Appendix 1

EXECUTIVE AND POLICY LEAD UPDATE – MAY 2018

GP trainee subcommittee – Tom Micklewright

Terms and conditions

We have been working with JDC and NHS Employers (NHSE) to develop 'Good Rostering Guidance' which is due for publication by the end of May. This includes a clear description of how trainees' 'supernumerary' status should affect requests for annual leave.

We have also met with NHSE who have agreed to publish our new work schedule templates which include a worked example of how OOH can be included. There is still some uncertainty from NHSE as to whether mileage claims for GP Trainees performing home visits should be claimable in the same way that they were before the implementation of the new contract, as these were dealt with by a DH directive rather than a contract previously we will be working further with them to resolve this.

After successful lobbying, the Wessex and Thames Valley regions will be moving to a Lead Employer model for GP Trainees by August. Yorkshire and Humber have yet to set a date for implementing a Lead Employer structure but are considering dividing the area into multiple Lead Employer sites.

We have been invited to an exception reporting working group with JDC, CC and GPC. Glynn Evans from CC will be leading on a model Guardian contract and a set of best practice principles. JDC have also been invited to a wider stakeholder exception reporting group with NHSI, AoMRC and the GMC which we plan to attend in future. There has been some discussion between JDC and CQC about the role of Guardian performance and exception reporting in CQC inspections.

Education and training

We were recently invited, for the first time, to a meeting with the whole of UK COGPED. We explained the work that GPC are doing in negotiating an uplift to the trainers' grant and sought COGPED's views on exception reporting, safe reflection and OOH training.

We've continued to feed into the COGPED review of OOH training and recently wrote a letter to Professor Dyack at HEE outlining our remaining concerns, particularly that the current document encourages mandatory progression to remotely supervised OOH shifts, which the committee feel is not safe, supportive nor of significant educational value. We have also met with the Chair of the UK OOH Leads and secured a seat at the UK OOH Leads meetings, where the operational aspects of GP OOH Training are discussed.

We have liaised with the RCGP and submitted a proposal for how their data on the use of exam fees is presented for trainees in a way that is understandable, comprehensive and transparent. We also co-produced a letter with ETW to the RCGP, asking for BMA representation in their tendering of a new e-portfolio provider.

We have met with the GMC to take part in their workshops on the future of reflective practice and have also secured a seat on their Significant Event Reporting group.

Representation

At LMC Conference, we published and promoted our new guide to GP Trainees and LMCs working effectively together, which can be found here: https://www.bma.org.uk/about-us/how-we-work/local-representation/local-medical-committees/gp-trainees-and-lmcs

On March 7th, we produced our second GP Trainee newsletter and we will shortly be working on our third for June. We have also been working with Member Relations and the comms team to update the way in which GP Trainees can identify themselves from their membership details, with the aim being then to allow our reps to email all the GP Trainees in their region; this is something we have never had access to previously, and will be a big step for improving our ability to represent members.

In preparation for the end of our session in September, we're also preparing a number of guides for new reps joining our committee, to improve engagement in the list-server, to pass on tips and advice from experienced reps, and to try to improve GP Trainee representation across the policy groups.

Finally, our subcommittee were quick to respond to the case of GP Trainee Dr Luke Ong, who faced deportation because the next available assessment date for his application for Indefinite Leave to Remain fell outside of his Tier 2 Visa expiry date. We reached out to Dr Ong to offer him our full support, helped to share his petition widely, and worked with GPC and Chair of Council to raise the profile of his case and write to the Home Office. My blog article can be found here: https://www.bma.org.uk/connecting-doctors/the_practice/b/weblog/posts/government-deportation-of-gp-trainee-defies-belief

Sessional GP subcommittee – Zoe Norris

The following are current high priority areas; the rest of our workplan remains ongoing.

