improve the effectiveness of cost recovery from other member states for EEA citizens who receive NHS treatment.

The GPC has a number of concerns about the consultations, including that the NHS access status of all patients would need to be checked by GP practices on registration, placing a further administrative burden on practices and risking damage to the doctor-patient relationship. The BMA will be responding to the consultations, and LMCs are also encouraged to respond.

The GPC has also heard anecdotal evidence of a NHS England Area Team currently not accepting registrations of patients whose immigration status had not been checked. The GPC believes that there is no regulatory basis for this, and would be grateful if any examples of such practices could be e-mailed to Joe Read at jread@bma.org.uk.

Monitor call for evidence on general practice

Monitor has launched a call for evidence on general practice in England, following a recommendation to that effect from its Fair Playing Field Review. Monitor has given two main reasons for the need for a more detailed look at general practice:

- To determine the extent to which commissioning and provision of general practice services is operating in the best interests of patients.

- To gain a better understanding the challenges faced by an important part of the health sector at a time when it is operating under increased pressure.

The BMA will be responding to the consultation. Among the points to be made in the response will be: the high levels of patient satisfaction with current GP services, the fact that patients rarely encounter issues with changing their GP practice, that greater investment in funding for current practices is required in order to allow expansion of services and that Monitor should be encouraging integration of services rather than further competition. LMCs are also encouraged to respond to the consultation.

GP locums employed through limited companies

The Times published an article on 28 June which referred to dozens of NHS trusts in England being under investigation by HMRC over their alleged use of schemes to avoid VAT when employing locum or part-time doctors.

In light of that, please be aware of the position of GP locums employed through a limited company, often referred to as a service company. The services they provide are subject to VAT when the registration threshold for VAT has been reached. The threshold level includes all charges made by the company including but not limited to fees and the recovery of expenses. The registration threshold is currently £79,000.

Doctors working as locums through an agency should, if they have not already done so, take advice on the application of VAT to their work and if registration has not been effected on time how to mitigate any penalties and interest charges accruing for late registration by making voluntary disclosure.

Neither the GPDF nor the BMA can assist with VAT or other form of taxation, but do encourage all doctors to seek appropriate professional advice on taxation matters.

Hospitals' duty of care to patients regarding test results

It has come to the GPC's attention that in some areas, some hospital doctors have been instructing GPs to find out the test results that the hospital had ordered. Both the General Practitioners Committee and the Consultants Committee of the BMA agree that this practice is potentially unsafe, and that the ultimate responsibility for ensuring that results are acted upon rests with the person ordering the test ("the referrer") and that responsibility can only be delegated to someone else if they accept that responsibility by prior agreement. Handover of responsibility has to be a joint consensual decision between hospital team and GP, and if the GP has not accepted that role, the referrer must retain responsibility.

This advice is in line with both National Patient Safety Agency guidance and the Ionising Radiation (Medical Exposure) Regulations.

Business rules for enhanced services

The business rules for the alcohol, learning disabilities and rotavirus enhanced services are now available to download via the PCC website.

QOF business rules v26

Version 26 of the QOF business rules have now been published on the PCC website.

Change in QOF business rules for MH002 – mental health care plan

Following a query about changed business rules for QOF indicator MH002, the HSCIC has provided the following explanation:

2012/13 MH10: 'The percentage of patients on the register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate'

This indicator was reviewed by NICE in order to bring the business rules in line with the clinical intent of the indicator. *The guidance has always stated that the care plan should be reviewed annually however the business rules for MH10 did not check for this*. The care plan could be documented anywhere in the patient record as long as the following applied:

- for a patient with no previous history of remission the care plan was in place after the date of inclusion on the QOF MH register.
- for a patient who had relapsed the care plan was reviewed following this remission

The wording and business rules logic were changed to reflect this:

***2013/14 MH002*:** 'The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, (in the preceding 12 months,) agreed between individuals, their family and/or carers as appropriate'

During the review the codes for mental health care plan (MHP_COD) were amended. The following codes were added to MHP_COD to cover the care plan approach:

