EXECUTIVE AND POLICY LEAD UPDATE – JANUARY 2018

GP trainee subcommittee – Tom Micklewright

Comms update

We successfully launched the new GP Trainees' Newsletter and have completed development of our webpages which are just waiting to go live.

GP Trainees and Capita

PCSE have informed us that until August 2018, the current arrangement, whereby HEE arranges trainee applications to the National Performers' List, will continue. After this, it is likely that the National Performers' List regulations with regard to GP registrars will change, potentially removing the need for registrars to be on the performers list altogether.

We also raised concerns about delayed indemnity re-imbursements to GP Trainees in non-lead employer areas, which we were assured would be investigated and reported back to us. Finally, we received reports of trainees being incorrectly added to the performers list when they shouldn't have been, for instance, if they required extensions to their training and hadn't yet gained their CCT. This has been flagged to PCSE.

GP Out of Hours

Following support from LMC England conference, we continue to lobby for improvements to the quality of OOH training throughout the UK. We attended a joint COPMED/COGPED meeting to voice these concerns, particularly in response to the GMC review of GP Training which highlighted concerns around OOH training provision.

We have also launched our online survey (available at: https://www.surveymonkey.co.uk/r/WH9QDSX) to capture trainees' experiences of GP OOH and will be meeting with HEE (Health Education England) at our next GP Trainee Subcommittee meeting to discuss the ongoing HEE review of OOH.

2018 junior doctor contract

We are continuing to work with JDC (Junior Doctor's Committee) to develop a process for negotiating future changes to the 2016 junior doctor contract with respect to GP Trainees and have developed a Memorandum of Understanding between GPC and JDC to guide these discussions.

Additionally, together with JDC, we've been helping to develop 'Good Rostering Guidance', to be published by NHS Employers, by negotiating inclusion of COGPED guidelines into the document, such as the need for trainees to maintain 'supernumerary status' during their GP placements.

Study budgets

HEE intends to centralise and pool trainee study budgets to reduce the risk of hospital trusts top-slicing this funding for their own purposes. We have ensured that study budgets for GP Trainees in GP placements will not be affected by this.

Academic General Practice

We will be working with the Medical Academic Staff Committee and the Junior Academic Trainee Subcommittee to develop a scoping paper exploring alternative Post and Pre- CCT pay structures that ensures pay parity between primary and secondary care academics. This comes at a time when the 'By Choice – Not by Chance' working party, comprised of several key stakeholders, has identified

the need to raise the profile of academic general practice to improve recruitment and medical student exposure to general practice.

GP Trainees and LMCs

We are continuing to collect good examples of trainee-LMC collaboration and will be pulling these together into a handbook which we will publish and disseminate at the UK GPC Conference on 9/3/18. If anyone has any examples or evidence of these collaborations, please email them to mick-lewright.bma@gmail.com so that we can include them in our handbook.

Sessional GP subcommittee – Zoe Norris

Death in service

The sessional GP subcommittee featured a 'call-out' in two of its previous newsletters for locum doctors to come forward to act as test cases to challenge the ineligibility for death in service benefit for locums. A number of individuals responded and two were identified as appropriate test claimants. In conjunction with BMA Law, letters of complaint were drafted and submitted to NHS Business Services Authority in mid-December 2017.

With regards to the more substantive appeal that the BMA is pursuing, a Pension Ombudsman complaint has been drafted and submitted on behalf of the claimant. The deadline for this was 24th December 2017 and BMA Legal/BMA Pensions await the response.

Pensions

The subcommittee continues to meet with Capita and NHS England about their administration of pensions as part of the PCSE task group. His latest update covers type 2 forms and annualisation. Further guidance on annualisation can also be found on the BMA website here.

Guidance for doctors working for online providers

Guidance has been developed for doctors considering working for online providers. It highlights the different types of providers and key issues to consider before undertaking this work.

Guidance for doctors working in new models of care

Guidance has been developed on sessional GPs working in new models of care. This covers a whole range of scenarios and provides a useful resource for individual GPs as well as LMCs.