We hosted a roundtable event for all groups representing more than 5000 GPs to discuss the main issues facing sessional GPs. This was attended by representatives from the RCGP, GPC, NASGP, Family Doctor Association, GP Survival and Resilient GP. It was an extremely useful event and there was an appetite to work more collaboratively on sessional issues, particularly around ensuring GPs can make an easy transition between different contractual status types, improving the information available to newly qualified GPs on sessional working, and developing a collective blueprint for what "good" looks like for locums working in both traditional general practice and in new models of care. A follow up meeting and ongoing collaboration is planned.

Working in a system under pressure – Zoe has been asked by Richard Vautrey to lead an electronic working group to produce some practical guidance for GPs in the wake of the Bawa-Garba case which will sit alongside the pan-BMA response. This will focus on what partners, salaried GPs, locums and GP trainees should do if they believe workload is compromising patient safety. The rest of the group includes Julius Parker (C&R), Matt Mayer (workload), Tom Micklewright (trainees). We are hoping for a fairly rapid turnaround.

Pensions and performers list – specifically annualisation which affects ALL GPs, and the ongoing work as part of the PCSE group on performers list. Krishan Aggarwal is responsible for both areas, and is making significant progress with both, supported by other BMA and GPC colleagues.

Indemnity – Matt Mayer continues to feed into discussions that Mark Sanford-Wood is having regarding the new indemnity scheme, with a focus on how this will affect both sessionals and particularly OOH colleagues.

1) Partnership model review – Zoe is sitting on this group.
2) Low volume appraisal guidance – Paula Wright has represented the Sessional Subcommittee on this piece of work to standardise and ensure transparency during the appraisal process for those GPs doing fewer clinical sessions. This piece of work has just been signed off.
3) GP workforce initiatives – retainer scheme, GP career+. Vicky Weeks has led on these; issues around low numbers for both possibly compounded by NHS digital being unsure of their accuracy. Ongoing discussions about the best use of these schemes.
4) Model locum terms and conditions – Ongoing discussions around this.
5) Response to HM Treasury Taxation of self-funded work-related training consultation – this is a positive step to extend tax relief to self-funded, work related training. To submit letter of support to the consultation, highlighting particularly how this will help workforce recruitment and retention.

Representation – Bruce Hughes

Gender Diversity

The Task and finish group led by Rachel Ali has sent surveys to both LMCs and GPC members. Thank you for your support with this. The Group will meet again shortly to discuss the results and next steps.

Living Our Values (LOV)

The policy group will be involved in evaluating the LOV work which took place in the GPC England meeting. Fay Wilson is leading with the kind help of the facilitators of the group work and Secretariat. We will be keen to hear from the devolved Nations regarding their approach to LOV.

Policy Group Engagement

We are exploring the mechanisms whereby the appropriate engagement takes place with representatives of the Devolved Nations in UK wide Policy Groups. We are aware that there may be other issues within GPC subcommittees and will work collaboratively to try and resolve these issues.

Regional Elections

These are now completed.

Prison GP Representative Election

The election for this relatively newly created position has been successfully conducted. The voting for this election took place on the BMA's new online election system.

Webpage

This is now live in a fairly simple form, we are working to get a comprehensive election section up and running.

Dispensing policy group – David Bailey

We met PSNC last Thursday and are going to finalise a short paper to DH and NHSE regarding supply issues and reimbursement. Some of the detail will be a matter of negotiation as interests not always 100% aligned but one key thing we all agree on is the need to return to proper generic prescribing where possible rather than branded generics. Hope to have more detail and probably the actual paper by next GPC.

RECURRENT AND SUSTAINABLE FUNDING AND RESOURCES

General Practice Forward View – Chandra Kanneganti

2017/18 highlights

- GPC roadshows included a GPFV item.
- FOI request of CCG transformation monies and information provided to all LMCs on the funding they are entitled to.
- Success stories in helping LMCs to access funding.
- Attendance at LMC reference group and GPFV steering group. opportunities to liaise directly with NHS England regarding the GPFV and issues LMCs are experiencing.
- Survey with LMCs about the progress of the GPFV in their areas.
- Attendance at the GPFV oversight group meeting with seventeen other organisations, including NHS England, where the progress of the GPFV was discussed and issues were raised by member organisations who had received feedback from GPs throughout the country. GPC challenged number of NHSE assertions. We are awaiting NHSE response for our challenge of recurrent and non-recurrent funding's.

