

# LMC Update Email

23 March 2018

Dear Colleagues

## **Contract updates**

### **England**

GPC England has this week concluded negotiations with NHS Employers for amendments to the 2018/19 GMS (and PMS) contract. The agreement reached will provide some stability to GMS/PMS contractors, securing £256m of funding to address practice pressures, including practice expenses and a long-overdue pay increase.

Key aspects of the contract include:

- Interim uplift of 1% for pay and in line with inflation for expenses, which would be increased further following any uplift secured through the [DDR process](#)
- Increase in indemnity costs covered
- Uplift in line with inflation for those vaccinations and immunisations in the SFE
- Uplift to reimbursements of locum cover for sickness and maternity/paternity/adoption leave
- Fixed-term contracted salaried GPs for sickness/parental leave will be reimbursed (in line with locum cover)
- Minor amendments to clinical aspects of vaccinations and immunisations
- £10m to support the implementation of the electronic referral service
- QOF point value to be uplifted to reflect population increase
- New regulations to support practices in the removal of violent patients
- New premises cost directions

You can access full details of the contract and hear me talk about the negotiations [here](#). News of the contract agreement was covered in [Pulse](#) as well as in national news such as the [Mail](#) and [Mirror](#), and in print in the Daily Express and Daily Star.

### **Wales**

The Welsh Government and GPC Wales have agreed the Welsh GP contract for 2018/19 which was also announced this week. You can read the formal agreement letter from the Welsh Government [here](#).

There will be an improved indemnity offer, significant changes in reduction of bureaucracy of QOF and the cluster network domain, and a pay and expenses uplift, again pending DDRB deliberations. GPC Wales have aimed to address current financial concerns and pressures, reduce bureaucracy and micro-management and provide stability whilst the wider review of the GP Contract in Wales continues.

The Welsh contract review group has reduced the 6 workstreams to 4 and they now cover: minimising risk (where many of the issues are around financial pressures and risks, last person standing issues), demonstrating quality, cluster networks and workforce. Each workstream has a large number of subsections with work programmes designed to deliver

concrete recommendations to the contract oversight group where the formal negotiations are held. Membership of the workstreams and contract oversight group includes Health Board, Welsh Government and GPC Wales representation along with other key members as needed (e.g. Deanery, RCGP Wales, Shared Services Partnership). The work is due to conclude by April 2019.

Details have been covered in [GP online](#) and [Pulse](#).

### **Agenda for Change pay award and practice staff**

Negotiations on a new deal for Agenda for Change (AfC) employees began at the end of 2017 and have just concluded. The AfC uplifts the pay amount to 3% in year one and 1.7% for the next two years. However, the AfC deal hasn't been agreed by the unions yet – what was announced this week was the negotiated agreement, pending a ballot of the union members which will be happening over the coming months. Therefore, if accepted, the new deal would be introduced in July with backdating to April. More details can be found on the [NHS Employers website](#). Read our [press release](#).

Very few GP practices have employees on AfC although many do take this in to account in terms of their own staff payment arrangements. However practices will have noted the outcome of the GP contract negotiations, and should make an initial 1% pay uplift for GPs and their staff, which could be increased pending the outcome of the DDRB process and the government's decision. In our further evidence to the DDRB, we will be highlighting the impact the AfC pay award will have on general practice staff, including issues around recruitment, retention and job satisfaction if there is no similar uplift for GP practice staff through the DDRB process.

The DDRB outcome and government's decision will likely come in the Summer and so we recommend that practices pass on the 1% pay uplift to their staff from 1 April, and then any uplift recommended by DDRB and agreed by government could be back-dated.

### **Winter Indemnity Scheme**

We have written to NHS England to express our extreme concern regarding the upcoming end to the Winter Indemnity Scheme on 2nd April. We surveyed GPs to establish the scale of the impact of this scheme ending and received over 500 responses. This is a great response rate and clearly shows that this is an important issue to GPs, so many thanks to all those who took part. We will be publishing the results next week.

### **CQC report on online GP services**

CQC have today published a further [review of online GP services](#). They conclude that the quality of online primary care services, such as those that provide GP consultations and prescriptions through independent websites and apps, has improved over the last 12 months but further action from providers and the wider system is needed to ensure they are as safe as general practice in physical premises. Of significant concern, they found that as of 28 February 2018, 43% of the providers CQC inspected were found not to be providing 'safe' care in accordance to the relevant regulations, although this compared with 86% not fully meeting these regulations on their first inspections. Specific concerns CQC had included:

- inappropriate prescribing of antibiotics, including lowered thresholds for antibiotic prescribing as a physical examination was not possible, and prescribing high volumes of opioid-based medicines without talking to the patient's registered GP
- unsatisfactory approaches to safeguarding children and those who may not have the mental capacity to understand or consent to a consultation
- not collecting patient information or sharing information with a patient's NHS GP, who should have an accurate and up to date record of their previous and current treatments and health problems
- inappropriate prescribing of medicines for long-term conditions, including failures to monitor the volume of asthma inhalers being prescribed to individuals when their condition should be regularly checked.

I commented that to the press that "This report reflects many of the concerns that the BMA has been raising about online GP services for some time. Regardless of any improvement seen since the last inspection, it is alarming to see that more than a third of providers are still not classed as safe, especially when it comes to prescriptions. As reiterated by our members earlier this month at the LMC conference, GPs are also rightly worried that these services 'cherry-pick' healthy patients, while ignoring the needs of individuals with more complex conditions. We recognise the opportunities that technological innovation offers and have called on more support and funding to be provided for current practices to be able to develop their own online services. Patients would inevitably be safe using these services through their own GP practice, which has full access to their medical records and can provide follow-up face-to-face consultations when necessary."

#### **Workforce Minimum Data Set – March 2018 extraction**

NHS Digital will be carrying out their quarterly extraction of workforce data at the end of the month. This will capture data about your workforce as at 31 March 2018, including any absences and vacancies between 1 January 2018 and 31 March 2018. To support the next extraction, please make any necessary revisions to your practice records by midnight on 31 March 2018 through the [Primary Care Web Tool](#).

#### **Policy leads updates**

Following the GPC UK meeting last week, the regular update from our policy leads on the work their groups are doing is attached.

#### **Have your say on the UK LMC conference**

Thank you to all those who attended the UK LMC conference on 9 March. As ever, we are always looking to improve our conferences and ensure they evolve. Please provide your feedback through our short [online survey](#), by Friday 6 April.

Have a good weekend

Richard