GPC newsletter
bma.org.uk

BMA

Friday 21 July 2017 **Issue 1**

Content – Section headings indicate whether UK or England interest

GPC England meeting

GPC England held its meeting on Thursday 20 July. At that meeting GPC England:

- elected their new Chair; congratulations to Richard Vautrey
- discussed the UK political landscape post general election (see appendix 1)
- received an update from the policy leads and GPC England executive (see appendix 2)
- discussed the ballot of GP practices in England (see below)
- received the latest MCP contract guidance (Focus on Virtual MCPs and Alliance Agreements)
- received a briefing on Capped Expenditure
- discussed various issues related to premises (see appendix 3)
- received an update on various GP Forward View funding and initiatives that will be implemented in 2017/18 (see appendix 4).

The next meeting of GPC UK will take place on Thursday 14 September 2017 and the next GPC England will take place on Thursday 16 November 2017.

BMA ballot of GP practices in England on collective list closure – England only

In May 2017, the Conference of LMCs passed the following resolution:

> *That conference believes that the GP Forward View is failing to deliver the resources necessary to sustain general practice and demands that GPC ballot GPs as to whether they would be prepared to collectively close their lists in response to this crisis.*

As a result, GPC England has been asked to ballot GP practices in England as to whether or not they are prepared to collectively close their practice lists.

On Monday 10 July a letter was sent to each practice in England from the Electoral Reform Services explaining how each practice can take part in an indicative ballot on whether or not they are prepared to collectively close their practice lists. The ballot asks two questions: if they would be prepared to temporarily suspend patient registrations and/or apply for formal list closure.

Each practice should have received a unique identifier to log into the ERS website to complete the ballot, as well as a FAQs from the BMA. As closing a practice list is a practice level decision, we are balloting each practice rather than each GP and therefore the response to the ballot must be discussed as a practice. We are encouraging and recommending that partners engage salaried and locum GPs in these discussions, as the decision will affect the whole practice not just the partners.

We have received a number of queries about the ballot. **Please note the following important points:**

- The purpose of this ballot is for GPC to understand what practices would actually be prepared to do. GPC is not advising practices to vote yes or to vote no to either of the options in the ballot.
- GPC has not proposed that all practices collectively (or otherwise) close their lists at this stage.
- Practices are currently able to take the decision to temporarily suspend patient registrations (provided they have reasonable and non-discriminatory grounds for doing so), or apply to close their lists, based on their own specific circumstances, for example in order to protect the quality of patient services. This ballot is separate from this. If enacted, the BMA would be calling for collective cessation of patient registration as part of a campaign of industrial action.

An email has been sent to all English GPs on the BMA's membership register to inform them of the ballot and a briefing has been sent to all LMCs in England. We would again encourage all LMCs to pass on this information to their practices. The ballot will close on 10 August and reminders will be sent before that date.

If a practice has not received the information from ERS, please contact info.gpc@bma.org.uk.

NHS issues advice on mental health care for people affected by terror attacks and Grenfell

Following the Manchester terror attack, NHS England sent an open letter (see appendix 5) to GPs across the country with practical advice to help patients who may be suffering ongoing mental health problems following this and other recent traumatic events.

In the letter, which has also gone to other healthcare professionals, too Dr Arvind Madan, Deputy Medical Director and Director of Primary Care outlined the symptoms to watch out for in the aftermath of a traumatic event, in the weeks after and that if symptoms are severe and continue for more than four weeks, a referral to specialist service may be required.

The letter describes how people with pre-existing mental illness may be destabilised by traumatic events. It also points to evidence-based advice for GPs who are treating patients who have been affected.

Information about switching careers - FAQs and examples – England only

HEE (Health Education England) has recently seen an increase in the number of enquiries about how to become a GP from trainees across all specialities, consultant, trust and staff grade doctors. The changes in the NHS over recent years means that more and more services are, and will be, provided by GP-led multi-professional primary care teams. The Primary Care Workforce Commission report, 'The future of primary care, creating teams for tomorrow', gives more insight into these developments.

HEE recognises that it is not easy to find information when you have moved on from the normal training cycle. With that in mind, some case studies and frequently asked questions have been published on the GP National Recruitment Office (GPNRO) website, which can be shared with colleagues, peers or friends who may be interested about switching to a career as a GP.

Email gprecruitment@hee.nhs.uk if you would like to be put in contact with someone who has retrained as a GP.

The next GP training application round adverts will appear on NHS Jobs, Oriel and Universal Job Match websites on the 20 July with applications opening 1 – 17 August.