Work in development

- GPFV 2 year on report – currently under review – planning to publish this month.

Future work

- Clarification on accessing funding for improving access to general practice
- Clarification on accessing practice manager development funding
- Analysis of GP investment data released by NHS Digital in September 2018

A WORKFORCE STRATEGY THAT IS RECURRENTLY FUNDED TO ENABLE EXPANSION

Education, Training and Workforce – Helena McKeown

Primary Care leadership development

I attended the national working group on primary care leadership development and emphasised the role of LMCs in primary care leadership. One might well ask where has all the money promised in the

GPFV for this gone as we scrabble around for partners to support GP expenses to develop leadership. We're meeting regularly and at least we're well and truly at the table now.

Expansion of mental health therapists in primary care pathways

NHSE have produced a draft guidance document for GPs and commissioners which, when finalised, will be published on the NHS England website. Donna Tooth represented the GPC on a teleconference with our feedback at this stage of its development and to aim to resolve any remaining barriers to practices hosting mental health therapist via co-location including: premises capacity (one solution to this is to base the mental health therapists in one location within a locality, but then share their time across multiple practice sites) and to consider how many practices have outstanding business cases for additional estates funding; Resources – when mental health and other services have been hosted in the past, the cost of using the premises, e.g. facilities management, utilities, rent etc, have not been included in the commissioning budget; Expectations / sustainability – there has to be a clear understanding between commissioners and providers as to what is expected, how it has been costed, how much funding is available and for how long.

Ideally, it needs to be recurrently funded, which will enable mental health therapists to be embedded in the extended primary care team and assist with the broader delivery of preventative care for patients; Organisational development - if Practices are offered protected time to enable the whole practice team to consider how access to community mental health therapy could be embedded within the day to day running of the practice, there will be a greater chance of therapists becoming an accepted and essential part of the services practices offer to their patients.

Clinical Pharmacists in general practice
We are working with Clinical and Prescribing on this for a complimentary workforce expansion paper and the clinical pharmacist paper(s).

Working with Sessional subcommittee
We are working with the Sessionals as a significant part of our workforce and I met with the Sessional Exec. again in May to discuss within-GPC representational concerns and mutual strategy.

Physician Associates in primary care
We contributed our views to the new A5 booklet *Physician Associates, a working solution in primary care* has been posted to every GP practice in England to help raise awareness and provide a better understanding of the physician associate (PA) role. You can look at the materials provided on the Faculty of physician associate (FPA) website.

International GP Recruitment
ETW is indebted to the knowledge Terry John continues to bring to the International GP Recruitment Board as this programme matures. NHS England had invited us to support the process for interviewing international GPs as part of the programme but we reached an impasse with NHSE over funding LMC members' expenses to attend interviews. We are hopeful that NHS England will become the umbrella sponsor for general practice taking away the burden on GP practices going forward but accept that this is likely to take time to implement.

Outside of the IGPR board we recognise there is some work needed to empower GP practices to apply for a sponsorship licence for non-UK GPs and GP Registrars and we are going to explore

developing a summary/checklist to help GP practices navigate the sponsorship process (based on the guidance issued by the Home Office).

At the end of last year the Secretary of State had written to the Health Committee on the issue of Non-EEA General Practitioner Visa regulation and in response the Committee is seeking case examples where the process set out in his letter is not working as planned. We are aware of trainees on GP training schemes, who having come to the end of their GP training have encountered problems applying to positions within GP surgeries. With some being unable to secure a post, or having to work in hospital medicine rather than risk any difficulties with their visa or worse still having to leave the UK because many GP practices do not hold a sponsorship license. We are currently collating evidence to forward to the Health Committee.

