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Email update from Carole Cusack, Lisa Harding (Directors of Primary Care) & Michelle Lombardi (Assistant Director of Primary Care) - Mar 2015

Date sent: Monday 30 March 2015

PM NEWSLETTER - March 2015

Good afternoon.

This is the second in the series of our email newsletters for 2015, which we hope will be helpful - as ever, we have plenty to update you on!

QOF End of Year

It is that time of year when we know you are all busy making sure that the information relating to QOF is up to date. Given that this will be the first extraction undertaken by CQRS, we would strongly advise that you take screen shots of all the QOF indicators within your clinical system. This needs to be done as close to the 31st March 2015/1st April as possible and will enable you to raise a dispute with your Local Area Team should you identify any discrepancies after the end of the financial year.

Contract Changes for 2015/16

The following provides an overview on the contract changes for 2015/16:

- | DDRB recommended the GPs should receive **1%** increase in pay
- | Overall value of the GMS contract will be increased by **1.16%** (the Government has used a formula previously employed by the DDRB to calculate the gross uplift to GP contracts it believes is necessary to achieve this net outcome)
- | Global sum **£75.77** per weighted patient (an increase of 3%)
- | This year only there will be a further increase in the GMS global sum price per weighted patient on the 1st October 2015 to reflect changes to the seniority scheme and reinvestment of this funding
- | Seniority is being phased out with payments ceasing on 31st March 2020 with 15% reduction each year from 2013/14 and simultaneous transfer to core funding
- | PMS/APMS baseline increase is **£1.66** per weighted patient
- | PMS OOH deduction is **£4.09** per weighted patient
- | The pound per point value of QOF will increase to **£160.15**
- | OOH opt out deduction will not apply to the reinvestment of MPIG, enhanced services and seniority funds, percentage value of the OOH deduction for opted out GMS practices will reduce to **5.39%** in the first half of 15/16
- | Publication of GP mean net earnings – this will include NI but will be based on wte GPs as

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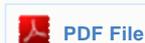
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defined by the practice

- | Enhanced Services
 - | Patient participation ES to end and funding transferred into global sum. Contract will require practice PPG but no reporting requirements
 - | Alcohol DES to end and funding transferred to global sum. Registration form for new patients to identify alcohol excess & take appropriate action
 - | Extended hours, dementia and learning disabilities extended for a further year
 - | Minor surgery - there will be a consistent set of standards for this
 - | Avoiding unplanned admissions - patients who move or pass away will count towards the 2%

Armed Forces Personnel

The GMS Regulations have been amended to allow for armed forces personnel within a specified cohort to be registered with a GP practice for longer than three months and up to a maximum of two years.

Defence Medical Services will retain responsibility for meeting occupational health needs, but the individual's primary care needs will be delivered through registration for NHS primary medical care services with a GP practice. These patients will need to have received the explicit authorisation of Defence Primary Health Care in order to register. A summary of the patient's medical records will need to be shared with the GP practice.

Any armed forces personnel registered with a GP practice under these amended arrangements will be funded as a fully registered patient during the time of their registration.

GP Contract changes documentation:

Please see below links to documents relating to the GP contract changes for 2015/16:

- | [GP Contract & Enhanced Services Information](#)
- | [Technical requirements for 2015/16 contract changes](#)
- | [GP Contract Guidance and Audit requirements 2015/16](#)

Workforce Minimum Dataset

You should have recently received an email from HSCIC regarding the Workforce Minimum Dataset.

GPC have published a position statement in response, which confirms:

"The legal position is that practices are required under the HSCA to provide the information requested for the WMDS. The ICO has clearly stated that they would not consider practices to be in breach of the DPA in providing this information required by the HSCIC".

GPC remains concerned about the burden placed on practices in completing this collection.

From 31st March 2015, you will have up to 31 May 2015 to complete this return for clinical staff, allowing a two months window for you to allocate resources to this. The Primary Care Web Tool (PCWT) is always open so you can enter data at any point in time.

For all other non-clinical staff, the deadline for completion is extended to the end of November 2015.

CQC Intelligent Monitoring Update

CQC has listened to the concerns of the GP profession and as a result it has agreed not to continue with the use of bandings for GP Intelligent Monitoring, as well as changing the language used to highlight variation between practices so that it does not imply a risk to patient safety.