GP Recruitment Round Two – England only

HEE (Health Education England) is now actively promoting GP recruitment round 2. They will be doing this through both their corporate channels and paid for social media adverts. Below are a few posts that they will be using. If LMCs, GPs and practice managers could also promote this through their own social media channels this will help to spread the word.

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Thinking about a career change? Use your clinical skills in general practice Round 2 GP specialty training applications open 1 – 17 August 2017 for a February 2018 start. Share FAQs for more information https://gprecruitment.hee.nhs.uk/Recruitment/Retraining	Facebook & LinkedIn
One career, endless opportunities. Apply for GP specialty training posts from 1 – 17 Aug 2017 https://gprecruitment.hee.nhs.uk/Recruitment/Nothing-General #nothinggeneral	Twitter
Round 2 GP specialty training posts open 1 – 17 August 2017 for a February 2018 start. Share FAQs for more information https://gprecruitment.hee.nhs.uk/Recruitment/Retraining	Instagram
Thinking about switching specialty or retraining? Use your clinical skills in general practice. Need more information? New FAQs available https://gprecruitment.hee.nhs.uk/Recruitment/Retraining-FAQs) Please share with anyone thinking about switching specialty or retraining who might be interested	HEE Facebook & LinkedIn Nothing general Facebook page
Thinking about switching specialty or retraining? Use your clinical skills in general practice. Need more information? New FAQs available https://gprecruitment.hee.nhs.uk/Recruitment/Retraining-FAQs) Please share with anyone thinking about switching specialty or retraining who might be interested #nothinggeneral	Instagram
We can put you in touch with a GP to find out more about the career. Applications open 1 – 17 August https://gprecruitment.hee.nhs.uk/Recruitment/Nothing-General #nothinggeneral	Twitter
GP, research fellow, board member, author and more. Watch Dr Eugene Tang's story and find out more about becoming a GP https://gprecruitment.hee.nhs.uk/Recruitment/Nothing-General https://www.youtube.com/watch?v=PUJ9jmGQCcA Please share with anyone thinking about switching specialty or retraining who might be interested	Facebook & LinkedIn
Thinking about switching specialty or retraining? Use your clinical skills in general practice.	HEE Facebook & LinkedIn

We understand that it's not so easy to find information when you have moved on from the normal training cycle so answers have been provided to some frequently asked questions on the GPNRO website (link)	Nothing general Facebook page Instagram

Capped Expenditure Process – England only

The health policy team has produced a briefing for members on the CEP (Capped Expenditure Process), a new regulatory intervention designed to radically and rapidly cut spending within specific geographical areas in England. 14 health economies have been selected so far and commissioners and providers in each of them are under intense pressure to reduce their spending, and have been told to 'think the unthinkable' with regards to cuts. The CEP has not been announced publicly and only limited details have been made available, typically by individual trusts and CCGs, or through leaks to the press. However, the briefing provides an explanation of what we currently know about the process and its potential implications for doctors, patients, and the NHS. The BMA is deeply concerned by the CEP, the secretive manner in which it has been introduced, the risk the proposed cuts could present to patients and NHS staff, and by the implication that deeper cuts will be made to already stretched services. You can access and download the full briefing here.

CPs (Clinical Pharmacist) in General Practice Programme – Phase 2, Wave 1 and 2 Figures – England only

NHS England has recently released figures on the number of applications that have been approved for funding for this programme. All CPs that have been approved for co-funding are expected to be recruited, trained and within post by December 2017. A further bidding round will be announced for November, and successful applicants from this round can expect to have CPs in post by April 2018.

For further information on the programme and resources for practices, visit https://www.england.nhs.uk/gp/gpfv/workforce/building-the-general-practice-workforce/cp-gp/.

Overall figures

	Total Practices	Total Applications	Total WTE (whole time equivalent) CPs	Total Patient Population
Wave 1	730	45	214.9	5,892,117
Wave 2	1049	84	299.53	12,372,148
Total	1779	129	514.43	18,264,265

Wave 2 Regional Figures

	Total Practices	Total Applications	Total WTE CPs	Total Patient Population
London	300	14	81.1	2464554
Midlands and East	230	28	65.6	2089212
North	277	18	70.15	4887082
South	242	24	82.68	2931300
Total	1049	84	299.53	12372148

GP Patient Survey – England only

The BMA undertook an analysis of the GP Patient Survey results when they were published in early July. In brief, the survey found that while confidence in GPs remains high, patients are finding it harder to see or speak to someone at their surgery, and are increasingly dissatisfied with the amount of time their doctor is able to spend with them. The full analysis is available as a PDF file on the BMA website and can be read here.