You can read more here:http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/news-parliament-2017/gp-visa-issues-launch-17-19/. We have also put an advert in the news bulletin for GPC asking for case examples.

Web page

Shabana Alam-Zahir and Beth Roberts are writing a short guide for newly qualified GPs for the proposed new ETW website, something along the lines of -
"I've qualified as a GP, now what?" - the admin process - RCGP / GMC / performers list / indemnity - including timelines.
- creating your working week - things to consider
- post CCT opportunities inc. fellowships
- where and how to job hunt - sites, agencies
- mentoring
- signposting to useful resources

GP Occupational Health Service

I attended the BMA's Occupational Medicine Committee (OMC) with Sophie Sauerteig for their input into what a comprehensive UK-wide fit-for-purpose occupational health service for all GPs should look like Sophie has been mapping what's available across the UK currently and some initial attempts to cost a service have been started. The OMC are now inputting into the latest version of a document comparing what's currently available, for whom, how its paid for and draft service specification and estimated cost.

RCGP's trial of GP Specialist Accreditation

The RCGP are trialing a new accreditation for GPSIs, initially with dermatology GPSIs; we became aware of this by our representation on the RCGP Council and I am pursuing a meeting with Kamila Hawthorn, who is leading this at the RCGP as a VC of Council to discuss our views on potential separate accreditations for things that GPs currently do, and must be defended as able to continue to do without diplomas.

Targeted GP Training (TGPT)
We remain positive in our support of some doctors who want to re-enter GP training. The GP trainees who passed their Work Place Based Assessments and one of the two required exams (either Applied Knowledge Test (AKT) or Clinical Skills Assessment (CSA)) but left training between August 2010

and February 2018 without passing the second exam will be given the chance to resume their training for 18 months (with six months additional in exceptional circumstances). There are other criteria which must be met in order to qualify for the scheme, which must be borne in mind. The focus is on providing a re-entry route for those who were progressing in training but were unable to pass one of the exam components of the Membership of the Royal College of General Practitioners (MRCGP) qualification in the time available. Applications will follow the National Recruitment process and be open from August 2018 to February 2021, subject to GMC approval of the exam changes. Details, eligibility and how to apply are at: https://gprecruitment.hee.nhs.uk

General Practice Workforce Advisory Board
We are monitoring the progress on the *General Practice Forward View* workforce commitments and raising any items for clarification at the regular Board meeting.

RCGP ePortfolio
We co-produced a letter with GPTS to the RCGP, asking for BMA representation in their tendering of a new e-portfolio provider.

Working with the Queens Nursing Institute on General Practice Nursing and Community Nursing
Alex Ottley (Senior Policy Advisor) and I had a very promising introductory meeting with the Queens Nursing Institute reviewing progress on the Nurses ten-point plan, in particular community nursing and Practice nursing, and subsequently they will also meet with Chaand Nagpaul as there are many shared retentions issues.

NHS England regional steering groups on GP nursing
Mike Parks is going to join the group in London, but we need GP representatives on the groups to start influencing each regional GP nurse programme.

MSK Practitioners
The MSK Practitioner announcement by Krishna has, at the point of writing, had a last-minute hold-up.

Scotland
The most current issue is the 3+1 (years as an ST1, ST2, ST3, then ST4) debate. Scottish GPC and RCGP have jointly argued it should be in general practice to further their ability to be a generalist and be consistent with the new contract. Both BMA and RCGP policy is to support longer training but that is not going to happen at this time. In addition, all trainees will move to a single employer throughout their hospital component as well as their GP component (where that already happens with NES).

Wales
Wales has a number of things being considered within the GMS contract review workforce work stream and separately around trainee incentives, supporting training of wider workforce, Medical Practitioners List (MPL) review but nothing concrete. Wales have had single lead employer throughout training period which has been v well received.

