

FEBRUARY 2020

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GP CONTRACT IN ENGLAND

Following the vote to accept the [changes to the GP contract in England for 2020-21](#), GPC will be presenting the contract details to GPs and LMCs at a series of contract roadshow events across England over the coming month.

Read more about the contract changes, including an update from Richard Vautrey, [here](#).

The King's Fund have produced a summary of the contract changes which can be read [here](#).

LOCAL GP ROADSHOW

The LMC is pleased to be able to inform you that we have managed to secure

a local GPC Roadshow event to be held at Charles Hastings Education at Worcester Royal Acute Hospital on Thursday 2nd April 2020 4.30-6.30pm.

Dr Farah Jameel has agreed to speak at this event which will be hosted by Worcestershire and Herefordshire LMC.

This will be an opportunity for you to pose questions to a member of the GPC Executive Team who have negotiated the new GP Contract on behalf of general practice. This event is open to all Worcestershire and Herefordshire GPs and PMs.

We expect a good turn out to this event so in order to secure your place please do book early [here](#).

GPC ENGLAND CONTRACT NEGOTIATIONS

GPC England met again following further contract negotiations with NHS England and NHS Improvement. The committee voted on and agreed to accept the changes to the GP contract for 2020-21, including funding to attract more doctors to take up partnership roles and expand the practice team seeing patients in surgeries. The main changes are:

- The new value of Global Sum from 1st April will be £93.46.
- The new value of a QOF point will be £194.83.
- More roles added to the Additional Roles Reimbursement Scheme.
- Between 2020/21 and 2023/24, the scheme will expand to 26,000 additional roles.
- All roles to be reimbursed at 100%, freeing up the existing £1.50/head to contribute to management support for PCNs.
- Funding entitlements increase from £257m to £430m next year and, in 2023/24, from £891m to £1,412m.
- Extra investment will fund new GP training, recruitment and retention measures with £20,000 plus training support for every new partner.
- Payment arrangements for vaccinations and immunisations to be reformed with an item of service fee for childhood vaccinations, beginning with MMR in 2020/21.
- QOF to be updated.
- PCN service specifications significantly reduced and improved.
- Investment and Impact Fund introduced worth £40.5m in 2020/21.
- Taken together, more funding available at practice level.

CCGs will be expected to provide LMCs with an annual report to enable them to monitor local investment in general practice. There is also reference to the important role of LMCs throughout the agreement document.

ADDITIONAL ROLES REIMBURSEMENT SCHEME

As a result of further discussions held with NHSEI, GPC have sent a [letter to commissioners about the PCN Additional Roles Reimbursement Scheme](#), which states "NHS England encourages commissioners to use unspent entitlement to enable PCNs to recruit now to any of the ten roles which will be included in the Additional Roles Reimbursement Scheme from 1 April 2020" and "commissioners are encouraged to reimburse any new appointments from 17 February at 100% of salary and employer 'on-costs', up to the maximum reimbursable amounts for each role, as set out in Table 1 of the GP contract update, with a view to these workforce roles then becoming eligible for reimbursement under the Additional Roles Reimbursement Scheme from 1 April 2020 without any change to their terms and conditions. Commissioners may also use this unspent funding to support PCN recruitment exercises."

LMC PCN DES CONTRACT SURVEY

The new PCN Network DES specifications have now been negotiated and agreed by GPC and a Special Conference is to be held on 11th March which the LMC Officers will attend on your behalf. The purpose of this conference is to allow LMCs to fully understand the implications of the negotiated contract (which includes the Core GP Contract). It is hoped that the conference will allow us to debate the contract changes and to identify the necessary adjustments and implementation challenges. It will give us the opportunity to guide GPCE in its negotiations for 2021/22.

Practices are advised to await the outcome of the Special Conference of LMCs before making any final commitment to the 2020/21 PCN DES. Locally we are starting to see some encouraging collaborative work and we are in a fortunate position to be ahead of the game with PCNs therefore we would strongly advise that whatever your final decision may be regarding the PCN Network DES, it is still worth working together, sharing knowledge and participating in at scale commissioned services for the benefit of your patients and local general practice.