FOI

A FOI has been sent to all CCGs to get a better understanding of the role of sessional GPs in NHS commissioning structures. It asks questions about how may sessional GPs fill key roles on the CCG and if there are any barriers to sessional GPs taking up these roles.

Survey of LMCs

A survey has been sent to LMCs asking them about their experience of engaging with sessional GPs and GP trainees and their representation on the LMC. The results will be used to develop useful guidance and resources for LMCs.

Sessional GP webpages

The sessional GP webpages on the BMA website have been updated to make it easier to find information about the work of the subcommittee and relevant guidance.

Newsletter

The most recent sessional GP newsletter included an article on the impact of fatigue and sleep deprivation and publicised the guidance for doctors working for online providers.

Representation – Bruce Hughes

Policy leads Review

Draft has been shared with the representation group and comments are being incorporated. Seemingly the most contentious issue is the Policy Leads maximum term office debate. This was discussed at the Policy Leads meeting and will be taken to GPC England for comment although as the Policy group is a UK one it will need to be finalised at GPC UK in March.

Gender Equality Task and Finish Group

The group has formally met and work-streams and Leads for them have been identified. The Group hopes to report before the end of the session.

Regional elections

The preparations for these are in process and will follow a slightly different timetable to previous years as the LMC UK conference it's being held earlier in the year. There will also be an election for the Prison GP Rep

Living our values

The Representation team will be leading a review on behalf of the GPC for the Living our values work.

Dispensing policy group – David Bailey

Meeting with NHSE

No further news since October when we met NHSE and discussed three main concerns.

We set out our expectations for revisiting the dispensing regulations and aligning to the pharmacy contract for reimbursement and relooking at the calculation of reimbursement on a gross basis to take account of expenses as with the rest of the GMS contract. Secondly, we reiterated a request to include EPS2 dispensing module in the core GPSOC specification when re-procured. Thirdly we raised concerns for the wider profession regarding the pending falsifying medicines regulations which is currently being addressed by government via a standalone process rather than one integrated with other systems – whilst this would hopefully work and be cheaper in procurement terms, it is likely to pass enormous workload and time costs onto the professions. Whilst large multiples and hospital trusts may absorb this by scaling up its likely to be a real problem for GPs and community pharmacists.

Meeting with PSNC

Richard and I met PSNC (the pharmacy negotiating body) in November to discuss our hopes for more aligned contractual regs and closer cooperation and our team as well as DDA representatives are meeting them again later this month. In addition to areas of potential competition (such as flu vaccination) we will look to discuss how we can work more closely – including primary care training possibilities.

Meeting CPW

In the spirit of UK wide representation, I have met CPW (Welsh equivalent of PSNC) on a couple of occasions with Charlotte Jones, and we have managed a couple of joint memoranda about flu vaccination and working more closely together, work that we hope to continue this year.

RECURRENT AND SUSTAINABLE FUNDING AND RESOURCES

QOF

We have formally requested for QOF to be suspended in England until the end of March 2018, in order to ease pressure over the winter period.

This follows the announcement that QOF will be relaxed in Wales, and that CQC will not re-inspect organisations (including practices) who have been rated good or outstanding, in order to relieve pressure.

However, NHS England have now told us that they will not suspend QOF at this time. This is very disappointing and we have made our concerns about this matter clear to them. We will continue to push NHS England to understand the pressure practices are under and to do something material about it. (A copy of our letter is attached as Appendix 2).

General Practice Forward View – Chandra Kanneganti

Transformational funding from CCGs

CCGs are requested to provide £3 per head transformational funding to general practice between 2017 – 2019. This can be paid in full during one year, or split between the two years.

The BMA Health Policy team have issued FOI requests to all CCGs in England to identify what transformational funding (per head and in total) CCGs are planning on providing to general practice in 2017/18 and 2018/19.

Over 200 CCGs responded. Almost all CCGs plan to provide this funding, with the majority planning on splitting it evenly across the two years.

This information has been provided to LMCs so they are aware of the plans for their areas. LMCs are encouraged to ensure practices receive the money that the CCG has reported to provide and to highlight any challenges in accessing this funding to the policy team.