N. Ireland
For the first time in a generation N Ireland are failing to fill our training posts.

A SUSTAINABLE, LONG -TERM INDEMNITY PACKAGE FOR GENERAL PRACTICE

Indemnity

In October 2017 the Secretary of State for Health and Social Care (DHSC) announced that the Government would develop a state-backed indemnity scheme for general practice in England. The new scheme will be administered by NHS Resolution, with membership at Clinical Commissioning Group level or above – it will not be at GP practice or individual GP level. No decision has yet been made on how the scheme will be operated, or by whom.

It is expected that all GPs undertaking GMS, PMS, APMS, plus any integrated care delivered under a NHS Standard contract will be covered by the scheme, as well as GPs working in prisons. It is also expected that all GP trainees will be covered, in addition to other medical professionals working for a practice in the provision of contracted services.

The provision of medico-legal support will not form part of the new schemes offering. Meetings to finalise the development of the scheme are ongoing between the GPC, the RCGP, NHS England, DHSC, Treasury and UK Government Investments representatives. Discussions on how the scheme should be funded will take place with GPC England Executive in the summer. GPC representatives continue to meet with the three main medical defence organisations to discuss progress. Although this scheme will be England only, the Welsh government has announced it will also introduce a state backed scheme in April 2019 which will be aligned as far as possible to the scheme in England. This is to ensure that GPs in Wales are not at a disadvantage relative to GPs in England and that GP recruitment and cross border activity will not be adversely affected by different schemes operating in both countries.

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

Clinical and Prescribing – Andrew Green

We have met with NHSE regarding **Pandemic Flu planning.** This is a truly terrifying subject and discussions concentrated on what measures would need to be put in place to allow come sort of continuing service should the worse happen. These ranged from the suspension of QOF to arrangements for mass burials. From our point of view, it would be vital to maintain practice income as well as providing new protections from GMC and negligence claims for doctors working in extraordinary circumstances.

The **QOF Review work** is coming to an end with a report from NHSE in the final stages of editing. It is important to note that, when released, this will be a discussion document and subject to negotiation. I am confident that this work has been done to a high standard and with input from the right people, which is not to say that we will agree with all that is contained within. Related to this, we met with the **NHSE diabetes directors** to talk through how the diabetes domain might be amended to allow for more appropriate treatment of the frail.

Problems with the **drug supply chain** continue, and we met with DH to see if there were ways that the impact of these difficulties could be reduced. As a result, a stocktake of availability that is already done on a monthly basis by PrecsQipp should be finding its way to prescribers.

A **roundtable on prescribed drug dependence** was held by the BMA Board of Science, and we attended to ensure that GPs views were presented. Jane Lothian from the C&P group will be leading on the current PHE review into this subject.

We have seen the report of the **Consultation on commissioning for Gender variance** which has been written but not published. C&P, Contracts, and BMA ethics have met to discuss the implications of this and are meeting NHSE shortly.

I have met with the **National Childbirth Trust** to discuss their *#hiddenhalf´* campaign. They are keen to get funding into general practices to allow universal provision of a 6-week post-natal appointment for the mother aimed at reducing the level of undetected mental health problems in this group. It was refreshing that they have come at this problem based on the need for funding as opposed to the need for us simply to do more, and there appears to be support for this initiative.

We have met with NSHE and the DH to discuss the fundamentally flawed **GP-level metrics project.** While it is difficult to disagree with the fact that it would be good to have reliable meaningful data of our individual performance the barriers that exist to this, and the dangers that are inherent in the release of flawed data, are considerable.

Updates to the BMA website continue with some amendments to the pages on prescribing and gender incongruence. A statement on Spirometry has been provided for LMCs and practices. The costs of providing this service are increasing and there is unfair variation in the resources provided for practices to do this, in many cases this is being provided at a considerable financial loss. Guidance on the contractual requirements in prescribing OTC medicines has also been published.