CTV3

XaIXu	Mental Health Care Programme Approach
XaK8r	Initial Care Programme Approach review
XaK8s	Ongoing Care Programme Approach review
XaK8t	Discharge Care Programme Approach review
XaK8p	Care Programme Approach review

Read Version 2

8CG6.	Care Programme Approach review
8CY.	Mental Health Care Programme Approach

The following codes were removed from MHP_COD because they refer to the plan for the physical health needs of the patient, not the mental health needs of the patient:

XaK70	Mental health personal health plan
8CR7.	Mental health pers health plan

The following codes were removed from MHP_COD and replaced with general mental health care plan codes to include a review:

XaK5Y	Psychiatry care plan
8CM2.	Psychiatry care plan

The following new codes were requested and have just been released (April 2013). These codes were added to the MHP_COD cluster in the latest release (v26) of the business rules:

CTV3

Xaa8p	Agreeing on mental health care plan
Xaa8q	Review of mental health care plan

Read Version 2

8CS7.	Agreeing on mental health care plan
8CMG1	Review of mental health care plan
8CG60	Initial Care Programme Approach review
8CG61	Ongoing Care Programme Approach review
8CG62	Discharge Care Programme Approach review

Vaccinations and immunisations

All documents and guidance related to vaccinations and immunisations are available on the same page of the BMA website. The page includes a summary table outlining the recent vaccination changes (Pertussis for pregnant women, Meningitis C, MMR catch-up programme, Rotavirus, childhood flu and Shingles catch-up).

The Department of Health has also published a useful poster outlining childhood vaccinations from June 2013, available online on the vaccinations and immunisation page of the BMA website.

CQRS

CQRS has gone live and is now being rolled out nationally. The service will support QOF, Learning Disabilities Health Check Scheme, Rotavirus (Routine Childhood Immunisation) and Alcohol Risk Reduction Scheme from go live with other services supported later in the year.

NHS England Area Teams have identified where possible, a CQRS User Administrator within each GP practices to CQRS. These users will be set up by CQRS. To ensure users understand how the service will work and what they need to do to declare/approve achievement activities, the following implementation guidance has been developed for Area Teams and GP practices.
For further information on CQRS rollout, view the latest newsletter online.

The HSCIC has now published guidance on CQRS for GP practice staff and local area teams, which can be accessed from the links below:

- What is CQRS - Information for GP practice staff
- What is CQRS - Information for NHS England area teams

For any concerns or queries related to CQRS, including training, practices should email: cqrsfeedback@hscic.gov.uk.

Any qualified provider (AQP) information governance (IG) toolkit assessments

The Health and Social Care Information Centre (HSCIC) confirmed this week that the requirement for an AQP IG Toolkit assessment is placed on the legal entity that has access to NHS patient information. Therefore:

- If the legal entity offering AQP services is the GP practice then the current published assessment will suffice. A top-up assessment may also be necessary, but this will depend on the AQP service to be provided.
- If a new legal entity has been created to deliver AQP work, eg limited liability companies or partnerships, then a separate AQP assessment is needed.

Should LMCs have any queries about AQP IG Toolkit assessments, please email them to info.gpc@bma.org.uk.

Flu vaccine for children

Following some confusion about the process for ordering flu vaccine for children, NHS England has confirmed that Fluenz is the recommended vaccine for children and that this will be centrally supplied. Practices will be able to request the vaccine via IMMSFORM.

Where two and three year olds are contraindicated to Fluenz, contractors will be required to make an alternative Inactivated Trivalent Influenza Vaccine (TIV) available. Inactivated TIVs which have already been ordered by GPs for two and three year olds in clinical risk groups can be utilised for the contraindicated two and three year olds. Practices will be reimbursed for this as per children in clinical risk groups.

If practices experience difficulties in sourcing inactivated TIV for the contraindicated 2 and 3 year olds please **contact the ImmForm helpdesk on 0844 376 0040** which will be able to assist in ordering inactivated TIV. Further information will be available in the tri-partite letter which will be issued shortly.

Flu advertising campaign

Due to lack of evidence that advertising campaigns have any positive effect on seasonal flu take-up rates, NHS England has decided against having an national flu campaign this year.

