

SHEFFIELD LOCAL MEDICAL COMMITTEE

Newsletter

April 2015

INSIDE THIS ISSUE:

WORKFORCE MINIMUM DATA SET: UPDATE

CHANGES TO THE GP CONTRACT 2015/16

LIST CLOSURES

**CARE QUALITY COMMISSION (CQC)
REGISTRATION FORMS**

CARE CERTIFICATES

SALE OF PATIENT DATA

**LOCALLY COMMISSIONED SERVICES
CONTRACTS**

MEDICAL INFORMATION AND INSURANCE

MENC FRESHERS PROGRAMME

**APPRAISAL AND REVALIDATION GUIDANCE
FOR SESSIONAL GPs**

**CLAIMS UNDER PERSONAL ADMINISTRATION
ARRANGEMENTS**

**REPORTING CRIMINAL AND REGULATORY
PROCEEDINGS**

**PRIMARY CARE INFRASTRUCTURE FUND FOR
2015/16**

**NHS PROPERTY SERVICES (NHSPS)
STANDARD LEASE**

PREMISES COSTS DIRECTIONS

**UPPER TRIBUNAL RULING ON BUSINESS
RATES AND PREMISES VALUATIONS**

SESSIONAL GPs E-NEWSLETTER

BMA/GPC DATABASE OF GP NETWORKS

WORKFORCE MINIMUM DATA SET: UPDATE

Following the advice issued by the General Practitioners Committee (GPC), which was included in the January and February 2015 editions of the LMC Newsletter, the GPC has met with the Department of Health (DH) and has sought further clarification from the Information Commissioner's Office (ICO). Following this the GPC issued guidance which offers an update on the need to comply, resources, reducing the burden and information governance. A copy of the guidance can be downloaded via:

http://www.sheffield-lmc.org.uk/OG15/WorkforceMinimumDataSet_GPC-Mar15.pdf

-000-

CHANGES TO THE GP CONTRACT

Dr Chaand Nagpaul (GPC Chair) recently issued a newsletter highlighting the changes to the GP

contract that came into effect on 1 April 2015. The main issues covered include changes to:

- Core contract payments;
- Alcohol Directed Enhanced Service (DES);
- Practice Participation DES;
- Maternity and paternity cover;
- Named GP for all patients;
- Changes to the Quality and Outcomes Framework (QOF);
- Avoiding Unplanned Admissions Enhanced Service;
- Publication of GP net earnings;
- IT requirements;
- Out of hours provision;
- Armed forces requirements;
- Vaccinations and immunisations.

Further copies of the newsletter can be downloaded via:

<http://bma-mail.org.uk/t/JVX-3AE4M-1BJCJOU46E/cr.aspx>

In addition, the GPC recently published a brief summary of the payments to GP contractors that changed from 1 April 2015 to reflect negotiated contract changes and the

Government's acceptance of the Doctors and Dentists Review Body (DDRB) recommendation for contractor GPs. As such, the main items covered are:

- DDRB Recommendation;
- Increase to global sum;
- QOF points;
- Out of hours 'opt out' deduction;
- Uplifts for Personal Medical Services (PMS) practices;
- Uplifts for Alternative Provider Medical Services (APMS) practices.

A copy of the guidance can be downloaded at:

<http://www.sheffield-lmc.org.uk/OG15/GPcontract2015-2016-payments.pdf>

-000-

LIST CLOSURES

Following a number of enquiries about list closures, the GPC has issued guidance on the options

available to practices, which can be downloaded from:

http://www.sheffield-lmc.org.uk/OG15/15.03.12GPC_guidance_on_list_closures-FINAL.pdf

The guidance, which covers the procedure for formal list closures and the contractual right to decline to register new patients, is based on material in the GPC's guidance *Quality first: Managing workload to deliver safe patient care*, which can be downloaded from:

http://www.sheffield-lmc.org.uk/OG14/Quality_first_gp_practice_guidance.pdf

-000-

CARE QUALITY COMMISSION (CQC) REGISTRATION FORMS

The CQC is introducing new registration application and registration variation forms for providers. The new forms have been developed to take account of the changes to regulations from 1 April 2015, including the introduction of the fundamental standards. More information on the fundamental standards can be found at:

<http://www.cqc.org.uk/content/are-you-ready-fundamental-standards>

This change will affect all health and social care providers, including those GP providers who use online services. Around two-thirds of GP providers currently use online services to apply to make changes to their registration. More information is available at:

<http://www.cqc.org.uk/content/new-registration-application-and-registration-variation-forms>

-000-

CARE CERTIFICATES

Following the recent introduction of the Care Certificate, the GPC has received a number of enquiries about how this will work in practice. As a result, the GPC has produced guidance *Focus on the Care Certificate*, which details the background to the introduction of the certificate, the Care Quality Commission's (CQC's) view and the GPC's stance.

A copy of the guidance can be downloaded via:

[http://www.sheffield-lmc.org.uk/Other%20Guidance/Focus%20on%20Care%20Certificate%20April%202015\(1\).pdf](http://www.sheffield-lmc.org.uk/Other%20Guidance/Focus%20on%20Care%20Certificate%20April%202015(1).pdf)

-000-

SALE OF PATIENT DATA

The GPC has learned of reports in the media about the sale of patient data by the online pharmacy service Pharmacy2U. The full details are not yet clear, but some reports suggest that personal details held by Pharmacy2U including names, addresses and dates of birth have been sold, without patient consent, to a marketing company. The GPC is concerned by these reports and any potential breach of patient confidentiality. Their understanding is that the ICO and General Pharmaceutical Council are investigating the matter.

The GPC will be monitoring developments but, in the meantime, practices should be aware of these reports. This may be of particular interest to EMIS practices, as EMIS has an integrated Pharmacy2U module.

-000-

LOCALLY COMMISSIONED SERVICES CONTRACTS

Practices should already be aware, via Sheffield CCG's e-bulletin, that there has been a delay with the publication of the 2015/16 NHS standard contract documentation by NHS England, which the CCG is mandated to use for all of their commissioned services. This national delay has resulted in a delay to the CCG being able to issue contracts for Locally Commissioned Services. However, the CCG expects to issue updated contracts by the end of April. In the meantime the previous year's contractual terms and conditions will continue. In addition, the CCG has confirmed:

- their decision to maintain prices at 2014/15 rates and not to apply the national deflator for 2015/16;
- contracts will be sent to providers electronically and not in hard copy format;

- further details regarding the process for signing individual contracts will accompany documentation emailed to providers and the Contracting Team will be available to advise providers should they have any queries.

-000-

MEDICAL INFORMATION AND INSURANCE

The British Medical Association (BMA) joint guidance with the Association of British Insurers (ABI) on the use of medical information for insurance purposes has been withdrawn and is under review.

The BMA is aware that some insurance companies are requesting full medical records via a Subject Access Request (SAR), rather than asking for a report from the applicant's GP, as previously agreed with the ABI. The GPC's view is that requesting the full medical record for any patient is excessive and potentially in breach of the third data protection principle under the Data Protection Act 1998 (DPA), which states that personal data shall be "adequate, relevant and not excessive" in relation to the purpose for which it is processed.

Under the DPA, patients are entitled to copies of their full medical record.

The GPC is awaiting guidance from the ICO regarding the BMA's concerns about the use of SARs. Until this guidance is received, the BMA would recommend that a letter is sent to any patients requesting their medical records via a SAR. The letter can be found on the BMA website at:

<http://bma.org.uk/-/media/files/word%20files/practical%20advice%20at%20work/template%20letter%20for%20web.docx>

-000-

MENC FRESHERS PROGRAMME

Following a rapid increase in MenW disease in England, the Joint Committee on Vaccination and Immunisation (JCVI) recommended an emergency programme to vaccinate all 14-18 year-olds (school years 10-13) with a quadrivalent

MenACWY conjugate vaccine to provide direct and herd protection to the whole population.

Following this recommendation, NHS England has made provisions in the MenC freshers programme to accommodate a change of vaccine from MenC to MenACWY mid-year.

