



Newsletter – March 2019

Primary Care Networks.

There is much talk and debate about this subject both locally, and nationally.

Rest assured that your LMC will remain engaged and involved in the process to represent local GP Practices and ensure that the PCNs are constructed from the ground upwards, in line with the spirit of the national agreement.

GPC England executive team member Krishna Kasaraneni's fourth blog on PCNs focuses on how the new workforce expansion will support GPs and practices.

Krishna sets out GPC perspectives and addresses some of the issues raised during the GP contract roadshows. [Read the blog](#)

Read more of Krishna's blogs on PCNs:

- [Primary care networks](#): an introduction to PCNs
- [The right structures for PCNs](#): what you need to consider at this early stage
- [LMCs and PCNs](#): how local medical committees can support practices to engage with PCNs.

Integrated Sexual Health Services

The LMC see looming problems with the commissioning of sexual health services via RFT. Half of all Rotherham practices are now not contracting with the service. The ISHS team have basically carried forward contracting arrangements for IUCD fitting within primary care unchanged into 2019/20. Subdermal implant fitting, removal and replacement attracts only a small increase from £30 to £33. Practices are finding that certain contractual areas are not financially viable - sub dermal implants being one.

Obviously if primary care is unwilling to perform implants then RFT would need to mop up. ISHS have advised that, logically, this would not be possible. Herein lies a significant issue with all the ramifications.

Our advice remains that GP Practices should review their costings carefully.

Dementia LES 2019/20

You will be aware that the CCG has been working to review the Dementia Diagnostic and Post Diagnostic pathway following the release of NICE guidelines related to

Dementia. The aspiration was to have concluded the review during Q4 and be in a position to propose changes as we move into the new financial year. The CCG's current position is that they are continuing to develop the revised clinical model for both diagnostic and post diagnostic care, which has not been straight forward given the implications for both Primary Care and RDASH.

Given the advice received by colleagues at NICE regarding the role of GP's in diagnosis, the CCG is in a position where the only option is to suspend the diagnostic element of the Dementia LES from April onwards. As an interim measure diagnosis would revert back to the previous pathway, where patients are referred to the RDASH Memory Service.

The CCG acknowledge that the timing of this for practices is not ideal, particularly for those practices that have been actively diagnosing and reviewing patients and have put in place resources to meet demand in 19/20.

Local Enhanced Services 2019-20

It's fair to say that although not all our concerns were entirely resolved - particularly around the resourcing of some of the services (especially minor ops and ear

care) we felt it reasonable to carry most issues over to next year given the significant reorganization to enhanced services that may go along with PCN formation. Practices will want to take their own view as to whether these services remain deliverable at the rates offered but note that in the event that 75% of practices do sign up all practices will need to deliver or subcontract as per the quality contract basket terms.

Regarding the Phlebotomy LES, the wording has been changed slightly at the last minute at our request regarding evidence of activity in order to increase caps.

Contract agreement funding figures and FAQs

The new values of global sum, QOF, out-of-hours adjustment and the new practice participation payment have now been published, and can be accessed on the [GP contract webpage](#) (in the 'practice funding and pay' tab).

The 1.4% additional investment to the practice contract includes a 1% uplift to global sum and a SFE payment, linked to practice participation in primary care networks, of £1.76 per weighted patient. This therefore delivers an extra £2.68 per weighted patient in to practice budgets for 2019/20. In addition specific vaccination item of service fees have increased, including seasonal influenza. Together with the removal of indemnity expenses this means practices will be able to deliver a 2% uplift to practice staff pay.

The GPC have published [FAQs](#) which include questions about funding, primary care networks, digital access, indemnity and QOF. The guidance is available on the [GP contract pages](#).

Because of wider political pressures, not least Brexit, changes to the GMS and PMS regulations relating to the contract in England will not happen in time for April 2019, but may be later in the year (July or October). The SFE and funding entitlements will still go ahead from 1 April.

Firearms licensing process

The GPC have updated their [GP support guidance about the firearms licensing process](#). Mark Sanford-Wood, GPC England executive team member, has also written a blog about medical involvement in firearms to explain the clarifications which you can access [here](#).

Flu vaccination programme delivery

GPC England has sought advice from NHS England and clarified the action needed if there is no adjuvanted trivalent inactivated influenza vaccine (aTIV) available as part of the vaccination programme delivery, and no further is expected.

The appropriate steps for practices to follow are:

1. Where a practice has no aTIV, discuss this with the CCG flu lead.

2. If the CCG confirms that no aTIV is available, offer patients Quadrivalent Influenza Vaccine (QIV).
3. If a patient declines QIV, the practice can exception report and then should record the reason.

Funding for increased employer contributions

Following recently concluded contract negotiations, the GPC agreed that additional funding would be provided to fund the expected rise in employer's superannuation costs. The DHSC (Department for Health and Social Care) have confirmed that for 2019/20 an employer rate of 20.6% (20.68% inclusive of the administration charge) will apply from 1 April 2019. However, the NHS Business Service Authority will only collect 14.38% from employers such as practices. Central payments will be made by NHS England and the DHSC for their respective proportions of the outstanding 6.3%. This will also apply to locum GPs.

Indemnity settlement 18/19

GPC England and NHS England have agreed the amount to cover the increased cost of indemnity for 2018/19. This will again be £60m and be paid on a per-patient basis equivalent to £1.005 per patient.

Practices and individual GPs will need to discuss how this funding is distributed, in line with previous years. This is the third year that we have secured payment to cover the previous annual rise in

indemnity costs. It now completes discussions related to the current indemnity scheme and represents a fair and final settlement. This is in addition to the state-backed indemnity scheme which begins next month. [Read our indemnity guidance](#)

MPS Statement - Indemnity

The GPC have asked us to share the following comments from Simon Kayll, MPS Chief Executive:-

Medical Protection has set new subscription fees for general practice members in England and Wales. Most members can expect to receive a significant reduction and in some cases they may be eligible for a partial refund on their current year's subscription. Medical Protection members will receive a personalised letter setting out their new tailored subscription information in detail in the next couple of days.

The new state-backed scheme won't protect GPs in all circumstances. This means Medical Protection membership will remain vital to protect against many challenges including regulatory issues, a complaint from a patient or a clinical negligence claim arising from private or fee paying work.

A GP's subscription will depend on a number of factors including the amount of private or fee paying work they undertake and the number of sessions they work. As an illustration, a GP working eight sessions can expect their subscription to be less than £800. This

subscription includes advice and support with medicolegal issues from their NHS and private work as well as our 24 hour medicolegal advice line and risk management support.

If a member carries out fee paying or private work they would need to add protection for any claims that may arise from this activity. The cost of this additional claims protection is dependent on their earnings from private or fee paying work. GPs can earn up to £2,500 from standard GP fee paying work for a subscription cost of £90. We expect that this will be adequate for many Medical Protection members. Those doing more private work can seek a tailored quote online or by calling our Member Services team.

While Medical Protection members in General Practice in England and Wales will pay substantially less for their membership, they can expect to continue to receive the same high quality advice and support.

LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month in the Board Room at Rotherham General Hospital

NEXT
LMC MEETING
8th April 2019
COMMENCING
At 7.30 PM

OFFICERS OF THE LMC

Chairman
Dr Adrian Cole
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If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

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