The BMA, the RCGP and others had raised serious concerns with CQC on the use of data in producing "bands", which were seen as a direct judgement of care. Concerns had also been raised about the use of the word "risk" when analysing variations in the data

CQC acknowledges that what they published wasn't right regarding the use of language around risk, and on the analysis of variation between practices and have apologised. They also acknowledge that bandings have been perceived as judgements about the quality of care. That was not their intent but today CQC have confirmed they are removing the bandings for GP Intelligent Monitoring nonetheless.

New CQC Registration and Registration Variation Forms

You may be aware that CQC is introducing new registration application and registration variation forms for providers.

The new forms will be made available to users of online services between Friday 17 and Monday 20 April – and any draft forms will be deleted at this stage.

The CQC has published a news article on its website, explaining the phased process by which they will begin accepting the new offline forms and stop accepting the old versions.

<http://www.cqc.org.uk/content/new-registration-application-and-registration-variation-forms>

CQC Fees Rise

As we predicted, CQC has revised the fees that all providers will have to pay from April 2015. The increase for 2015/16 is 9% - the impact of this is an increase of £69 for a general practice with 10,001 to 15,000 registered patients

In the summer, CQC will introduce the option for providers to pay by instalments and by direct debit, to help them manage their cash flows.

Dr Richard Vautrey, Deputy Chair of the BMA's GP committee said:

"It is extremely disappointing that the views of 80% of the respondents to the consultation have been ignored and GP practices will be facing yet another increase in CQC fees. This will be a further financial blow to GP practices just weeks after the DDRB failed to act on the rising cost of GP practice expenses in their recommendations. These separate squeezes on GP budgets at a time of rising patient demand will inevitably reduce resources available for patient care. The CQC should re-evaluate this decision and actually listen to the opinions expressed in the consultation."

Registration Forms

Most practices currently use a GMS1 form and a new patient health questionnaire when patients request to register. You may not be aware but it is not a requirement for practices to use the GMS1 form and you can choose to design your own that could be incorporated into your new patient health questionnaire. However, all the information that is on the GMS1 form must be included within any new form/questionnaire.

Wessex LMCs has developed some suggested templates that you may wish to use. These are in a word format so that you can adapt them as needed, just click on the relevant link below to access them:

- | [Registration Form - Adults](#)
- | [Registration Form - Children](#)
- | [Data Sharing Leaflet](#)
- | [Data Sharing Form](#)

NHS Protect/Local Counter Fraud has asked that when registering a patient, to include a question on where they were last treated. This has been included within our templates however it is up to the practice whether to use this.

We would like to thank the following practices for sharing their registration forms/questionnaires to help us develop these: University Health Service Practice in Southampton, The Wilton Health Centre, The Wellbridge Practice and The Arnewood Practice

Out of Area Registration

We met with the Wessex Area Team earlier in the month and discussed the Out of Area

Scheme. They confirmed that coverage for the home visiting service is patchy. If you need to check whether there is a home visiting service in a particular area, you need to contact NHS111 who should be able to provide this information for you. If they do not have the information you need, speak to your Area Team who will be able to advise you further.

Wessex Area Team have been asked to report on the coverage of home visiting services in their area and we assume that this has been requested of all Area Teams. We hope that this will help to make the information more consistently available.

The GPC has stated that it is important that practices must not register any patient under these new arrangements (out of area registration) until they are certain that a safe and adequate service is available if patients are too ill to travel to the practice. GPs have a professional responsibility to ensure this is the case.

Nursing Home Records

We've had a flurry of queries from practices asking whether they are responsible for completing nursing home records. The answer is no. There is no contractual requirement for GPs to make written notes in the nursing home records and neither is there any requirement to follow up verbal advice to a nursing home with an email or fax, although, if the advice is very complicated you may wish to do so to ensure it is undertaken accurately.

The onus is on the nursing home staff to make a note in the resident's file stating what advice has been given, by whom and when, rather than on you to follow it up.

Nursing homes are quite often spooked by CQC inspectors in this regard but it is still the nursing home's responsibility, not yours.

Drug Driving

A new offence of driving, attempting to drive, or being in charge of a vehicle, with certain specified controlled drugs in excess of specified limits has come into force.

This offence is an addition to the existing rules on drug impaired driving and fitness to drive, and applies to two groups of drugs; commonly abused drugs, including cannabis, cocaine, and ketamine, and drugs used mainly for medical reasons, such as opioids and benzodiazepines. Amfetamines are also expected to be added to the legislation later in 2015

New guidance for healthcare professionals on drug driving has been published, which you can find at: <https://www.wessexlmcs.com/drugdriving>

In summary, patients are being advised to keep suitable evidence that they are taking certain specified drugs such as an up to date copy of a repeat prescription, rather than a letter as this would provide the information around the medication that is being taken and the dosage.