I have attended a Board of Science symposium on **Antimicrobial resistance** - informing of the refresh of the UK strategy, where I led a table discussion on 'Appropriate diagnosis and prescribing of antimicrobials. Bill Beeby has met NHSE to discuss the provision of **individual prescribing numbers.**

Workload – Matt Mayer

Safe Workload Limits on General Practice

- Letter has gone out to LMCs requesting data and feedback on cooperative working to reduce workload, responses coming in
- Further guidance will then be drafted based on this

Workload Control Toolkit

- Home visit policy template currently under development by MMc
- I will be meeting with BDA and NHSE re: OOH/111 dental provision to prevent GPs being expected to deal with dental problems where no dentist is available
- Expansions of letter templates in Quality First suite
- Explore and develop procedures for GPs to divert excess workload to other NHS services, within the constraints of the current contract

Workload Data Collection

- Working with NHSE to gather up to date data on GP workload
- Looking at using SmartCard timestamps to log true work time
- Develop a self-reporting system for workload breaches

Integrated Urgent Care & Out Of Hours

- I will be meeting regularly with NHSE IUC steering group
- Ensuring that 111 cannot book directly into in-hours appointments

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 advise and support LMCs on local responses to NHS England's inappropriate position and CCG guidance on meeting reasonable needs and core hours subcontracting;
- Advising and supporting various LMCs re disputes with commissioners over contractual/non-contractual clinical activity
- Revised guidance on registration/treatment of inpatients published following receipt of QC advice
- Continuing to respond to concerns on and implications of GP at Hand Practice /Babylon; advising on regulations re subcontracting arrangements
- Guidance on out of area registration regulations is being updated
- Working with PFC on issues over collaborative payments for safeguarding work and wider guidance on contractual versus chargeable services; obtaining legal clarification ongoing
- Katie- Bramall- Stainer leading on supporting Mark Sanford Wood on continuing work with NHS England and RCGP on regulation of "low volume "of clinical work; agreed policy ready for publication
- Meeting arranged with Chief Coroner to discuss issues of concern identified by LMCs
- Further liaison meetings with CQC and RCGP; being consulted on the annual practice information collection submission and other aspects of its new phase of regulation; also continuing to bring individual practice/LMC concerns and queries to CQC attention. In particular LMC responses on problems with CQC registration processes have been collated and will be discussed with CQC in a forthcoming registration issues workshop
- Ongoing responses to requests for advice on C and R issues via listserver, direct queries from LMCs and direct queries from individual GPs via BMA
- Progressing action on UK and England Conference resolutions
- Contracts and Regulation workplan updated and live on BMA website
- Supporting work with NHS England and Capita on contractual aspects of PCSE problems; Krishan Aggarwal leading on performers list matters
- Successfully challenged NHS England on local refusals to fund phased return of sick GPs
- Successfully challenged NHS England on ultra vires PCSE processes for removal of out of area patients
- Challenging NHS England and Capita on ongoing issues with violent patient removals; working with NHS England to draft revised policy complying with regulations in light of recently negotiated changes

- With the clinical and prescribing policy group, follow-up meeting with NHS England to discuss gender identity care consultation response and way forward on GP prescribing
- Updated guidance on private charging of registered patients drafted and publication imminent
- Julius Parker, on behalf of C&R, contributing to working group producing guidance for GPs on raising concerns over workload

Commissioning and Working at Scale Group – Simon Poole

Working at scale webinar

Following on from the 'Our profession, our future' event in Leeds, and the working at scale content in the national GPC contract roadshows in England, we used the content to develop a 'lunchtime learning' webinar for GPs. This CPD accredited webinar was held on 3rd May. Feedback and engagement data is still being collected but attendees were very engaged during the Q&A and the recording will provide an ongoing resource for GPs.

