

From your BMA GPs committee chair

Missed any of our key guidance?



Dear Colleague

As your representative body, one of the key roles of the BMA GPs committee is to provide guidance for GPs and LMCs (local medical committees) and briefings on changes affecting general practice, helping you to plan ahead and respond to challenges.

We have produced no fewer than 25 guidance documents and briefing notes for GPs in the past six months, all of which are available on the **BMA website**. These have been written with everyday GPs in mind and I've listed some of the key resources we have published most recently below:

- **New GP contract guidance:** Changes came into effect in April 2015 and it's important that practices are aware of the work that is no longer necessary, such as that on the patient participation DES (directed enhanced service) and alcohol DES, as well as the significantly reduced reporting requirement for the avoiding unplanned admissions enhanced service. There are also new benefits, including non-discretionary funding for maternity leave cover. We have produced detailed guidance on: **how to deliver new contract IT requirements**; the **requirement for patients to have a named, accountable GP**; **publication of GP mean net earnings**; and **how all these changes affect sessional GPs**.
- **Managing your workload:** If you haven't already done so, I would strongly urge you to look at our **Quality first: Managing workload to deliver safe patient care** toolkit. At a time when GPs are overwhelmed with work, which can compromise safe care, this resource provides templates that practices can use locally to challenge inappropriate and unresourced work. We have had very positive feedback from GPs and practices who have used this guidance, with many reporting tangible changes to their workload.
- **GP networks:** A dedicated section of our website details how GP practices can work together in federations, GP provider companies and other collaborative alliances. We have created specific guidance on: **how to set up a network**; **common legal structures for practice networks**; and some **guiding principles**. One prime function of GP networks should be to help members manage their workloads. This includes helping struggling practices, for example through peer support, workload management and the sharing of staff and expertise.
- **Becoming architects of new care models in England** is a discussion document on the NHS Five Year Forward View, informing GPs, practices, networks and LMCs of new integrated approaches to providing healthcare and how this could work for GP networks. In addition, we have produced **guidance on NHS England's new care models vanguard sites**.

- **Out of area registrations:** Despite our expressing strong concerns, the Government has allowed patients in England to register with GP practices away from their home residence since January 2015. **Read our guidance and FAQs** to find out what you need to do contractually if you register such patients.
- **Prepare for a CQC inspection:** The prospect of an inspection is daunting, but there are things practices can do to mitigate the stress and make sure you and your non-clinical colleagues are well prepared. Our detailed and practical **guidance** walks you through how to prepare for the three key stages of inspection – pre-inspection, the day of the inspection and the outcome – and what support your LMC can offer.
- **Our take on the ‘new deal’** is a detailed analysis of the health secretary Jeremy Hunt's 19 June speech setting out his plans for general practice.
- **Clinical pharmacists pilot:** Last month, NHS England announced a new national pilot of pharmacists working within general practices, with the aim of easing GPs' workloads. **Read our guidance** for full details and to learn what funding is available. The application period for practices to bid for this pilot opened on 7 July and closes on 17 September.
- **Focus on PMS reviews and transition to GMS** is essential reading for all PMS practices, to help them understand and proactively prepare for funding reviews.
- **Rent reimbursement guidance:** this is a must-read for leasehold and owner-occupied GP premises.
- **Focus on the global sum allocation formula** gives a comprehensive yet easy to read explanation of how GMS practices are funded.
- The **induction and refresher scheme**, which was launched earlier this year, supports GPs returning to work after a career break.
- **Our Patient Group Direction guidance** explains the regulations on how nurses, or other registered HCPs (health care professionals) who are not qualified prescribers, can administer prescriptions or medications.
- **Sessional GPs appraisal and revalidation guidance** provides essential tips tailored to the specific needs of sessional GPs.

If you need further support or clarification on any of these resources, email us at info.gpc@bma.org.uk. You can also contact your LMC for assistance.

Fit for Work scheme goes live across England and Wales

GPs throughout England and Wales can now refer employed patients who have been, or are likely to be, off sick for four weeks or more for a voluntary occupational health assessment. Government information states that: 'The occupational health professional will identify obstacles preventing the employee from returning to work. A Return to Work Plan will be agreed providing recommendations tailored to the employee's needs, which can replace the need for a fit note.'

Further details are available on the **Fit for Work website**, while specific guidance for GPs can be found on the **Government's website** and we have also produced our own **guidance and FAQs**.

Finally, as always, you can keep in touch with the latest news at www.bma.org.uk/gpc.

With best wishes,

Chaand Nagpaul
BMA GPs committee chair

How should the quality of your care be measured?

In Jeremy Hunt's 'new deal' speech, he announced that the Health Foundation would be developing metrics for measuring the quality of GP practices by the end of September 2015. The GPC had a meeting with the independent charity last week, at which we reiterated our opposition to a crude league table approach and the need for any metrics to be contextualised and to support improvement.

We also believe that GPs are already overburdened with scrutiny from CQC inspections, QOF indicators and NHS England performance indicators, and that this excessive bureaucracy and the misleading judgments made about practices need to be redressed.

The Health Foundation has launched a consultation on measuring quality in general practice.

[Find out more and share your views](#)

Peers look into primary care

The GPC will submit evidence to the recently announced [health select committee inquiry into primary care](#), which will cover:

- the quality and standards of care for patients
 - demand and access (including out of hours access and proposals for 7-day access)
 - funding (including local and national distribution of resourcing)
 - commissioning
 - future models of care as piloted by the Five Year Forward View vanguards
 - workforce: current and future challenges (including recruitment, retention, training, skills mix, contractual models, workload and pay)
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GPC in the media

I was pleased to be interviewed by [Management in Practice](#) magazine about the challenges facing general practice, including rising workload and problems with recruitment and retention, and how these can be resolved. [Read the full article](#)

Elsewhere, the Government's recent attacks on junior doctors, following the publication of the Doctors and Dentists Review Body's recommendations into their contract, have generated some coverage for GPC. GP trainees subcommittee chair Donna Tooth was featured in the [Guardian](#) raising concerns over the recommended removal of the trainee pay supplement. Meanwhile, in the [Independent](#) training and workforce subcommittee chair Krishna Kasaraneni has commented on overseas recruitment firms using the DDRB's announcement to lure GPs to New Zealand.