Their research found that whilst seasonal flu advertising did raise awareness of the vaccine it did not motivate people to get vaccinated. It found the biggest positive influence on seasonal flu vaccine uptake was a recommendation from a health care practitioner, be that in person, via letter or telephone.

Vaccine stock and potential shortages

Public Health England (PHE) has not received any reports from the suppliers of potential flu vaccine shortages for this coming season. If there are any problems PHE will inform practices via the

Vaccination newsletter for health professionals and immunisation practitioners.

Shingles vaccine FAQs and supporting information

NHS England, Public Health England and the Department of Health have published a letter and FAQs explaining the introduction of a vaccine programme for people aged 70 years (routine cohort) and 79 years (catch-up cohort) to protect against shingles, available on the Department of Health website. Links to these documents will also be available on the vaccines and immunisation pages on the BMA website.

Major drug recall by Wockhardt

The MHRA has issued a precautionary major drug recall of products manufactured by Wockhardt. Pharmacies, dispensing clinics and wholesalers have been asked to return 16 different prescription only medicines in a variety of strengths made by Wockhardt Ltd following manufacturing deficiencies identified by the MHRA at Wockhardt's Waluj site in India.

Note that patients do not need to return their medicines because there is no evidence that the medicines affected by the precautionary recall in the UK are defective, and patients should therefore continue to take their medicines as prescribed.

The drugs affected and further information is available on the MHRA website.

Premises developments previously approved by PCTs

Issue 6 (5 July) of the NHS England primary care commissioning newsletter contained an article regarding premises developments that were approved by PCTs before 1 April 2013:

> *Area teams should be aware of business cases that have been considered previously by PCTs and be clear on the legal position in relation to NHS England's responsibilities to progress developments, which have previously been approved. In most cases, NHS England will be bound to reimburse current market rent for the new premises when a new application for rent reimbursement is received, following the prior approval of the development by the PCT. This is subject, of course, to the application and the development itself (including specifically the rent payable) according with the business case and approval.*
>
> *Paragraph 55(a) in the 2013 Premises Costs Directions provides that "any act" by the PCT before 1 April 2013 in respect of the exercise of the functions of the PCT under the 2004 Directions is deemed to be an act of NHS England. In addition, paragraph 55 (b) reinforces the position that the actions of the PCT (whether completed or on-going) will be adopted by NHS England.*
>
> *The strength of NHS England's position, in any particular case, will depend on precisely what was agreed by the PCT and how it was agreed. Where an AT is considering not progressing with a development previously approved by a PCT, substantive legal advice on the issue should be sought. NHS England will need to assess whether it is in a position to renege on the decision of the PCT should it be so minded (which it has now, by virtue of the new Directions, adopted as its own), and to do this will need to know how that decision was documented and the background to it.*

Whether it is now open to NHS England to withdraw an approval that it has already given is complex, and turns on a number of public law principles regarding the exercise of statutory powers by public bodies, including the principle of legitimate expectation. The principle of legitimate (or reasonable) expectation applies to the way that public bodies exercise statutory powers and may arise either from an express promise given on behalf of a public authority or the existence of a regular practice which the other party can reasonably expect to continue.

In summary, the presumption should be that the PCT's approval of developments should be adhered to unless there is an operational justification for not doing so, together with a sound legal basis for the change of approach. There would also, clearly, be adverse PR implications of a withdrawal of approval, and likely significant dispute with the GPs.

Should any LMCs be dealing with a scenario where an Area Team is disputing development approval formally provided by a PCT, please contact Alex Ottley (aottley@bma.org.uk) in the GPC secretariat if you require advice.

The community pharmacy - a guide for GPs and practice staff

An updated version of The community pharmacy - a guide for GPs and practice staff has been published on the Drugs and prescribing pages on the BMA website. This is a joint guidance by the BMA, PSNC (Pharmaceutical Services Negotiating Committee) and NHS Employers, which provide support for GPs and community pharmacists in developing more effective working relationships as well as providing an insight for NHS commissioners, for improved working in primary care.