As regards the Core GP Contract, we have arranged for Farah Jameel as part of the GPC Executive Team to visit us on 2nd April for a GP Contract Roadshow. We hope that you will join us to ask those pertinent questions that need to be answered.

The LMC has emailed a survey to all practices designed to give the us an idea about the issues that concern you specifically in relation to the PCN Network DES. It will give us an overview of the County's views in relation to the DES and PCN working. In order to represent you at Conference we need to understand how grassroots GPs are feeling which is why we would ask as

many of you as possible to complete the survey. You can access the survey [here](#).

FLOODING

We were asked to comment on the flooding in Worcestershire for Pulse to which we gave this response:

We are incredibly proud of our general practitioners and their practice teams in Worcestershire and Herefordshire who, despite appalling recent weather conditions, were able to keep practices open for their patients. We are not aware of any practice closures across our two counties which is a testament to the determination and resilience of our colleagues.

Road closures and severe flooding have had a significant impact on the ability of staff to travel to and from work yet they have continued to provide routine care and home visits when necessary. We continue to face the threat of further flooding but are confident that practices will continue to do all that they can to maintain services for the population of Herefordshire and Worcestershire.

PATIENT ACCESS TO RECORDS

Understandably, practices have reported significant concerns relating to the proposed contractual requirement for general practice to grant full online access to patient records for all patients from 1st April 2020. The new clause in the GP Contract makes it clear that full access is only expected "in so far as its computerised clinical systems and redaction software allow".

It has taken some time to obtain clear guidance from GPC on this issue which has been confusing for practices. The LMC raised the issue around the system functionality being in place with GPC some time ago and have only recently received a response from the GPC IT group which states that:

"Until the IGPR/System functionality have been scrutinised and signed off by the Joint GPIT committee (as per the contract agreement), nothing can be in place to enable practices to implement the contract elements of patient access to records."

For now we think this statement provides some reassurance that there is **no obligation for practices to implement full access to records at the current time**. We will, of course, let you know when we hear more on this important issue as we will need to ensure that you are able to meet your contractual obligations and are not put in an impossible position.

NHS 111

We recently met with Jeremy Brown who is the Integrated Emergency and Urgent Care Director for WMAS now overseeing NHS111. It has come to light that the wording used in the NHS disposition pathway is:

"Please speak to (or contact) Primary Care ". He acknowledged that the next question asked by patients is "What does that mean?" the call handler is then likely to say "Contact your GP".

We have, therefore, agreed that they will change the wording used in the call centre to "Please contact your surgery" followed up with "It will be up to your surgery to decide how best to handle your call". We explained that the GP is not always the most appropriate person to see. This proposed change will take time to be arranged but it is a promising start

IR35 GUIDANCE FOR LOCUM GPs

The BMA has updated their employment status (IR35) guidance into one easy-to-read document so that locum GPs have all the information they need to be confident in determining their employment status. The guidance can be found [here](#).

HAVE YOUR SAY – DWP SURVEY FOR DOCTORS INVOLVED IN BENEFITS PROCESS FOR THE TERMINALLY ILL (UK)

The Department for Work and Pensions is evaluating how the benefits system, including the DS1500 process, supports those nearing the end of their lives and desperately needs views from those doctors involved. To have your say please complete this short [survey](#).

CORONAVIRUS (COVID-19) UPDATE

The containment of COVID-19 remains of major concern and GPC are monitoring the situation and will continue to disseminate information as it becomes available.

[Their webpage](#) is regularly updated with guidance and links to information from Public Health England, Health Protection Scotland, Public Health Wales and Public Health Agency (Northern Ireland), and the Department of Health and Social Care. The webpage includes a link to the PHE [guidance for primary care](#) which was updated recently, posters for practices and [guidance by the RCGP](#) (including practice action cards).