This information has also been provided to NHS England. They have been asked to inform us of any differences with the financial information they have been collecting from CCGs.

Practice Manager Development

NHS England have informed LMCs that funding will be available for practice manager development.

We had a teleconference with Robert Varnam to discuss this and requested formal clarifcation of the NHS England's plan to provide this funding. Once this is received we will inform LMCs about how practices can access the funding.

Recurrent vs non-recurrent funding

We have written to NHS England to ask for clarification on what recurrent and non-recurrent GPFV funding has been spent so far and what is planned to be spent.

This will identify if GPFV is on track to deliver the recurrent funding it has committed.

Online Consultations

Further info about Online Consultations-

- Money is now available for uptake of online consultations in all CCG's.

- Approx. 300 practices are now offering some form of service

- Not Skype (although this is an option), this is text based service via a secure website

- Funding is available to roll out to all practices as an app.

- Practice buys a licence to provide a service. Funding supports 1-3 years but what happens then?

- Some themes about improved quality emerging i.e. reduced DNAs, increase access improved quality of face to face/

- Patient engagement is key to roll out in the practice area.

- Eventually all systems need to be joined up e.g. GPs, 111, etc.

- Lots of issues about suitability of IT providers, information governance and use of AI. Probably AI would be akin to medical device regulations etc. but lack of regulatory framework is a bit worrying as this is happening now. As an innovation product there is danger of the IG issues not quite catching up with the development of the service, we were told this was not a problem.

- There is a procurement exercise of identifying the providers and framework that's happening in January 2018.

GPFV Roadshows

GPFV information has been included in the upcoming roadshows.

This includes information on policy work, upcoming funding and support schemes and how practices can access the funding.

A WORKFORCE STRATEGY THAT IS RECURRENTLY FUNDED TO ENABLE EXPANSION

Education, Training and Workforce – Helena McKeown

1. **Targeted GP training (TGPT)** – the most recent meeting for this workstream took place in the afternoon of Thursday 9 November. HEE used this meeting to get input from stakeholders, such as the GMC, RCGP and BMA, to inform changes to the TGPT proposals. Proposals that have been suggested by HEE in their consultation response are welcomed by the BMA, with some amendments, but other stakeholders remain concerned. The BMA has approached HEE for an update on next steps for this particular workstream, but no update has been made available to date. (Policy leads – Helena McKeown and Tom Micklewright)
2. **Undergraduate/Postgraduate education** (Policy lead – Tom Micklewright)
    a. **Funding for undergraduate/postgraduate education** – HEE have (under the auspices of DH) suggested making changes to the funding models to simply payments, that will

see a minor uplift, which HEE will pay for. However, there has been a significant lack of detail of how this will be achieved.

b. **Mandatory GP training posts in foundation** – Updates are being sought on the numbers of foundation programme places that undertake placements in GP. HEE's self-imposed target was for 80% of trainees to do a rotation in GP by August 2015. HEE's draft workforce strategy has proposals for a review of the foundation programme, where the BMA hopes that HEE will present proposals for an expansion, or there is an opportunity to work towards achieving this aim.

3. **Revalidation and Appraisal –** The GMC has developed an action plan for the implementation of the recommendations of the review of revalidation conducted by Sir Keith Pearson. We particularly welcome the inclusion in this action plan of a workstream on reducing burdens and improving the appraisal experience for doctors. The GMC has developed an action plan organised around the following six workstreams:

   i. Making revalidation more accessible to patients and the public
   ii. Reducing burdens and improving the appraisal experience for doctors
   iii. Strengthening assurance where doctors work in multiple locations
   iv. Reducing the number of doctors without a connection
   v. Tracking the impact of revalidation
   vi. Supporting improved local governance

   The BMA is currently involved in discussions with the GMC about these workstreams. We are particularly focused on the workstream on reducing burdens and improving the appraisal experience for doctors. We are also keeping a close eye on any developments around the use of patient feedback.