Adult social care - UK

Adult social care is a fundamental part of the care and support system in the UK. The close relationship between health and social care means it is vital that both services work effectively to deliver high quality care for all. To find out more about the different structures across the UK and how they interact with healthcare please visit our new webpage on adult social care.

PCSE claims guidance - England

We are aware that practices have been experiencing issues with primary care support services in England, commissioned by NHS England and provided by Capita. The issues have been ongoing for some time and we are aware of cases where practices or individual doctors have suffered losses due to the failing of these services. We believe practices and individuals that have suffered losses as a result of these issues should be compensated, please follow this link for guidance on taking up a claim. More information is available on the BMA website.

Negotiation skills training for LMCs – England only

Following requests for training opportunities for LMCs, we have now organised negotiation skills training for LMCs, to be provided by the BMA member relations team, and funded by the GPDF.

This is a one-day course on how to develop negotiating skills to become an effective and successful negotiator. The aim of the course is to enable understanding of different types of negotiating principles, identifying the different phases of negotiation, recognising the habits of success, understanding the importance of preparation as well as recognising ways to handle breakdowns.

There are a total of 20 events planned across England for autumn 2017, listed below. These events are free to attend for all LMC members (including lunch and refreshments), paid for by the GPDF, although travel expenses will not be covered by GPDF. The expected course times are 9.30 registration, 10.00 am start with a 16.00 finish time.

Each event will take a maximum of 30 delegates on a first come first serve basis. **Please email info.lmcqueries@bma.org.uk by 31 August to express your interest to attend**, and whether you have any special needs / dietary requirements. It would be helpful if you note the location/venue in the title of your email.

The date and venues are as follows:

Area A – North and North East

12 September	**Cambridge**	Cambridge Quay Mill Hotel, CB25 9AF
12 October	**Nottingham**	Gateley, Park View House, 58 The Ropewalk, Nottingham NG1 5DD
18 October	**Lincolnshire**	Forest Pines Hotel, Ermine St, Broughton, Brigg DN20 0AQ
27 October	**Wakefield**	Normanton Golf Club, Aberford Rd, Stanley, Wakefield WF3 4JP
9 November	**Wakefield**	Normanton Golf Club, Aberford Rd, Stanley, Wakefield WF3 4JP

Area B – North West and West

27 September	**Manchester**	Gateley, Ship Canal House, 98 King St, Manchester M2 4WU
5 October	**Liverpool**	Liverpool Medical Institute, 14 Mount Pleasant, Liverpool L3 5SR
10 October	**Derby**	University of Derby Enterprise Centre, DE1 3LA
16 October	**Durham**	Radisson Blu, Franklan Lane DH1 3BW
17 October	**Preston**	Lancashire Care Trust, Sceptre Way, Walton Summit, Preston PR5 6AW

Area C – South and South West

19 September	**Brighton**	Arora Hotel, Southgate Ave, Crawley RH10 6LW
3 October	**Bristol**	Engineers House, Bristol BS8 3NB
4 October	**Bournemouth**	Bournemouth Hallmark East Cliff Hotel BH1 3AN
11 October	**Plymouth**	Buckfast Abbey Conference Centre, Northwood lane, Buckfastleigh
30 October	**Portsmouth**	Oasis wellness centre, Queen Alexandra's hospital PO6 3LY

Area D – South and Central

23 November	**Birmingham**	Gateley, 111 Edmund street, Birmingham B3 2HJ
12 September	**London**	BMA House, Tavistock Square, WC1 9JP
2 October	**Essex**	Holiday Inn, Basildon SS14 3DG
3 October	**Suffolk**	Holiday Inn, Ipswich London Road, Ipswich, Suffolk
11 October	**London**	BMA House, Tavistock Square, London WC1H 9JP
24 October	**Kent**	Kent Holiday Inn, London Road, Sevenoaks, TN15 7RS

Fit note webinar - UK

The fit notes webinar has now been rescheduled for Monday 31st July 16.00-17.00.

David Slovak, Work and Health Unit from DWP, will deliver a short presentation and then take questions. This is about LMCs having an opportunity to inform the Department about their experience of the fit note, and how/if this process should be changed/improved.

If you would like to participate in the webinar, or have any questions, please email info.lmcqueries@bma.org.uk.

Sessional GPs e-newsletter - UK

Please find a link to this month's edition of the Sessionals newsletter, which this month focuses on priorities for the coming year.

Dates for your diary

Please note the dates of forthcoming events:

LMC Secretaries Conference – 19 October 2017 (London)
LMC Conference – England – 10 November 2017 (London)
LMC Conference – UK – 9 March 2018 (Liverpool)

More information about these events will be sent out in due course.

