Dear Colleagues

**Annual Representatives Meeting update**

The BMA’s Annual Representatives Meeting took place this week in Belfast – you can read more about what happened, including all resolutions and speeches on the ARM pages. Some of the motions passed include:

- BMA to actively lobby the Treasury to act decisively to improve the NHS pension scheme
- Calling for the policy of charging migrants for NHS care to be abandoned (reported by the Times, Guardian and Daily Mail)
- BMA to poll its members on whether the BMA should adopt a neutral position with respect to a change in the law on assisted dying (reported by the Independent and the Mirror)
- BMA to lobby the Government to implement standards for social media to prevent the spread of false or misleading information about vaccinations (reported by Belfast Telegraph)
- Calling for a review of prescription charges and challenging the lack of NHS action to resolve shortages of drugs

The motion calling for the immediate withdrawal of the GP contract in England was overwhelmingly voted down by delegates at the ARM. It was reported on by Pulse.

The ARM election results are available here and an update to the GPC membership page.

You can access my speech here.

**Digital-First Primary Care Policy consultation**

NHS England published its consultation Digital-First Primary Care Policy; consultation on patient registration, funding and contracting rules yesterday. This is their response to the development of digital-first providers and the review of out of area registration arrangements. The proposals within the consultation are significant and could impact all areas of the country. GPC England will be responding to the consultation, but we would also encourage GPs and LMCs to consider the plans carefully and respond by the deadline of 23 August.

The Telegraph reported on the proposals in the consultation, in particular the suggestion that companies offering virtual appointments to NHS patients must also open a local surgery offering face-to-face appointments. The article also referred to my speech at the ARM where I warned that shortages of GPs have left family doctors managing a dangerous workload. Pulse reported that these proposals meant that Babylon would be forced to open new premises and then join local PCNs.

**Premises Review report published**

The long-awaited Premises Review Report was published yesterday. Despite the urgent need for investment in GP premises, highlighted by BMA research findings that half of surgery buildings are not fit for purpose and even fewer are fit for the future, delays in the Treasury Spending Review mean this report offers no commitment to funding. Although some elements of the report are moving in the right direction, such as the issue of last partner standing scenarios, there is still a long way to go. NHS England must now urgently secure funding from the Treasury to address the problems facing GP premises and support a clearer vision for practices and the development of Primary Care Networks.
NHSPS service charges
In my speech at the ARM this week I announced that the BMA has written to NHS Property Services asking it to urgently respond to concerns over the worrying rise in service charges faced by GP practices or we will take legal action. Now, in a letter of claim, BMA lawyers have set out in detail the reasons why it believes NHSPS is acting unlawfully. If no satisfactory response is received, the BMA says it intends to take NHSPS to court. This comes as the National Audit Office publish their report which finds that NHSPS lacks the power it needs to make tenants sign leases and pay their rent/charges.

BMA guidance is clear that practices should engage with NHSPS, identify areas where there is a dispute and pay undisputed amounts. Agreements between NHSPS and practices need to be reached which are affordable and include any commitments from previous commissioners. Practices should not be forced into any agreement which places the viability of the practice at risk and solutions must be sustainable. Read more here. It was reported by Pulse, GP online, Financial Times and in a blog by the Pulse editor.

Primary Care Networks
The deadline to complete the PCN schedules is 30 June – read our guidance here. As of 1 July, Primary Care Networks will have been established and go live, i.e. by this date PCNs should have confirmed to the CCG that the network agreement has been signed off, practices to have signed up to the DES via CQRS, and CCGs signed off all PCN submissions.

In an NHS England board paper yesterday, they stated they expected 1259 networks to be established, with only 25 practices out of nearly 7000 not currently wanting to join. A further 10 practices are not participating because of a change in contract holder, but their successors will all be included in a PCN. As of last week, 33 practices were in the position of wanting to join a network but their inclusion had not yet been confirmed. GPC England is working with NHS England on some of these cases, as are some LMCs, and the expectation is that most will be resolved. As a strictly temporary arrangement, pending the outcome of NHS England’s digital-first consultation, GP at Hand will form a separate Hammersmith CCG PCN for nine months only.

Find our guidance and resources on the PCN webpages – we will continue to publish guidance and support in the coming weeks.