4. **Review of GP Training Curriculum** - The UK Shape of Training Steering Group had its report published in August 2017, recommending that GP specialty training remain at three years in length. The RCGP has aired its discontent at this decision. The BMA understands that the RCGP is currently looking at the curriculum internally and will be sharing with the RCGP council in due course. A further update on the progress of the curriculum internally to the RCGP is expected by the end of January 2018. (Policy leads – Helena McKeown and Tom Micklewright).

   Tom Micklewright, Krishna Kasaraneni, Adam Harrison and I have been developing a comprehensive FAQ for practices regarding the implementation of the new imposed junior doctor contract and how this relates to GP trainees. We have produced a document comparing the 2002 with the 2016 contract. Tom Micklewright, Daniel Djemal his deputy, and I met with Martin Wilkinson from NHS England and Malcolm Lewis from Wales and the RCGP, to discuss trainees out-of-hours issues and other issues. OOH training review is ongoing and likely to take several more months, as HEE waiting to see the outcome of the RCGP Curriculum review first.

5. **GP Practice Nursing** – We are currently arranging to speak with Paul Vaughan, the NHS England lead for this project, to ensure a greater role for the BMA in this workstream. (Policy Group lead – Mike Parks)

6. **Physician Associates in GP** – next meeting of the national HEE-led working group on Tuesday 31st January. We have recently responded to the consultation on regulation for all Medical Associate Professions (Policy Group leads – Ben Molyneux / Samira Anane (deputy)
7. **International GP Recruitment Advisory Board** – we continue to meet on a monthly basis with NHS England as the enhanced International GP recruitment programme develops. This is moving quickly, with recruitment agencies now in place and the workforce & innovation team has been working with Terry John (BMA International Committee Chair) and the International Team on this. We are in ongoing discussions with NHS England about the case for including GPs on the shortage occupation list.
8. **Induction and Refresher Scheme Review Group** – this annual review will be held don Tuesday 30th January. We have also contributed to the review process of the Portfolio route, which is set to recommend some welcome improvements (Policy Group leads – Helena McKeown (ETW) and Vicky Weeks (Sessionals)
9. **Retaining GPs within GP** – At the most recent Workforce Advisory Board meeting, Krishna Kasaraneni presented our workforce retention priorities list.
10. **Physiotherapy services in primary care settings** – we recently held a promising meeting with Arvind Madan, NHS England Director of Primary Care and senior colleagues from the Chartered Society of Physiotherapists at which we discuss the commissioning of musculoskeletal primary care services and how this can be improved to improve services and tackle practice workload. NHS England agreed with our suggestions and have already established a team to work on this area. (Policy Group leads – Helena McKeown and Krishna Kasaraneni)
11. **Newly qualified GP resource** – develop an online and live resource aimed at trainees and newly qualified GPs about GPC / LMCs and practical advice and guidance (Policy leads – Bethan Roberts, Julia Tracey, Jamie Lingard and Donna Tooth (to be confirmed)
12. **MRCGP CSA Examination Board** – Helena attended the ongoing monitoring of the MRCGP CSA Examination Board with the RCGP.
13. **GP Specialty Advisory Committee** - Sarah Matthews has continued to attend the RCGP's GP Specialty Advisory Committee on behalf of the ETW.
14. **PCSE/Capita Debacle with respect to Trainees payments** - Ian Hume helped some Trainees who approached us to get their severely delayed payments from the PCSE debacle – thank you. Samira Anane represents the PCSE/Capita issues on behalf of the ETW.

A SUSTAINABLE, LONG -TERM INDEMNITY PACKAGE FOR GENERAL PRACTICE

Indemnity

Meetings continue with DH, RCGP and others. There is a commitment to agree in principle the structure and scope of the new scheme by April 2018. The aim is to cover all GPs providing state-delivered services and all staff within surgeries. Discussions continue regarding how to deal with the historic risk.