This new offence does not alter in any way the clinical advice that should be given to patients in future which, as now, is based on professional judgement for each patient around what is the appropriate discussion concerning the risks of their medication. It is the ultimate responsibility of the patient to consider whether they believe their driving is, or might be, impaired on any given occasion and drivers should not drive if in doubt.

It would be advisable for clinicians to amend their record keeping and whenever they prescribe one of these preparations they should consider noting, "Advice re driving given", or similar. We are not aware of a Read Code for this – but it would be useful.

The Care Certificate for HCA's

Please see attached appendix 1 for all information regarding the Care Certificate for HCA's.

New Wessex GP Education (WGPET) Website

WGPET has announced the launch of it's new website for all GP education in Wessex, which allows users to:

- | search for educational events
- | book online for some courses (this will be rolled out to more events in the coming months)
- | add personal notes to learning diaries for events

- | download slides and handouts from past events
- | access resources and links to other useful sites
- | manage your subscription online.

The site is available to everyone, with booking and other services available to members who register. WGPET will be encouraging all education organisers to list their events, and hope to provide a comprehensive list of what is available for GPs in Hampshire, Dorset and East Wiltshire.

Please have a look to see how it can help you meet your CPD requirements: www.wgpets.co.uk

Public Health Tenders

We are aware of a couple of public health tenders that are underway/about to be launched:

Hampshire County Council

For further details go to <https://in-tendhost.co.uk/hampshire/> and click on the Current Tenders button then select 'View Details'. Please refer to E-tendering for Suppliers which can be found by clicking on the Information for Suppliers button. Organisations interested in being considered are required to register their interest from 2nd March 2015. The deadline for submission of completed questionnaires via the Council's e-tendering system, In-Tend will be 13th May 2015.

Future opportunities to apply to join the Approved List will be advertised on In-Tend at 6 monthly intervals from 1st April 2016. At those times, providers may have the opportunity to apply for the provision of Public Health services in addition to those listed above, if appropriate.

Dorset County Council

Practices can register (for free) on the Supplying the South West' website (which also covers BANES) and identify the services that they wish to be considered for:
<https://www.supplyingthesouthwest.org.uk>

Useful Links

Vaccination & Immunisation changes 2015/16

The links below relate to the vaccination & immunisation changes for 2015/16:

- | [Vaccination and Immunisation programme guidance](#)
- | [BMA website for Vaccination](#)
- | [NHS Employers website for Vaccination](#)

Government response to the review of the sickness absence system in Great Britain

To read the government's response to David Frost's and Dame Carol Black's independent review of the sickness absence system in Great Britain, click [here](#).

Visitor & Migrant NHS Cost Recovery Programme: Implementation Plan 2014-16

For details of the planned implementation programme, click [here](#).

Skills for Health

Click [here](#) to see the list of free courses (at page 3) that practices will still be able to get free from National Skills Academy (formerly Skills for Health)

Carole, Lisa and Michelle

Directors and Assistant Director of Primary Care

30th March 2015

Attachments

Related guidance and emails...

Out of Area Registrations and In Hours Urgent Primary Medical Services (Enhanced Service)

Choice of GP Practice NHS England released guidance on the new out of area patient registration (choice of GP practice) arrangements in...

Contract Changes for 2015/16

The following provides an overview on the contract changes for 2015/16: DDRB recommended the GPs should receive 1% increase in...

CQC Provider Group Registration

The LMC has been contacted on a number of occasions by local GP provider companies who are confused about the need to register with...

CQC Presentation

Given that CQC are inviting practices to spend around 30 minutes at the beginning of the inspection visit describing the practice, its...

Email update from Carole Cusack, Lisa Harding (Directors of Primary Care) & Michelle Lombardi (Assistant Director of Primary Care) - Jan 2015

PM NEWSLETTER - January 2015 Good Afternoon This is the first in the series of our LMC email newsletters for 2015 and includes the...

Named accountable GP for all patients

The GP Contract for 2015/16 built on the requirements of the 2014/15 agreement to provide a named and accountable GP for patients aged...

Patient Registration

Guidance on Requirements for Registering with a GP - Standard Operating Principles for Primary Medical Care. Although there has not...

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We represent GPs and practices across the counties of Dorset, Hampshire & the Isle of Wight and Wiltshire whilst also providing services to the Islands of Jersey and Guernsey. **Find out more**

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