

Friday 20 March

Issue 13

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GPC meeting

The GPC held its meeting on Thursday 19 March and this newsletter provides a summary of the main items discussed.

DDRB report, GMS guidance and SFE

Last week the Government in England accepted the Doctors' and Dentists' Review Body (DDRB) recommendation that GPs should receive a 1% increase in net income. An overall contractual uplift of 1.16% has been calculated using the DDRB's formula to deliver this net increase. The new global sum figure will be confirmed very soon when the new SFE and GMS guidance documents are published. For this year only, the value of global sum will increase again in October to reflect seniority recycling.

New care models

The committee discussed new models of care relating to the [Five Year Forward View](#). The GPC and BMA will be watching developments in each of the [29 vanguard sites](#) with interest. Our guidance on the vanguard sites [is available on the BMA website](#). We aim to have conversations with the LMCs in these areas in the near future to get a better insight as to how developments are affecting GPs. In the meantime, any LMCs with questions or comments about the vanguard sites should contact fnielsen@yahoo.co.uk



Important information regarding NeisVac-C vaccine, Boostrix IPV injection and Fluenz Tetra nasal spray suspension Influenza vaccine – England only

NHSBSA Prescription Services is making practices aware that where vaccines have been centrally procured for the practice through Public Health England, they should not make a claim under personal administration arrangements to the NHSBSA on form FP34P/D Appendix or FP10.

NHSBSA Prescription Services has identified an increase in FP34P/D Appendix forms and FP10 forms claiming payment for Fluenz Tetra nasal spray suspension Influenza vaccine, NeisVac-C vaccine and Boostrix IPV injection where practices have later verified these have been centrally procured via a vaccine ordering facility, such as ImmForm. Practices must not submit payment claims for vaccines or injections obtained in this way to the NHSBSA.

An FP34P/D appendix or FP10 form should only be submitted for payment to cover the 'dispensing' of the vaccine for personal administration where the vaccine has been purchased by the practice.

Practices who have incorrectly submitted centrally procured vaccines to NHSBSA Prescription Services should contact nhsbsa.repricingrequest@nhs.net.

Generic prescribing of pregabalin – England only

A generic version of pregabalin (Lyrica) is shortly to become available, but it only has a license for use in epilepsy and general anxiety disorder with the manufacturer's patent on use for pain control continuing. The manufacturers have indicated their intention to enforce their patent through the courts, and anyone supplying generic pregabalin for pain control might be open to litigation. While this primarily affects dispensing doctors, others might be troubled by pharmacists seeking to confirm the indications for generic prescriptions. The GPC would therefore advise doctors to prescribe Lyrica by brand when used for its pain control indication for the time being.

This advice is available on the [BMA website prescribing page](#). NHS England has also published [guidance](#) which has been cascaded to practices.

NHS prescription charge increase from 1 April 2015 – England only

The prescription charge in England will increase by 15p from £8.05 to £8.20 for each medicine or appliance dispensed as from 1 April 2015. More about this is available on the [Prescribing pages](#) on the BMA website.

The National CKD Audit – England and Wales

Detection of chronic kidney disease (CKD) in primary care allows identification of people at higher risk of developing 'end stage' kidney disease, acute kidney injury and cardiovascular disease. There is an important balance between the identification and management of risk and a prudent approach to minimise over-medicalisation.

To inform our understanding and encourage better identification and management, NHS England and the Welsh Government have jointly funded a National CKD clinical audit. The audit has been commissioned by the Health Quality Improvement Partnership and is being undertaken by BMJ Informatica.

The aim of the audit is to improve the identification and treatment for patients with CKD. One of the key features of the audit is the serial collection of data on kidney function over time, which will help practices to identify patients with CKD and optimise the care provided to those patients already on the CKD register.

The audit will run automatically so requires no extra work once it is installed. Practices are encouraged to participate so that their data can contribute to the national picture of CKD care. The software also includes an optional Quality Improvement (QI) tool for practices, providing in-consultation computer prompts and lists of patients who potentially need recoding.

The Clinical Review Group for the audit is chaired by Dr Kathryn Griffith, the RCGP Clinical Champion for CKD. The free CKD Audit is available to GP practices who are current BMJ Informatica customers. It will soon be made available to all practices through the new GP Systems of Choice (GPSoC) framework.

Interested in taking part?

Please visit our website and follow the instructions to sign up!

Website: www.ckdaudit.org.uk

Email: nationalckdaudit@bmj.com

Fit for work scheme roll out begins – England and Wales

Fit for Work offers free and impartial guidance and resources that can be used by GPs who are supporting patients facing work-related health challenges. It is designed to help employed people with health conditions, or those who want to return to work after a period of sickness absence lasting or expected to last four weeks or more.

In addition to accessing [online resources](#) around work-related health topics, GPs across England and Wales can use the Fit for Work website to [refer patients](#) who have been, or are likely to be, off work for four weeks or more for a health assessment. This free and voluntary referral, which can replace the need for a fit note, will culminate in a Return to Work Plan tailored to patients' needs and focused on helping them return to work in a way that is right for them.

The [roll out](#) of the referral service across England and Wales will be taking place over the coming months, and has so far begun in Sheffield and the areas covered by the Betsi Cadwaladr University Health Board areas. GPs outside these areas can [register their interest](#) on the Fit for Work website in order to receive updates about service developments and roll out.

Work capability assessments

GPs often face requests for letters to support appeals to a tribunal for Employment Support Allowance (ESA) following a Work Capability Assessment (WCA). The GPC position remains that the work capability assessment process should be scrapped with immediate effect and replaced with a rigorous and safe system that does not cause avoidable harm to the weakest and most vulnerable people in society. There is concern about whether the WCA assesses adequately and accurately a patient's 'fitness for work'.