GP workforce conference – 24 November 2017 (England)
The BMA will be hosting a GP workforce conference later this year, giving LMC representatives the opportunity to share their experiences, both positive and negative, of initiatives that have been launched since 2015. The purpose is to bring regional knowledge to a national forum to further inform the national programme of improvements. This will give GPC, NHS England, HEE and other key stakeholders the opportunity to hear how things are progressing across England and gather feedback and ideas on how to make further improvements to reducing GP workload and increasing practice staff numbers and expertise.

LMC access to the BMA website - UK

It has been drawn to our attention that some LMCs may be having difficulty accessing the BMA website. All LMCs do have access, but need to use the login details registered for submitting conference motions. This may, however, be an individual's email address, registered to input conference motions only.

If you wish to create an office account, using the office email address as part of your login and a password that everyone can use, or if you are unsure of your current login details and password, please email Karen Day at kday@bma.org.uk and she will email you your relevant information.

LMC observers at GPC meetings - UK

LMC observers are welcome to attend GPC UK meetings. If your LMC would be interested in sending an observer, please contact Kathryn Reece (kreece@bma.org.uk). A maximum of three LMC observers may attend any one meeting.

The dates for the 2017/18 session for GPC UK meetings are below. Meetings will commence at 10:00am and will usually finish at 5:00pm (never later than 6:00pm). Meetings are held at BMA House, Tavistock Square, London WC1H 9JP.

Thursday 14 September 2017	GPC UK
Thursday 15 March 2018	GPC UK

Please note that all travel and other expenses for LMC observers should be met by the relevant LMC.

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LMCs – change of details - UK

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.

GPC UK next meets on 14 September 2017. 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 for the GPC England meeting is 6 September 2017. It would be helpful if items could be emailed to Kathryn Reece at kreece@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. 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. Their details are available on the BMA website.

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

C5
2017-18

TITLE:	**REPORT ON THE POLITICAL LANDSCAPE POST UK GENERAL ELECTION**
To:	Council – 13 July 2017
Author:	Director of Communications & Engagement
Purpose:	To update Council on the UK general election results, post-election landscape and BMA activity
Recommendation:	Council is asked to receive this report

1.0 Introduction

1.1 This paper sets out the broad political landscape following the UK general election on 8 June, including details of the election results, Queen's Speech and new Department of Health ministerial team.

1.2 At its May meeting, Council received a report on the BMA's planned general election activity. An update is given in this paper on the delivery of these plans at 6.0, together with details of BMA activity post the general election (see 7.0).

2.0 UK general election 2017

2.1 The general election 2017 resulted in a hung parliament. The Conservative Party was returned as the largest parliamentary party, but without a majority in the House of Commons. The full election results were as follows:

- Conservative Party — 318 seats (42.4% share of the vote)
- Labour Party — 262 seats (40% share of the vote)
- Scottish Nationalist Party — 35 seats
- Liberal Democrat Party — 12 seats
- Democratic Unionist Party — 10 seats
- Sinn Fein — 7 seats[1]
- Plaid Cymru — 4 seats
- Green Party — 1 seat
- Other — 1 seat[2]

2.2 Short of a majority, the Conservative Party entered talks with the Democratic Unionist Party (DUP), formalising a 'confidence and supply' arrangement with them on 26 June. This arrangement guarantees DUP support for votes of 'confidence' in the Government (such as the Queen's Speech – see 3.0) and 'supply' (such as the Budget, expected in November).

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[1] Sinn Fein MPs do not take their seats in Westminster

[2] Independent Unionist (North Down)

3.0 Queen's Speech

3.1 At the beginning of each parliamentary session, the Queen, as Head of State, sets out the Government's legislative agenda for that session. Following the 2017 election, the Queen's Speech was delayed for three days to allow for discussions between the Conservative Party and the DUP (see 2.2).

3.2 Contrary to normal protocol, this parliamentary session has been set at two years (rather than the usual one), on the grounds that will allow "the space for MPs and peers to scrutinise and debate the Government's approach to both Brexit and its domestic agenda without interruption."

3.3 Following the Queen's address, Parliament debates its content and votes on the Government's legislative agenda for the forthcoming session. Despite significant opposition on a range of issues, including the current public sector pay cap, the Government won all the necessary votes.