Primary Care Networks

Simon joined the GPC exec in attending an NHS England workshop at the end of March on Primary Care Networks (PCNs). The workshop was attended by senior stakeholders from across primary care and discussed the vision for, and the future development of PCNs, as mentioned the in recent NHS England Planning Guidance. The workshop will help inform a new document that NHS England are producing to set out the vision, key characteristics and examples of good practice. Simon will continue to work with GPC exec to ensure GPC input as appropriate into the development of this document.

ACOs, ICSs & STPs

In April we launched a new survey of LMCs and the BMA's Regional Co-ordinators and IROs, on their experience of and engagement with STPs, ICSs and ACOs. We expect to publish the results of the survey in late May. In addition, following on from the successful STP webinar held in November 2017, we will be holding another webinar on 6th June, focusing specifically on the development of ICSs and what they will and could mean for doctors. The expected NHS England consultation on the ACO contract has yet to be launched due to purdah, but the policy group will help feed into the BMA's response in due course.

Commissioning gaps

We are carrying out some research looking at current commissioning gaps in England, assessing where there is variation in what local services CCGS commission in different areas, thereby creating a 'postcode lottery'. As part of this, we have submitted an FOI to all CCGs, requesting data on what enhanced services they fund in their areas, and how has been spent on each service for the period of 2016-2018. The results of these FOI requests are currently being analysed and will be shared with LMCs.

Care Homes

We are developing a discussion paper on examples of good practice for cost-effective initiatives that involve GP practices supporting the care of people in nursing and care homes, including end of life care. Examples have been provided by GP members, which we will be incorporating into a paper to be published later this year. We will be sharing our work with NHS England to feed into best practice at the front line.

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

Premises and practice finance – Ian Hume

In March, GPC sent two FOI requests to PCSE and then NHS England, relating to the extent of GP pensions issues and about the number of claims for compensation for loss of earnings/increased costs due to Capita's incompetence. We had not received a response to these within a reasonable timeframe and so GPC has reported NHS England to the ICO for non-compliance with the FOI Act. Since, reporting to the ICO we have received a response to the FOI relating to compensation for loss of earnings which we are now considering next steps.

We are also expecting the National Audit Office report into NHS England's management of the Primary Care Support contract with Capita to be published mid-May, which should highlight the issues, and whether actions taken to date have been appropriate and satisfactory. We are working on a series of communications to push for action to resolve the issues which we have been highlighting for the past two years.

GPC are still awaiting the draft PCDs back from DHSC, having agreed the policy intentions with NHS England in February. GPC were unable to reach agreement on the terms for development grants, so these have been removed from the PCDs, and agreed to a premises review to look at how to take development grants forward and address other premises issues. GPC are in the process of agreeing the terms of reference of the group, but it will likely be that the group will agree recommendations and a paper from the review will be published (similar to the QOF review). These recommendations will not be binding to any party and any contractual changes to the PCDs will be subject to negotiations between NHS England and GPC.

Information Management, Technology and Information Governance – Ethics Team

We are delighted that government has announced a fundamental change to the Memorandum of Understanding between NHS Digital, the Home Office and the Department of Health and Social Care (MoU). The government has committed to restricting NHS Digital's data sharing with the Home Office to the tracing of an individual who is being considered for deportation action having been investigated for, or convicted of, a serious criminal offence, or where they present a risk to the public. Previously the MoU permitted disclosures by NHS Digital to the Home Office for suspected immigration offences without consideration of the seriousness of the offence. It is estimated that the change to the MoU will exclude some 95% of current Home Office requests.

This change is the culmination of the BMA's strong opposition to the MoU over the past year. We will continue to work to ensure that this move aligns the MoU with existing legal and ethical standards of confidentiality which restrict disclosures 'in the public interest' for law enforcement purposes only when the crime under investigation is a 'serious' crime. We are awaiting the details of the revised MoU which will be shared with the Health and Social Care Select Committee in the first instance.