ENABLING PRACTICES TO MANAGE THEIR WORKLOAD IN ORDER TO DELIVER SAFE SERVICES AND EMPOWER PATIENTS AND CAREERS AS PARTNERS IN CARE

Workload - Matt Mayer

Black Alerts/Safe Working Limits:

Brian Balmer has completed his paper on this and will be presenting this to January GPC. Following ratification of this by the GPC, a policy document will be produced to be circulated to LMCs. Full details available in tabled GPC January document.

Integrated Urgent Care:

I have been attending the IUC steering group with NHSE and stakeholders regarding the integration of urgent care systems across the UK. I have so far only attended one meeting, my next meeting with them is 23rd January. Particular issues which have arisen include:

- Poor urgent dental service provision and GPs being expected to act in lieu of dentists OOH. I am working with Pete Horvath-Howard and Zoe Norris in remedying this and we aim to produce some updated guidance specific to OOH
- Extended access funding from GPFV not reaching front line general practice
- Pharmacist integration into 111

Intermediate Care:

Overspill of GP workload into areas such as community step down facilities, nursing homes, community hospitals etc placing increasing burden onto GPs. I am working on some updated guidance on this, with help on historic issues kindly provided by Peter Holden. Continuing to gather data on issues from around the country to shape this guidance. Ongoing piece of work since last report.

Quality First

Working on expanding the current suite of resources available on the QF section of the BMA website to have more template letters available to deflect unfunded workload. Still awaiting a meeting with web to detail this. Expanding suite to deal with letter/workload requests from outside agencies as well as the primary/secondary care interface. Aiming to streamline all resources into easily accessible resource bank as feedback on accessibility is poor.

Defining the Role of the GP

Pamela Martin leading on this piece of work. Aim is to clearly define the role of the GP and work which can only be done by GPs and appropriate delegation of workload to other professions/roles. Provisional timeline for initial draft, March 2018.

Clinical and Prescribing – Andrew Green

Activity over the last two months has largely been a continuation of the work in progress over last year, in particular the guidance on shared care prescribing is about to be signed off by NHSE, the work on QOF reform continues, and the CQC work on a 'shared view of quality' has reached its conclusion.

We have contributed to the Home Office consultation on making pregabalin and gabapentin controlled drugs, with the aim that this should result in alignment with the regulations about

tramadol, so excluding safe-custody arrangements that would be problematic for dispensing doctors.

As ever, things crop up at short notice, and I am indebted to several LMCs for bringing items to my attention, most recently the rather belated advice concerning differential flu vaccines for elderly people. If any practices are in difficulty through having placed firm orders already, please let me know. These changes, combined with the uncertainties regarding numbers of patients being vaccinated by community pharmacies, will make ordering vaccines for next year more complicated than it usually is. On the subject of flu, CCGs should by now have all commissioned arrangements for the provision of prophylactic antivirals in care homes. We have been pushing for this for many years but robust pressure from LMCs about this was undoubtedly a key factor in the success.

Boots have been contacted about them charging customers for photos of their tympanic membranes without the facility to interpret them, and Asthma UK about the unhelpfulness and bias of their activities on Facebook.

There was some liaison with NHSE about a section 28 coroner's letter about the failure of EPS to adequately identify the need for an urgent prescription, we need to avoid a clunky manual add-on on to EPS to cover up a deficiency in the software.

THE RETENTION OF A NATIONAL CORE CONTRACT FOR GENERAL PRACTICE THAT PROVIDES A HIGH-QUALITY SERVICE FOR PATIENTS

Contracts and Regulation – Bob Morley

Continuing to engage with CQC over its plans for annual provider information collection as part of its new phase of GP regulation, and encouraging CQC to concentrate on improving how it works, its impact, and value for money when it considers which areas to focus on in the next few years.

Requesting the Regulation of General Practice Programme Board (which includes CQC, GMC, NHS England, etc) to look into the management and complexities of the current complaints system

Progressing joint work with BMA's Professional Fees Committee to provide comprehensive new guidance on requests for certificates and reports.

Setting up meetings with NHS England and RCGP over GP safeguarding work and collaborative arrangements.

Response to NHS England document to local commissioners on defining reasonable needs and subcontracting during core hours.