3.4 In addition to the eight Bills relating to the UK's departure from the European Union (EU) (see Council paper C6), the Government programme includes the following health policy proposals:

- Patient Safety Bill – which will set out "a framework to help improve patient safety in the NHS and instill greater public confidence in the provision of healthcare services in England." It will establish the Health Service Safety Investigation Body (HSSIB) in statute, giving it clear powers to conduct independent and impartial investigations into patient safety risks in the NHS in England. This aims to encourage reporting of health safety incidents by any individual, including NHS staff, or organisation, creating a prohibition on the disclosure of information held in connection with an investigation conducted by HSSIB (other than where there is an ongoing risk to the safety of patients or evidence of criminal activity).

- The existing Mental Health Act will be reviewed to see what changes are needed, forming recommendations for a new mental health act. The Government will also publish a green paper on children and younger people's mental health.

4.0 New ministerial team

4.1 Following the general election, the Prime Minister carried out a limited reshuffle. Jeremy Hunt MP was reappointed to his previous role as Secretary of State for Health, with a largely new ministerial team at the Department of Health:

• Minister of State for Health	Philip Dunne MP
• Parliamentary Under Secretary of State (House of Lords)	Lord O'Shaughnessy
• Parliamentary Under Secretary of State	Jackie Doyle-Price MP
• Parliamentary Under Secretary of State	Steve Brine MP

4.2 Details of ministerial responsibilities are given at Appendix 1, with biographies at Appendix 2.

5.0 Health Select Committee

5.1 The process of electing new select committee chairs is underway. The balance of committee chairs will reflect the party balance in the Commons. Following each chair's election, parties choose their committee representative(s). Again, committee membership will reflect the balance of seats in the Commons.

5.2 It is likely that the new Health Select Committee will meet in closed session for the first time in mid-July. The previous chair, Sarah Wollaston MP, will be seeking re-election to the committee, with nominations closing on 7 July. The new committee will then meet to discuss its priorities for inquiries over the upcoming parliamentary session.

6.0 BMA activity: run-up to general election

6.1 The BMA's overarching messaging - #NHSatbreakingpoint – has informed multi-channel activity over this period, both pre and post the general election.

6.2 As reported to Council in May, BMA activity over the run-up to the general election centred on five priority areas, encapsulated in a short manifesto – *A vote for health*:

- NHS funding
- Public health
- General practice
- NHS pressures
- Brexit

The manifesto was sent to all the major political parties and prospective parliamentary candidates. BMA members were sent a copy of the pocket-sized manifesto with BMA News in addition to the link to the digital version.

6.3 Short briefings on these key priorities were available for members' use in lobbying candidates. An online tool enabled members to contact their candidates directly, allowing them to tailor their message and include their own perspective on local health issues. This was used by 168 members, generating more than 700 letters, with 2575 page views.

6.4 On publication of the political party manifestos, summaries were produced for members, with a read-across to the BMA's priorities (see 6.1). These resources and the relevant webpages were viewed approximately 10,000 times.

6.5 The national hustings event, details of which were include in the May report to Council, did not take place, largely due to the tight timescale and unavailability of health spokespeople from the main political parties.

6.6 An animation and infographic illustrating the NHS at breaking point were particularly successful, with 33,000 views, 538 likes and 484 shares. These were also linked to the 'Our 5 asks of politicians – NHS at breaking point' webpage which received more than 2080 page views.

7.0 BMA activity: post general election

7.1 Immediately following the election, the Chair of Council wrote to the Prime Minister, calling for action on the five priorities in the BMA's manifesto and for an end to the cap on public sector pay (see Appendix 3).

7.2 The BMA has consistently called for the Government to take action to alleviate the severe pressures on the NHS. The Chair of Council's speech at the Annual Representative Meeting in June reiterated this call, setting the tone for the association's parliamentary lobbying following the election: "We have the Government trying to keep the health service at breaking point. Run by ministers who wilfully ignore the pleas of the profession and the impact on patients."

7.3 The BMA manifesto warned against the general election campaign being focused on the UK's departure from the EU to the exclusion of all other issues, with a reminder that the health service "needs the unrelenting focus of politicians from all parties." This appears to have been borne out by the election results and the accompanying analysis about the lack of focus on NHS and wider public sector pressures being a major contributor to the Conservative Party's poor performance.

7.4 Following the election, the BMA has briefed Parliament twice on the impact of the public sector pay cap both on the morale of NHS staff in general and on doctors' salaries specifically. These briefings have been used by politicians to add their voices to those calling for the Government to lift the cap.

7.5 Following the announcement of the new ministerial team at the Department of Health on 29 June, contact is being made to arrange meetings to discuss key priorities for the medical profession and the wider NHS

7.6 All new MPs will be contacted in advance of the summer recess (20 July) to introduce them to the BMA and identify opportunities to work with them over the new parliamentary session.