Welsh GMS contract agreement
A contract agreement has been reached in Wales for 2019-20. The deal will see an additional £25m of funding into GP services in Wales. The funding will mean an increase per patient in Wales from the current contract, from £86.75 to £90, which includes a 3% uplift to the general expense element of the contract. Additional funding will also be made available to cover the rising costs of employer pension contributions, which saw employer contributions rise from 14.9% to 20.9% on 1 April 2019. Read the update from the Chair of GPC Wales, Charlotte Jones, here, and the statement by the Welsh Government here. In was reported in GP online and Pulse.

Pressures in general practice
I was interviewed by BBC Radio Oxford yesterday about the current pressures on general practice. I highlighted the recruitment difficulties still experienced by many practices and that a decade of underinvestment has meant that we haven’t kept pace with the rising need of the population. Whilst the new investment negotiated in the contract should help we need to do as much work as possible in retaining colleagues and referenced that pension reform could help with this.
NHS bed pressures (England)
The BMA has published a project highlighting year-round bed pressures across the NHS in England, we can be accessed on this page. Data was used, collected by sending FOIs to all English acute trusts, to show that even well beyond the pressures of the winter, hospitals in England were having to use thousands of escalation beds every day to cope with levels of demand. These are extra hospital beds opened in temporary or repurposed wards, or added to existing wards, to cope with demand. Nine in ten NHS trusts were still using escalation beds on 1 May, with little sign of this practice ending. We argue that escalation beds should be reserved for emergencies and genuine peaks in demand, not used to cope with year-round pressure, and we have calculated that, to achieve this, the NHS in England needs at least 3,000 more core beds. Read the press release
It was reported in the Guardian, Telegraph, Daily Mail, Independent, Daily Telegraph, The Sun, ITV.

NHS Long Term Plan Implementation Framework
NHS England published the NHS Long Term Plan Implementation Framework yesterday, which sets out the approach that STPs and ICSs are expected to take in creating local plans to deliver the LTP. The BMA has put together a summary of the areas covered in the implementation framework which may be of interest and is attached.
NHSE has also published a short summary paper on designing ICSs, which reflects much of what we highlighted in our recent briefing on ICSs.

Homeopathy
Following the announcement that Prince Charles had become a patron for the British Faculty of Homeopathy, which has incurred widespread criticism, I was interviewed on the Today programme yesterday where I said: “The conclusion that has always been reached is that there is no clinical evidence behind homeopathy…and we [the BMA] do not support homeopathy as a treatment that should be offered on the NHS”. Listen to the interview here (at 2h43mins in). It was also reported in the Guardian, Telegraph, the Times, CNN

HPV vaccine for boys (England)
From 1 September 2019 the HPV vaccine will be offered to boys, in addition to girls, as part of the routine school aged schedule in England. NHS England has written a letter which provides further information on the forthcoming expansion of the HPV programme, NHSE has also published a number of resources, such as posters and leaflets, all of which are available via www.orderline.dh.gov.uk, also listed below:

- Your guide to the HPV vaccination leaflet
- Don’t forget to have your HPV vaccination poster
- HPV universal programme record card
- HPV vaccination factsheet for health professionals
- HPV consent form

Advice for retention of GP pension documentation
Please see attached an advice note drafted by NHS England about retention of GP pension documentation, which is relevant to GPs being asked to provide pensions records which have already been submitted.

Annual allowance and tax change survey
As I highlighted last week, following the announcements of the review the NHS pension scheme arrangements, we are asking doctors concerned by the impact of these tax measures to write, either for the first time, or as a follow up letter to their earlier representations, to their local MP. Access the template letter here.
We also need your help to influence the review by filling in this brief survey about the impact that the current pension arrangements have had on you. Please take a few minutes to fill it in here.

Krishna Kasaraneni, GPC England executive Team member, has written a blog explaining how we are taking action against the changes, which you can read here.

**Quality Improvement Module Simulation Workshop**
NHS England and GPC England have commissioned the RCGP, NICE and Health Foundation to develop further quality improvement modules for future use in QOF. This year two QI modules on End of Life Care and Prescribing Safety were added.