To ensure freshers receive the most effective vaccine and avoid the need to recall them at a later date, Public Health England (PHE) and NHS England are requesting a delayed start to the delivery of the MenC freshers programme until the new MenACWY vaccine is available. This decision is based purely on clinical grounds to ensure that patients receive the most appropriate vaccine.

This delay will not change the agreed terms of the freshers programme or have any impact on the payment practices receive once the programme commences.

-000-

APPRAISAL AND REVALIDATION GUIDANCE FOR SESSIONAL GPs

A recent GPC survey made it clear that many sessional GPs require further support with the appraisal and revalidation process. An example of the issues raised is sessional GPs reporting that they often encounter difficulties gathering appropriate supporting information on quality improvement activity and significant events, and had trouble collecting feedback from both colleagues and patients. In the light of these concerns, the appraisal and revalidation guidance for sessional GPs has been updated and is available via:

<http://bma.org.uk/sessionalgpappraisals>

-000-

CLAIMS UNDER PERSONAL ADMINISTRATION ARRANGEMENTS

The NHS Business Services Authority (NHSBSA) Prescription Services is making practices aware that where vaccines have been centrally procured for the practice through Public Health England, they

should not make a claim under personal administration arrangements to the NHSBSA on form FP34P/D Appendix or FP10.

NHSBSA Prescription Services has identified an increase in FP34P/D Appendix forms and FP10 forms claiming payment for Fluenz Tetra nasal spray suspension Influenza vaccine, NeisVac-C vaccine and Boostrix IPV injection where practices have later verified these have been centrally procured via a vaccine ordering facility, such as ImmForm. Practices must not submit payment claims for vaccines or injections obtained in this way to the NHSBSA.

An FP34P/D appendix or FP10 form should only be submitted for payment to cover the 'dispensing' of the vaccine for personal administration where the vaccine has been purchased by the practice.

Practices who have incorrectly submitted centrally procured vaccines to NHSBSA Prescription Services should contact: nhsbsa.repricingrequest@nhs.net.

-000-

REPORTING CRIMINAL AND REGULATORY PROCEEDINGS

The General Medical Council (GMC) guidance *Good Medical Practice* states *You must tell us without delay if, anywhere in the world:*

- a. *you have accepted a caution from the police or been criticised by an official inquiry*
- b. *you have been charged with or found guilty of a criminal offence*
- c. *another professional body has made a finding against your registration as a result of fitness to practise procedures.*

In November 2014 the GMC updated its guidance *Reporting Criminal and Regulatory Proceedings Within and Outside the UK*, which explains how doctors can put the above principles into practice and gives more detail on what GPs should inform the GMC about. A copy of the revised guidance can be downloaded from:

http://www.gmc-uk.org/static/documents/content/Reportingcriminal_and_regulatory.pdf

-000-

PRIMARY CARE INFRASTRUCTURE FUND FOR 2015/16

The outcome of the Primary Care Infrastructure Fund has been announced by NHS England. All practices, whether successful or unsuccessful in their applications for funding, should have been contacted by their regional NHS England representative. The GPC has had sight of the letters sent to practices and has prepared a brief guidance note to help explain what they mean. This information can be accessed via: <http://bma.org.uk/practical-support-at-work/gp-practices/premises/primary-care-infrastructure-fund>

To every extent possible, the GPC Practice Finance team worked with NHS England to ensure that the 2015/16 round of funding was equitably distributed. NHS England has released a Summary of Practice Proposals Receiving Support in Principle, which can be accessed via: <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/pcfif-invtmmt-principle-15-16.xlsx>

NHS England has suggested that 'large scale, strategic' projects will be prioritised in the 2016/17 round of funding, although this may change. The GPC will continue to work with NHS England to ensure that the 2016/17 round of funding is dispersed sensibly and equitably.

-000-

NHS PROPERTY SERVICES (NHSPS) STANDARD LEASE

Further to the update from the GPC in the February LMC newsletter, the GPC Practice Finance team, in partnership with BMA Law is in the process of developing a standard lease for practices who are tenants of NHSPS. The intention of this lease is that it will act as a template which practices can adapt to suit their specific needs.

The lease is the culmination of many months of negotiations between GPC, BMA Law and NHSPS. The GPC has been working to develop a constructive and positive working relationship with NHSPS and is

optimistic that this lease will be rolled out soon.