7.0 Recommendation

8.1 Council is asked to receive this report.

Appendix 1: Department of Health – new ministerial team responsibilities

The Rt Hon Jeremy Hunt
The Secretary of State for Health

Overall responsibility for the business and policies of the department, including:

- financial control;
- oversight of all NHS delivery and performance;
- mental health; and
- championing patient safety

Philip Dunne MP
Minister of State for Health

Leads on the following policy areas:

- NHS operations and performance;
- secondary care commissioning policy;
- healthcare quality regulation;
- hospital care quality and patient experience;
- patient safety;
- hospitals in special measures;
- Department of Health expenditure and finances;
- procurement;
- hospital productivity;
- workforce including pay and pensions,
- nursing and midwifery and education and training;
- workforce race equality standard;
- professional regulation and cosmetic regulation;
- maternity care and screening in pregnancy

Ministerial lead for:
Care Quality Commission;
Health Education England;
NHS Improvement;
Human Fertilisation & Embryology Authority

Steve Brine MP (appointed 14 June 2017)
Parliamentary Under Secretary of State for Health (Public Health & Primary Care)

Leads on the following policy areas:

- NHS transformation, including out-of-hospital care;
- primary care;
- prevention and early intervention;
- health protection and improvement;
- sexual health;
- public health system;
- international health policy;
- major diseases

Ministerial lead for:

- NHS England
- Public Health England

- Food Standards Agency

Jackie Doyle-Price MP (appointed 14 June 2017)
Parliamentary Under Secretary of State for Health (Care & Mental Health)

Leads on the following policy areas:

- care for the most vulnerable;
- mental health;
- adult social care;
- community care;
- injustices and vulnerable groups;
- women and children's health;
- health and work;
- blood and transplants

Ministerial lead for:
NHS Blood &Transplant
Human Tissue Authority

Lord O'Shaughnessy
Parliamentary Under Secretary of State for Health (Lords). **Represents the Government on all health issues in the House of Lords**

Leads on the following policy areas:

- leaving the EU;
- migrant access to the NHS;
- devolved administrations;
- medicines & industry;
- cancer drugs fund;
- uptake of new drugs and medical technologies;
- life sciences industry;
- data and technology;
- specialised commissioning;
- academic health science centres;
- prescription charging; pathology;
- death certification;
- estates and facilities;
- litigation;
- NHS security management;
- NHS income generation

Ministerial lead for:

- NHS Litigation Authority
- NHS Property Services and Community Health Partnerships
- NHS Business Services Authority
- NHS Digital
- Medicines & Healthcare products Regulatory Agency

Appendix 2 – new ministerial team biographies

Philip Dunne MP
Minister of State for Health

Political career: Member of Parliament for Ludlow since the 2005 General Election, he was appointed Minister of State for Health in July 2016 following Theresa May's first reshuffle. Prior to his appointment as Health Minister, he was Minister of State for Defence Procurement.

Health: He has an interest in public health and a particularly strong interest in diabetes, his daughter having been diagnosed with the condition in early childhood, and he was a director of the Junior Diabetes Research Foundation until 2005. He voted against the smoking ban, and against reducing the time limit for abortion. Before becoming a minister, he asked parliamentary questions about the number of posts for F2 doctors, mental health provision for armed forces and GP reservists and has praised constituency campaigning to extend outpatient services at his local hospital.

Other: previous career in banking

Lord O'Shaughnessy
Parliamentary Under Secretary of State

Political career: A member of the House of Lords since 2015 and House of Lords spokesperson and Parliamentary Under-Secretary of State for Health since 2016.

Health: He was made a life peer shortly before becoming a minister and has, therefore, limited prior contributions to health debates.

Other: He has held a number of positions in the Conservative Party, including Director of Policy to David Cameron (as Prime Minister). He founded a multi academy trust of 3 primary schools in Wandsworth before being made a life peer.

Steve Brine MP
Parliamentary Under Secretary of State for Health

Political career: Member of Parliament for Winchester since 2010 when he won the seat from the Liberal Democrats. He has previously served as a Parliamentary Private Secretary to Mike Penning MP (as Minister for Disabled People at the Department of Work and Pensions) and Parliamentary Private Secretary to Jeremy Hunt (as Secretary of State for Health) between May 2015 and July 2016. Most recently, he served as Assistant Government Whip.

He sat on the Justice Select Committee between 2011 and 2014. He was opposed to the UK's departure from the EU before the 2016 referendum, but voted in favour of a referendum on EU membership in 2011. He voted against both same-sex marriage and against the Assisted Dying Bill.