RCGP and partners are developing a further 8 QI modules. Their use will be subject to negotiations. They will be testing these modules via full day simulation workshops offering participants the opportunity to review and test two modules and provide feedback to the module developers. The workshops will run on Thursday 25 July and Thursday 26 September – sign up using this online form. Participants will be eligible to claim for travel and will receive a certificate of completion to add to their CPD record. For any queries please see the FAQs or contact circ@rcgp.org.uk.

**Quarterly GP Workforce Data Extraction - deadline reminder (England)**
This is a reminder that the deadline for the next quarterly workforce data extraction is 30 June.

**RCGP calls for whole-system approach to improving NHS care for transgender patients**
The RCGP has published a new position statement on the role of the GP in providing care for gender-questioning and transgender patients, calling for a whole-system approach to improving NHS care for trans patients and specifically improvements in education and training for healthcare professionals, NHS IT systems, and access to gender identity services. Read more here.

**Junior doctors’ contract**
The Chair of the BMA’s Junior Doctors Committee, Jeeves Wijesuriya, has announced that junior doctor members in England have voted overwhelmingly in favour of improvements to the 2016 contract. These changes will see several benefits, including overall increases in pay and for working weekends and late shifts; improvements to junior doctors’ wellbeing and safety and, to the ability to formally raise concerns when they miss out on training because of rostering problems. The contract will see an investment of £90 million over the next four years plus a 2% pay uplift each year for four years. GP trainees will also benefit from changes to their contract. Read the press release here. It was reported in The Guardian, Mail Online and AOL UK.

**Public health medicine committee elections**
All doctors with a formal public health role, including GPs, may nominate themselves to be on the BMA’s Public health medicine committee. Nominations are open until 4 July and you do not have to be a member of the BMA to stand. Further information can be found here.

**BMA safe staffing project**
Experienced unsafe staffing levels or introduced safer working practices where you work? Leave your feedback via our survey and help us build the case for better working conditions.

Read the latest GPC newsletter here.

Have a good weekend

Richard
Long term plan implementation framework – BMA summary

Overview

The implementation framework sets out the approach that STPs and ICSs are expected to take in creating their five-year strategic plans (by November 2019). These system plans will then be aggregated and published as part of a national implementation plan by the end of this year, which will also take into account the spending review.

The framework sets out principles for STPs/ICSs to follow when developing individual systems plans. This includes the need for them to be clinically led - Systems will need to identify and support senior clinicians to lead on the development of implementation proposals for all Long Term Plan commitments that have clinical implications and on the totality of their plan.

The areas covered in the implementation framework are summarised below.

Delivering a new service model for the 21st century

In the line with the Long Term Plan, the Implementation Framework sets out the fundamental services changes systems need to include within their new five year plans. The framework sets out the broad expectations on STPs and ICSs for seven foundational commitments:

Transformed ‘out-of-hospital care’ and fully integrated community-based care

In line with the Long Term Plan and the new GP Contract, the framework establishes an expectation on systems to support the development of PCNs, Clinical Director leadership, enhanced community services, and staff training and retention. This indicates the importance of PCNs within ICS structures, especially at the ‘neighbourhood’ level.

Reducing pressure on emergency hospital services

The framework also requires systems to show how they plan to develop urgent and emergency care services, and how they will be integrated with community services. Systems will also eventually be expected to plan longer-term reductions in hospital demand and improvements in outcomes. This commitment is heavily contingent on the Clinical Review of Standards, which will inform any eventual national targets.

Giving people greater control over their own health and more personalised care

Systems must also show how they will implement the NHS Comprehensive Model for Personalised Care, with specific trajectories for social prescribing and Personal Health Budget take-up. This echoes the priorities set out in the Long Term Plan.

Digitally-enabling primary care and outpatient care

Specifically, systems are expected to set out how they plan to increase virtual outpatient appointments and online and video primary care consultations, again in line with the Long Term Plan. NHSE/I and NHSX will also support systems to the develop their plans in this area.

Improving cancer outcomes
Systems will need to work with local Cancer Alliances to plan their delivery of the Long Term Plan commitments of cancer care, particularly on early diagnosis and survival. By 2023/4 over £400 million in additional funding should be distributed to Cancer Alliances to support these goals.