Meeting with NHS England and RCGP on regulation of "low volume of clinical work" GPs; further work ongoing.

Support and guidance to an LMC over hospital inpatient registration issue and seeking of further legal clarification.

Successfully challenging NHS England over incorrect interpretations of SFE on parental leave reimbursement.

Challenging NHS England over misinterpretation of regs and ultra vires process for removing patients moved out of practice areas.

Meeting with NHS England to discuss concerns over "GP at Hand" practice.

Advice to exec team and secretariat over contractual issues in 2018/19 contract negotiations.

Katie Bramall –Stainer initiating and leading workstream on investigating issues with the contractual arrangements for GPs working in out- of practice roles.

Ongoing responses to requests for advice on Contract and Regulation issues via listserver, direct queries from LMCs and direct queries from individual GPs via BMA.

Updating Contract and Regulation work plan for 2017/18, prioritising work on delivery of key conference resolutions relevant to the policy group.

Commissioning and Working at Scale Group – Simon Poole

Our Profession Our Future Initiative

This presentation exploring the challenges and opportunities of working at scale was taken to a stand-alone roadshow, convened by Leeds LMC on 30th November. This was well received and achieved the stated outcome of propagating knowledge, understanding local issues and generating discussion among practices about their plans for the future. In order to save time and resources this presentation will be worked into the GPC contract roadshows in the next few months, some of which will have this section presented from the policy group in attendance. A summary document was circulated to local LMCs and will be added to the BMA website.

We are planning to develop some video content covering the information in the presentation for the BMA website as a resource to more fully understand the different models and to reiterate some of the threats and opportunities of working at scale.

We will be reviewing a new all-member briefing on ACOs, and some more detailed legal guidance aimed at GPs. Other BMA-wide activity on ACOs is ongoing – there is going to be an open letter from Chaand Nagpaul (probably to Jeremy Hunt, although tbc) expressing the BMA's concerns about the ACO proposals, and the framework of competition more widely in England, and continue to input into NHS England advisory group.

STPs

We are surveying IROs and LMCs on progress of local STPs and levels of engagement, in January 2018. In November 2017, several hundred BMA members watched our webinar on STPs. Members heard from, and asked questions to, a panel featuring two GPs (Dr George Rae and Dr Gary Marlowe), as well as NHS England's lead on STPs and the Medical Director of the South Yorkshire and Bassetlaw ACS. The response to the event was very positive, 92% of respondents to the feedback survey said that it helped to improve their knowledge and awareness of STPs and around 84% rated the event as excellent or good overall. The webinar is available to watch, here - https://bma.public-i.tv/core/portal/webcast_interactive/308961

FOI applications to Establish Gaps in Commissioned Services

Having identified areas where some CCGs are commissioning services and others are not, a helpful list of services which may not being adequately commissioned has been compiled by the Policy Group with the intention of undertaking FOI inquiries over the next few months to establish where there are gaps in the commissioning of services, to support the work of LMCs.

Identifying Effective Enhanced Nursing Home Services

We are currently working with NHSE to find examples of Enhanced Services which are working well to provide non-core GMS funding to support the additional workload in nursing homes. NHSE are keen to promote the value of such examples and are surveying CCGs, and we have agreed to ask LMCs. NHSE also accept that private arrangements may exist for mutual benefit between Homes and GP

Practices to provide additional services (non-GMS/ non-patient care related) which make the running of the home more effective, and this kind of arrangement may be cited where it delivers benefits.

RCGP Working at Scale Conference

Policy Lead invited to speak at the RCGP Working at Scale Conference 6/12/17 and participate in a panel discussion.

Care UK

Policy Lead met with Care UK at their request to be informed of the company's Practice Plus initiative which is being promoted as a possible support for practices with remote call handling, use of IT solutions for remote consultations, partnership with pharmacies for near patient testing and other "efficiencies". Care UK however are also keen to implement this in new APMS contracts. Care UK were advised of the role of the BMA and GPC in particular to support GP in different contractual models, and to promote the equitable availability of resources to all patients and practices.