The updated PHE guidance advises that the patient should be isolated and to call 111 directly, rather than there being an expectation that the GP does this. NHS England also distributed the attached briefing for primary care providers earlier this week.

GPC have also written to NHS England about coronavirus emergency planning, including the feasibility of an online booking suspension and procurement challenges such as the cost of supplies and equipment. We would encourage all practices to continue to follow current advice from PHE, and for anyone who suspects they might be at risk of having the virus, or has developed symptoms, to call NHS 111.

GP PRESSURES

In December 2019, 1.42 million more appointments occurred in general practice than in December 2018. This echoes the overall monthly trend towards increased appointments in general practice across England – over the entirety of the 2019 calendar year, 3.77 million more appointments occurred across England than in 2018. Whilst recognising the workload pressures the rise in the number of appointments reflects, this is a simplistic way of measuring activity in general practice and we believe practices should be supported to offer fewer but longer appointments to enable better quality consultations. Read more in our [latest analysis](#) of general practice data.

MDDUS MEMBER VOTE ON ARRANGEMENTS FOR HISTORIC LIABILITIES

In September 2019, MDDUS entered into a transaction with DHSC in relation to its GP liabilities in England. It is important that arrangements for the management of existing liabilities remain clear – this was recognised during the contractual negotiations which set up the clinical negligence scheme for GPs (CNSGP). There is therefore acknowledgement from the GPC England that such arrangements are necessary as responsibilities for existing liabilities transfer. Information for MDDUS members is available [here](#).

WORCESTERSHIRE ISSUES

TWO WEEK WAIT REFERRALS AND REJECTIONS

Although the LMC believed we had reached agreement with Dr Mike Hallasey, Medical Director at the Acute Trust that notifying them that bloods had been taken at time of referral was entirely appropriate, we were dismayed to learn last week that the position now taken as outlined in the Trust's recent letter introducing the new referral forms is to only allow urgent 2 week wait referrals to be submitted on the new proformas with ALL the requested blood test results attached at the time of referral. This new process was implemented on 17th February 2020 without any prior discussion with the LMC. We are already hearing that this has resulted in urgent referrals being rejected due to some information not being present on the form.

We have had further discussion this week with the CCG and have expressed our concern that patients are being denied access to secondary care in a

timely fashion as a result. Some practices have found that referrals have been rejected as a covering letter supplying the requested information has not been taken into account. The LMC are strongly opposed to the rejection of urgent referrals on this basis and the new referral process contradicts what has previously been agreed between the LMC and Acute Trust.

We are, therefore, robustly opposing the new approach to 2 week wait referrals and are advising that blood tests can be ordered but not necessarily reported on prior to a referral being made. The Acute Trust have full access to the ICE diagnostic system so we do not foresee any issues with blood test results being accessed. We would ask you to submit any evidence of actual or potential patient harm as a result of rejected 2 week wait referrals due to blood tests not having been reported on prior to referral via the Datix system which will help to support our stance on this important issue.

LMC WEBSITE

The following guidance has been added to the LMC website www.worcslmc.co.uk during the last month:

Other:

[GPPB Key Messages Feb 2020](#)

[2 Benefit Trees](#)

[Return to Practice Tree](#)

[Tree Practice Managers](#)

[Nursing Associates Tree](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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All topical issues relating to local general practice are discussed at the monthly LMC meetings and those minutes can be read on the LMC [Website](#). Should you require further information on any issues raised at the LMC meetings please do not hesitate to contact the LMC representative for your area or practice.

MEMBERS OF THE WORCESTERSHIRE COMMITTEE

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All 20 practices are represented at Committee Meetings

Worcestershire and Herefordshire GPC Representative: Dr S Parkinson

**THIS NEWSLETTER IS PRODUCED FROM THE LMC OFFICE AT
ST STEPHENS SURGERY**

The next LMC meetings will be:

Worcestershire – 19th March 2020
Herefordshire – 25th March 2020