**Improving mental health services**

The framework sets out a preference for specialised mental health services and learning disability and autism services to be managed through NHS-led provider collaboratives. Targeted funding has been made available for a range of smaller initiatives and pilots such as new models of integrated primary and community care for adults.

**Shorter waits for planned care**

The framework requires systems to show how they will increase planned surgery on a year-by-year basis and reduce both waits and waiting lists over the five year period. This includes a specific focus on systems meeting the 52 week referral to treatment target for all patients, as well as wider goals around MSK pathways.

**Increasing the focus on population health**

The framework establishes that all STP and ICS plans must show how the system will reach the ‘mature’ level, as per NHSE’s ICS maturity matrix, by April 2021. This is a more specific goal than that set out in the Long Term Plan and may be a challenge for the least advance STPs.

While the framework for ICs and STPs will be generally permissive, allowing them to develop mostly at their own discretion and pace, it does establish that the characteristics of a ‘mature’ ICS include:

- A shared vision and objectives, collaborative and multi-professional leadership, and an independent chair
- An integrated local system, strong PCNs, and population health management capabilities
- Developed system architecture and collaborative working, and strong financial management – with the onus on plans showing how they will meet system control totals
- A record of delivery against national targets and progress in addressing unwarranted variation and health inequalities
- A coherent footprint, based on the needs of the local population, contiguous with Local Authority and other service boundaries where possible – systems must notify Regional Directors by July 2019 if they wish to alter their existing footprint.

Separate guidance has been published outlining the freedoms and flexibilities that systems will receive as they mature, these will include the devolution of transformation budgets to system-level, reduced data requests from NHSE/I, and a growing assurance role for the ICS.

System plans will also be expected to show how the provider and commissioner landscape is expected to develop – including any plans for mergers, new structures, or shared decision making. A ‘fast track’ approach will be introduced for assessing plans for any such changes. The framework also reiterates, with less fanfare, that the Integrated Care Provider contract is expected to be published in Summer 2019.

**More NHS action on prevention**

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1 The ICS maturity matrix has four levels; emerging, developing, maturing, and thriving
In developing their plans, systems will need to work in close partnerships with regional and local Directors of Public Health to set out how they and their local authority partners will respond to local health needs.

In line with the priorities set out in the Long Term Plan, the implementation framework highlights investment in:

- Smoking cessation programmes in selected areas
- Weight management services in selected sites
- Alcohol care teams in hospitals with the highest rates of alcohol-related admissions
- The NHS Sustainable Development Unit to support NHS action on air pollution
- Delivering the government’s five-year antimicrobial resistance strategy.

Delivering further progress on care quality and outcomes

The implementation plan highlights a range of priorities for improving care quality and outcomes for services for children and young people, learning disabilities and autism and major heart conditions such as cardiovascular disease, stroke care, diabetes and respiratory disease. It also sets out a requirement for system plans to prioritise research and innovation. It also sets out a requirement for system plans to include:

- learning disability and autism physical health checks for at least 75% of people aged over 14 years;
- how proposals for people with learning disabilities and/or autism align with plans for mental health, special, educational needs and disabilities, children and young people’s services and health and justice; and
- contributions to national ambitions to increase public and patient participation in research.

Giving NHS staff the backing they need

The Implementation Framework reasserts the commitments already made in the recently published NHS Interim People Plan. A summary of the NHS Interim People Plan, which sets out in greater detail what is required to deliver a more agile workforce with increased capacity, is available from the Workforce and Innovation team on request.

Workforce, education and training budgets and therefore the practical impact of the Framework, are critically dependent on department spending allocations which can only be set after publication of the UK Government Spending Review.

However, the framework sets out aspirations for systems to:

- Expand and diversify the workforce, including new roles in healthcare.
- Support staff with more effective existing and future technologies.
- Make the NHS a more attractive and inclusive place to work.

The framework sets out that systems should do this by:

- **More systematic use of workforce planning** for all care sectors, including growth estimates, skill mix, new ways of working and technologies.
- **Use of targets** to ensure a more inclusive and representative workforce.
- **Adoption of more flexible working arrangements**.
Delivering digitally-enabled care across the NHS

- Local systems will have to produce digital strategies and investment plans consistent with the DHSC’s tech vision. Central funding – revenue and capital – will support the delivery of these strategies, managed and coordinated by NHS England’s regional teams. Digital strategies / plans will follow nationally defined standards and requirements, on which NHSX will provide clear guidance and support.