Health: He has made limited contributions in health debates over the last few years, probably due to his role as an Assistant Government Whip. By convention, holders of this role do not speak in the House of Commons. He sat on the Health and Social Care Public Bill Committee in 2011.

Other: He worked as a journalist before moving into business consultancy. Immediately before becoming an MP, he worked for a marketing and publishing business specialising in the golf industry.
Jackie Doyle-Price MP
Parliamentary Under Secretary of State for Health

Political career: Member of Parliament for Thurrock since the 2010 General Election, winning back the seat from Labour after 18 years with a slim majority, increasing her majority by 5.8% at the 2017 general election.

She was a member of the Public Accounts Committee between 2010 and 2014 where she was involved in inquiries about the management of NHS hospital consultants and the role of CQC. She was then appointed Assistant Government Whip in 2015 and made a member of the Select Committee on Selection in the same year.

She has a strong interest in welfare and in her maiden speech, urged the Government to tackle the long-term culture of benefit dependency, which she called 'the single most important ingredient' in fixing the economy. She is also interested in foreign affairs, vocational education, financial services and transport. She was a co-sponsor of the private member's EU membership referendum bill, given a second reading on 5 July 2013, but announced she was opposed to the UK's departure from the EU before the 2016 referendum. She was the government teller who announced the result of the vote to trigger Article 50 of the Lisbon treaty.

Health: She has recently spoken about the shortage of GPs in her constituency saying: "central to getting establishing good health provision is a strong network of GPs who know their patients and make sure that they manage their care". She also voted to relax the smoking ban and against the introduction of standard packaging.

Other: Before becoming an MP, she worked for South Yorkshire Police and then as a parliamentary officer for the City of London Corporation. She was assistant private secretary to the Lord Mayor of the City of London for five years and then briefly a policy adviser to the Financial Services Authority Consumer Panel before resigning to stand for Parliament.

BMA House
Tavistock Square
London WC1H 9JP

BMA

Appendix 3

Rt Hon Theresa May
Prime Minister
10 Downing Street
London, SW1A 0AA

12 June 2017

Dear prime minister

Following last week's election result, I am writing with my congratulations and to highlight again the urgent need to secure the future of the health service and those who deliver care across the country.

Despite having one of the best healthcare systems in the world, years of underinvestment in the face of rising patient demand mean the NHS is now failing too many patients, too often. This reality has been reflected throughout the election campaign. You will have experienced first-hand on the campaign trail that health remains very much at the forefront of the public's mind.

With the election over, the crisis overwhelming the health service must be addressed as a priority. I am, therefore, calling on your government to deliver on the issues set out in the BMA's manifesto *"A vote for health"*, namely, to ensure that NHS funding keeps pace with other European nations; that EU doctors in the UK are protected from the impact of Brexit; that general practice is properly supported; that policies are implemented which protect and enhance the public's health; and the pressures which affect the day to day delivery of high quality patient care are tackled. We must now see a long-term and adequate funding settlement for the NHS.

Year on year real-terms cuts to pay and the worsening state of the NHS are having a damaging impact on the morale, and the recruitment and retention of frontline staff. For this reason, it is crucial that the public sector pay cap is lifted and fair terms and conditions across the health service are ensured, particular in light of the impact of Brexit on NHS staffing numbers. The future of the health service depends on a clear investment in the medical workforce, creating an environment which sufficiently supports staff so the NHS can rise to the challenges it faces.

The past few years have been a turbulent and anxious time for patients, doctors and the wider NHS. The BMA is keen to be part of the solution to the many challenges faced by the health service and, to this end, I would like to meet with you as soon as possible, with Dr Chaand Nagpaul, my successor as BMA council chair.

I look forward to hearing from you.

Yours sincerely

Mark Porter.

Dr Mark Porter
BMA council chair

Policy Lead Updates

Contracts Policy Group (Policy Lead: Bob Morley)

Comments to DH on draft changes to GMS/PMS regs following the 17/18 agreed changes.