PREMISES, IT INFRASTRUCTURE AND ADMINISTRATIVE SUPPORT TO ENABLE THE DELIVERY OF QUALITY CARE

Premises and practice finance – Ian Hume

Premises cost directions

These are now being progressed under the contract negotiations so agreement is imminent.

CHP and NHSPS

We are aware that a number of practices have been affected by NHSPS (NHS Property Services) and CHP (Community Health Partnerships) significantly increasing its service charges for practices in premises owned by NHSPS without explanation or provision of an itemised bill and have been doing a lot of work on this issue. GPC has met with NHSPS on a number of occasions early this year to highlight these issues and seek solutions. Efforts have been frustrated which led to GPC issuing NHSPS with a deadline within which to provide a reasonable proposal for a process for calculating service charges and to accept that they cannot make unilateral changes to their charging policy. They did not provide either and discussions stalled, since we have been exploring all options to force the issue. Following the FOI that we sent in to both CHP and NHSPS on 8 November 2017, CHP have specified that they require some funding to comply with the request, which was paid on the 21st December 2017. NHSPS sent a response that was unsatisfactory in terms of providing us with the information we require, so we resubmitted a more precise FOI to them on 20 December 2017.

ETTF

We continue to lobby NHS England to ensure they maximise investment of the fund and are adopting a twin track approach of holding them to account through the GP forward view oversight route but also in line with conference policy to directly challenge. Figures from NHS digital from the investing in general practice report 2016-17 confirms the actual spend and they state for this year there has been considerable effort to make sure they invest in estates and technology, saying they have spent over £136m on 756 Improvement and New Build schemes and 268 Technology schemes. The main reason for the under-spend is the long lead in time for a lot of projects. They state that they are currently on track this year to spend all their allocation, yet despite these reassurances were aware of a handful of cases where projects are frustrated, and at risk because of the continued issues with NHS property services. We will continue to raise this with our ongoing discussions now that signing of the premises cost directions is imminent.

PCSE update

GPC gave NHS England a deadline of 31 December to make significant progress to resolve the outstanding issues with PCSE. We have had two meetings subsequent to issuing this deadline with NHSE, where we received updates on various matters. Further to this, we carried out a survey of practices, practitioners and LMCs to get a detailed understanding of the outstanding issues to which we had a good response rate and the result will be published in the coming weeks. There are a number of GPC members involved in various work streams, so our contribution to reaching resolution is significant. Unfortunately we feel that the progress to date has not been satisfactory so we will be pressing on with alternative routes for seeking a resolution. More details will be shared in due course.

IT and Information Governance – Paul Cundy

GDPR

We have draft guidance awaiting sign off by the ICO. I am due to discuss this with them next week to clarify issues around Data Protection Officers. We have confirmation that NHSE will be issuing an addendum to the GP IT Operating Framework that will require CCGs to commission support services for practice DPOs.

Online Consultation

The online consultation fund was launched by NHSE on 30 October 2017. CCGs have to spend the first tranche of money in this financial year. As the systems available are generally not well developed and there has been a lack of rigor in the programme we continue to push for changes.

GP IT Operating Model

We continue to discuss the detail of the update to the GP IT Operating framework. I am hoping it can be agreed for publication by February. We have requested that all legacy operating systems be replaced by no later than 31/3/2018 which will be a tight deadline.

National consent opt out

The GPC remains concerned about trust in NHS Digital as a secure haven for patient data and the BMA is continuing its discussions with interested parties. The plan is for patients to be able to register their preferences on-line.

Payments for "ex" patients

We continue to push for a payments system that actually pays GPs for the work they do.

GPC wish list

We have shared with NHSE a revised list of priority actions we would like to see in GPIT based on the Saving General Practice document.

Replacement for GPSoC

We are engaged in the plans to replace GP Systems of Choice with a new contractual and provision framework. The contracts that support GPSoC have been extended to December 2019 but cannot be extended further.

Cervical Cytology

Work is under way to replace the current regionally based national cervical cytology recall and reporting system with a single national service, possibly run by Capita. We are planning to discuss these proposals with NHSE.