However, there are Regulations in place that go some way to address concerns about the WCA process and GPs that are approached for letters in support of their patients' appeals should be aware of them.

The ESA Regulations 2013 set out the exceptional circumstances where an adverse decision may pose a substantial risk to the claimant or others in the workplace. These are Regulation 25 and 31 and [can be found online](#).

These two regulations should be applied to all cases where a GP makes a clinical judgement that harm is likely.

Information Governance (IG) Toolkit Survey launched – England only

[Personalised Health and Care 2020: a framework for action](#) published by the National Information Board, proposed that the Health and Social Care Information Centre (HSCIC) should, by October 2015, 'relaunch the Information Governance Toolkit to reflect enhanced information governance and data security requirements.'

To support development of the new toolkit, HSCIC has launched a survey to asking GPs what they think about the current toolkit, what they like about it and how it might be improved.

The survey can be accessed at <https://consultations.infostandards.org/information-governance/igt2015>. The closing date for responses is **Wednesday 25 March**. Comments and feedback will help shape the development of the new look toolkit.

PIP rollout extends - UK

From 30 March 2015, Personal Independent Payment (PIP) Natural Reassessment is being extended to some existing DLA claimants living in postcode areas beginning BL (Bolton), FY (Fylde), CW (Crewe), OL (Oldham), SK (Stockport), HU (Hull), FK (Falkirk), TQ (Torquay), TA (Taunton), and TR (Truro) where:

- their fixed term award is coming to an end, or
- they are approaching age 16, or
- DWP receives information about a change in their care or mobility needs, or
- an individual chooses to claim PIP instead of their Disability Living Allowance (DLA).

Most DLA claimants with a long-term award will not be affected until October 2015 or later.

More information about reassessment can be found in the [PIP Toolkit](#).

Medical information and insurance – Subject Access Requests

The BMA's joint guidance with the Association of British Insurers (ABI) on the use of medical information for insurance purposes has been withdrawn and is under review. The BMA is aware that some insurance companies are now requesting full medical records (via a Subject Access Request – SAR) rather than asking for a report from the applicant's GP, as previously agreed with the ABI.

In the GPC's view, requesting the full medical record for any patient is excessive and potentially in breach of the third data protection principle under the Data Protection Act 1998 (DPA) which states that personal data shall be "adequate, relevant and not excessive" in relation to the purpose for which it is processed.

Under the DPA, patients are entitled to copies of their full medical record. We are awaiting guidance from the Information Commissioners Office (ICO) regarding the BMA's concerns about the use of SARs. Until this guidance is received, the BMA would recommend that a letter is sent to any patients requesting their medical records via a SAR. [The letter can be found on the BMA website.](#)

Sessional GPs e-newsletter

The March edition of the sessional GP e-newsletter was sent out yesterday and is available here [is available on the BMA website.](#)

The major feature this month is the new and updated [appraisal and revalidation guidance for sessional GPs](#). It also features news and information aimed at supporting sessional GPs as well as blogs from sessional GPs, including one from Dr Mary O'Brien on [becoming an Adult Basic Life Support Trainer](#).

The e-newsletter has been sent out to all the sessional GPs on the BMA's membership database but to ensure that it gets to as many sessional GPs as possible LMCs are encouraged to distribute the link as widely as they can. Using the new format it is also possible to easily highlight different sections of the newsletter via social media if you use Twitter, etc.

Appraisal and revalidation guidance for sessional GPs

The [recent GPC survey](#) made it clear that many sessional GPs require further support with the appraisal and revalidation process. For example, sessional GPs reported that they often encountered difficulties gathering appropriate supporting information on quality improvement activity and significant events, and had trouble collecting feedback from both colleagues and patients.

In the light of these concerns, the appraisal and revalidation guidance for sessional GPs has been updated and [is available on the BMA website.](#)

GPC guidance notes

Since the beginning of the year, the following guidance has been issued by the GPC and is available on the BMA website:

- [CQC guidance on registration and inspection](#)
- [Co-commissioning guidance – information for GP providers](#)
- [Co-commissioning guidance – conflicts of interest](#)
- [Focus on Fitness to Work guidance](#)
- [Guidance and FAQs on out of areas registrations](#)
- [Guidance on applying for premises transformation funds](#)
- [How to declare GP earnings guidance paper](#)
- [How to deliver new contract IT requirements](#)
- [Legal framework for practice networks](#)
- [Quality first: Managing workload to deliver safe patient care](#)
- [More detailed and practical how-to guidance to help practices prepare for CQC visits etc](#)
- [New care models – Vanguard sites](#)
- [Sessional GP Appraisal and Revalidation Survey and Guidance](#)

LMCs – change of details

If there are any changes to LMC personnel, addresses and other contact details, please can you email Karen Day with the changes at kday@bma.org.uk.

The GPC next meets on 16 April 2015, and LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items is 8 April 2015. It would be helpful if items could be emailed to Holly Trotman at htrotman@bma.org.uk. You may also like to use the GPC's listservers to exchange views and ideas.

GPC News

LMCs are reminded that their regional representatives can provide more detailed information about the issues covered in GPC News, and other matters. Other members of the GPC would also be pleased to accept invitations to LMC meetings wherever possible. Their names and addresses are in the GPC Yearbook. The secretariat can also provide a written background brief if required, but it would be helpful to have such requests well in advance of your meetings.

Finally, if LMCs require assistance on local issues, they can also contact the BMA's local offices: addresses are on page 3 of the GPC's yearbook.

This newsletter has been sent to:

Secretaries of LMCs and LMC offices
Members of the GPC
Members of the GP trainees subcommittee
Members of the sessional GPs subcommittee