- NHSX will define and mandate technology standards for all systems / platforms, and will ensure all publicly-funded source code is open by default.

- Regional CCIOs / Regional Directors of Digital Transformation will work with the national provider digitisation team to ensure programmes make a direct contribution to wider NHS priorities, e.g. improved cancer care, mental health services etc

- By 2024, NHS organisations will digitise by:
  - Local capability – NHSX will ensure a standards-based approach and a minimum / core level of digitisation across all providers, as well as integrated local sharing of records
  - Core services: EPS (electronic prescriptions service) and e-RS (e-referrals service) will continue;
  - Access to mobile digital services: By 2021/22 all staff working in the community will have access to mobile digital services, and there will be one integrated child protection system;
  - Fax machines: NHSX will monitor progress of NHS organisations in stopping use

- Several nationally-delivered services are available to develop minimum / core digital services, e.g.:
  - NHS.uk – provides information about conditions and treatments, keeping well and NHS services, and acts as a platform for other tools, providing APIs (Application Programming Interfaces) that enable consistent and coherent information;
  - NHS Login – provides a single way for patients to identify themselves to a range of services;
  - NHS App – acts as a platform that allows third parties to integrate their own digital tools and services. It also provides access to primary care, e.g. symptom checking, organ donor registration and NHS 111. Two-thirds of GP practices are already connected to the NHS App with 96% expected to be connected by July 2019 (NHS App Roadmap);
  - NHSX will publish version two of the Digital Assessment Questions and the associated assurance process in 2019 – this allows local systems to identify digital tools for use within the NHS

Using taxpayers’ investment to maximum effect

The implementation plan provides detail on when commissioners and providers will receive information of their specific funding allocations and what financial planning assumptions, they should adopt to support the delivery of the LTP. Furthermore, the framework states system plans will also need to demonstrate how their resource will be deployed to meet the service delivery and spending commitments of the LTP along with the five financial tests specified in the LTP.
The implementation plan also states that the NHS will be required to develop plans of how they plan to achieve cash-releasing productivity growth of 1.1% per year, along with an additional 0.5% of productivity growth by providers in deficit. The plan also sets out the areas where it believes this productivity growth can be achieved, the areas of most interest to the BMA are outlined below:

- Improving clinical productivity and releasing more time for patient care. To be achieved through; improved e-rostering and e-job planning, improvements in Model Hospital’s staff deployment and productivity metrics (including development of a metric to measure productivity of non-ward based clinical workforce activity), among many other measures.
- Supporting pharmacy staff to take on increased patient facing clinical role.
- System plans will have to specify how they will achieve an additional £700m savings in administration costs by 2023/24 (£290m by commissioners; over £400 million by providers).
- Implementation of the Evidence-Based Interventions Programme’s recommendations on 17 interventions.
GP Pensions – advice for retention of GP pension documentation

We are writing to give you an update on GP Pensions and the importance of retaining pension documentation and forms.

PCSE and NHS England acknowledge there are ongoing issues with lost historical data related to GP pensions, and un-submitted end-of-year forms. We would like to thank GPs and practices for their patience while we work through these issues and thank those who have submitted end-of-year forms under the amnesty.

PCSE are up to date with processing documentation for the August TRS release. They are now aiming for the remaining certificates to be updated and completed on the system for the October cut off for TRS release in December. This means that if you have submitted end-of-year pensions forms under the amnesty, your TRS record on NHS Pensions should be accurate in either the August or December update.

While work is ongoing to identify missing historical data, we recommend that GPs and practices retain any existing copies of previously submitted forms, regardless of age.

If PCSE are unable to locate documents after a thorough investigation you may be asked to re-send any copies in your possession. However, we would like to reassure you that if you do not have a copy on file you will not be asked to re-complete forms that have been previously submitted.

Once we are confident that a robust system is in place for submission and storage of forms, we will issue new document retention advice with the intention to bring it in line with HMRC guidance of 22 months.

In the meantime, please retain copies of all current and historical pension documents pending the outcome of the review, as this will help us get your pension updated and accurate as quickly as possible if historical data has gone missing.