The GPC is also in conversation with Community Health Partnership about developing a standard lease for practices in LIFT buildings and will be issuing further information on this in due course.

-000-

PREMISES COSTS DIRECTIONS

In response to concerns being raised regarding the lack of progress on the next iteration of the Premises Costs Directions, the GPC has issued an update on their negotiations. The GPC and NHS Employers had a number of meetings in 2014, during which time key elements of the Directions were redrafted. The appropriateness of the rent review memorandum was one of the items for review.

The GPC submitted its requests to NHS Employers in late September 2014. Shortly thereafter the Directions were submitted to NHS England, which is where they have remained.

The GPC has made repeated attempts to engage NHS England on the Directions, and have repeatedly expressed their desire to work with them, and NHS Employers, to agree to an updated version. They will continue to pressure NHS England and NHS Employers to agree to an updated version as soon as possible so that it can be signed off and implemented.

-000-

UPPER TRIBUNAL RULING ON BUSINESS RATES AND PREMISES VALUATIONS

In January 2015, the Upper Tribunal (Lands Chamber) made a ruling that has implications for how business rates are calculated for practices occupying purpose built GP premises. The tribunal examined the way in which purpose built GP surgeries are valued and what kind of valuation methodology should be applied.

Details of the ruling can be found at:

<http://www.landtribunal.gov.uk/Aspx/view.aspx?id=1104>

The impact of the ruling is that surveyors evaluating purpose built premises must now adopt a valuation methodology which could considerably reduce the valuation of the property for business rates purposes.

As business rates are reimbursable under the Premise Costs Directions, any reduction in business rate should have no impact on the practice. However, as it is a reimbursed cost, this is an area where NHS England can recoup costs.

There are a number of important points to note:

- It may transpire that Area Teams attempt to pressure practices into appealing their current business rates. Any appeal to the Local Authority regarding business rates may only be made by the practice. As such it is entirely at the discretion of the practice and they are under no obligation to comply.
- Although it has not been explicitly stated, please be aware that any rates rebates from the Local Authority to the practice will almost certainly be clawed back by NHS England.
- The GPC is also aware that some legal firms are approaching practices about applying for a rebate. Given the reimbursable nature of business rates, practices would receive no financial advantage in doing so, but may be left with subsequent legal fees.

The GPC's Practice Finance team is also unclear about the broader implications of this ruling. One of their concerns is that a reduction in rates could impact upon subsequent reviews of notional rent. Whilst it's believed that the risk of this is minimal, they are in the process of acquiring further professional advice as to any potential impact.

-000-

SESSIONAL GPs E- NEWSLETTER

The March edition of the sessional GP e-newsletter is available on the BMA website at:

<http://bma-mail.org.uk/t/JVX-39HD0-1BJCJOU46E/cr.aspx>

The main articles include:

- Appraisal tips for sessional GPs;
- Beware dismissing chest infections;
- Questions for the next health minister;
- Pensions rise;
- Expert Witness conference.

-000-

BMA/GPC DATABASE OF GP NETWORKS

The GPC has recently emailed GP networks inviting them to submit contact information and register for a BMA/GPC database of GP networks. The GPC's definition of a GP network is broad and includes all merged 'super-partnerships', GP provider companies or federations/clusters, out of hours organisations and education / training / peer support groups. The purpose of the database is to enable the BMA and the GPC to improve communication with GP networks and better understand their ambitions, motivations and training / development needs.

The email was sent to the named contact for the networks the BMA/GPC are aware of. If you did not receive the email and would like to register for the database, further information can be found at:

<http://bma-mail.org.uk/t/JVX-3AEBU-1BJCJOU46E/cr.aspx>

-000-

Please forward any articles, comments etc for inclusion in the LMC newsletter to the LMC office via email to:
manager@sheffieldlmc.org.uk

**Articles for the May edition
to be received by
Friday 8 May 2015**

**Further submission deadlines
can be found at:**

http://www.sheffieldlmc.org.uk/Newsletters14/VB_and_Newsletter_Deadlines.pdf