Action on Hearing Loss

One in six of the population has some form of hearing loss, rising to over half of people over 60 years old. This is a condition affecting a high proportion of patients, and yet they can face issues when visiting their GP, from communication problems to difficulties booking appointments, as outlined in a recent report from Action on Hearing Loss entitled Access All Areas. Action on Hearing Loss (formerly RNID), has asked the GPC to distribute their guidance for GPs to make surgeries more accessible to people with hearing loss.

The Criminal Injuries Compensation Authority (CICA)

The Criminal Injuries Compensation Authority (CICA) is a government body which provides compensation to blameless victims of violent crime and relies on evidence from the medical authorities to help its work.

As a result of the Government consultation "Getting it right for Victims and Witness", the Criminal Injuries Compensation Scheme (the Scheme) was revised on 27 November 2012. Information on the Scheme can be found on our website

Under the new provisions of the 2012 Scheme the applicant must now obtain and pay for the initial medical evidence to up to a maximum value of £50.

To ensure suitable information is requested, the CICA will send the applicant a blank medical report to take to their GP to complete (TCX1 – annex A). The applicant is expected to pay the GP/Practice for the completion of the report up to a maximum value of £50. The completed report should be returned direct from the GP to the CICA.

Where an applicant cannot afford to meet the cost of the initial medical report, the CICA will send the applicant a blank medical report to take to their GP to complete (TCX2 - annex B). The completed report including the payment voucher should be returned direct from the GP to CICA. On receipt the CICA will ensure payment is made for the report.

Where an applicant cannot obtain the report due to a medical condition which prohibits them from attending their GP, the CICA will issue the TCX2 direct to the GP. The completed report including the payment voucher should be returned direct from the GP to CICA. On receipt the CICA will ensure payment is made for the report.

Where the CICA is required to pay for the initial medical evidence, the value of the initial report will be deducted from any award of compensation given. Any follow up reports requested will be done so direct by the CICA and will continue to be processed in the normal manner.

If you have any questions about the new provision, please contact the CICA on 0141 331 5495 or alternatively email their relationship managers; relationship.managers@cica.gsi.gov.uk.

DVLA survey

The DVLA has asked the GPC to send a short online survey to practices on the questions about cognition which are currently used on DVLA questionnaires.

The aim is to improve the DVLA questionnaires so that they best capture the necessary information to enable a correct licensing decision. This survey is being undertaken to canvas the views of GPs about the 'red flag' questions which are currently used on DVLA questionnaires, to determine what you anticipate is the effect of your answer to these questions on licensing decisions. The DVLA has asked for suggestions for additional 'red flag' questions the DVLA could ask which might help GPs to inform DVLA more comprehensively about a patient's likely fitness to drive. GPs who would like to take part can access the survey online. Please note it is no longer necessary to read the NEURO2 questionnaire before starting, as the DVLA has reworded the survey.

Sessional GP Subcommittee executive elections

Following an election at the Sessional GP Subcommittee's first meeting of the session, held on Wednesday 3 July, the new members of the subcommittee executive have been selected.

Vicky Weeks will return as the Chairman for the 2013-16 session and Mary O'Brien has been elected as Deputy Chairman. Mark Selman and Stephen Bassett were elected to the additional subcommittee executive seats.

Congratulations to the new executive and thank you to all the candidates for taking part.

LMC Conference 2014

The LMC Conference 2014 will be held on 22-23 May in York at the York Barbican Theatre. A letter will soon be sent out to LMCs asking them to confirm how many GPs they represent, to establish the how many representative seats each LMC will be allocated at the conference. The deadline for submission of motions is yet to be decided, but LMCs will be informed of this in the Autumn.

NICE - name update

The organisation NICE has recently changed what the 'C' stands for - instead of the National Institute for Health and Clinical Excellence it is now the National Institute for Health and **Care** Excellence.

GPC news index

The GPC news index for the 2012-2013 session is enclosed (appendix 2).

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.

The GPC next meets on 19 September 2013, 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 10 September 2013. It would be helpful if items could be emailed to Christopher Scott at cscott@bma.org.uk. You may also like to use the GPC's listservers to exchange views and ideas.

GPC News

GPC News is available via the Internet, via the BMA's web pages: www.bma.org.uk

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