Discussions with NHS England on issues with violent patient's removal policies and Capita's improper handling of removals; also on Capita's incorrect administration of 30-day removal regulation

Involved in meetings with NHS England and PHE on contractual issue of influenza outbreak prophylaxis and requirement to commission appropriate services

Supporting Farah Jameel on NHS Standard Contract changes and the primary/secondary care interface work

Supporting Andrew Green on contractual aspects of transgender services commissioning and other prescribing issues

Input into the guidance document on MCP contracts

Input into determining contractual obligations in respect of annual complaints data returns

Inputting into work to progress Conference Motion 507 on collective list management action

Responding to regular queries on contractual matters from both LMCs and from BMA advisers

Commencing work to progress allocated Conference resolutions

Regulation Policy Group (Policy Lead: Bob Morley)

CQC

Engagement through various fora – regular liaison meetings with national GP adviser and others; "co-production work" on new phase of primary care inspection; regulation of at scale and integrated providers, cross- sector provider advisory group; GP Insight and "shared view of quality work", contributing to response to consultation on new phase of regulation

Indemnity

Supporting exec members on implementing agreed support to the profession for fee increases and discussions with DH to search for solution to the implications of the discount rate issue

GMC

Feeding in comments on the Pearson report

Commencing work to progress allocated Conference resolutions across all three areas

Clinical and Prescribing Policy Group (Policy Lead: Andrew Green)

GPC has been kept up to date with previous activity through meeting reports, so these are not repeated. Meetings of the QOF reform group have just started, the intention will be to avoid disruption to practices while, if possible, simplifying QOF further and removing incentives to over-treat or over-investigate. Two consultations are pending, one on the commissioning of services for

Gender Incongruence (into which we have had some positive influence) and one on low value medications (where we have been unable to alter the tone of the document). Work with CQC on their *Shared View of Quality* will continue as well as the Interphase prescribing work. This year I want to review and update all the GP-relevant clinical material on the BMA website, and if this is to be done it is vital that we put together a team of people on the C&P Policy Group who are interested in taking responsibility for these, and I would encourage any GPC members who have found my reports of interest to join us. The C&P group is particularly suited to newer members as it links in well with our day-to-day work and is a useful introduction to the workings of the committee and national NHS structure.

GPFV Implementation Policy Group (Policy lead: Chandra Kanneganti)

GPFV breakout session in LMC Conference led to 3 motions in LMC Conference which was discussed in last GPC Meeting. Following on from GPC members input from last GPC meeting, the ballot for closure of lists collectively is happening this month.

Based on the feedback from LMCs and GPC members, I have started working on a new document which we need to release with our demands for those that are not mentioned in GPFV, including safe provision of service.

We continued to receive number of LMC Queries about GPFV Implementation which we are responding.

As per the feedback from LMCs and to further discussions with NHSE, we will be working on a new webpage where LMCs can feedback their queries/problems of GPFV implementation in their local areas and NHSE has advised that they will respond within 7-14 days to those.

A further LMC reference group meeting on GPFV is planned shortly for further feedback from LMCs.

A number of work streams in GPFV are being monitored and I have attended international doctors recruitment group meeting and also for the preparation of induction document for international GP's.

Commissioning Policy Group (Policy Lead: Simon Poole)

Probably the most pressing need for the work in commissioning relates to STPs and also the move in some areas towards commissioning ACOs. Motions developing new policy at LMC Conference and ARM will need to be considered as well as developing a better understanding of the position of clinical commissioners in STPs. We will continue to contribute to the work of the Policy Directorate producing BMA guidance, where the unique position of General Practice must be represented.

Provider Development & Working at scale Policy Group (Policy Lead: Simon Poole)

Provider Development and Working at Scale supporting GPs who wish to embrace Working at Scale and the development of General Practice in the current challenging environment is a priority including continuing to work with the Sessional Subcommittee in this area. We will be looking at more detailed legal analysis of the two types of integrated MCP contracts. Following a successful Conference earlier this year, the recognition from Conference of the opportunities, and the breakout GPC work, we will

be undertaking an information and listening initiative - "Our Profession, Our Future" in regions to support this work, in addition to developing further web based resources.

Representation Policy Group (Policy Lead: Bruce Hughes)

Current issues for Representation Policy area include implementation of the Meldrum reforms, improving the regional GPC representative election process by working with LMCs to validate the electorate list, and liaising regarding issues for GPC members from LMC areas considered to be "not in good standing" with the GPDF (these include regional election candidate eligibility, funding of honoraria and expenses for standing GPC reps and the ability for the LMCs to put forward a candidate to be a member of the new GPDF organisation). Standing items include Sessional GP representation and ensuring underrepresented groups are reflected into the GPC as a whole.

Sessionals (Subcommittee Chair: Zoe Norris)

The sessional subcommittee will be focusing on the ongoing challenges with Capita and NHS pensions, continuing to work with LMCs across the UK, presenting strong evidence on the sessional workforce to the DDRB, addressing the inequalities in out of hours, and providing support and guidance on new models of care.

Workload Management (Policy Lead: Farah Jameel)

We have just delivered a joint GPC England, NHS England, NHS Improvement, NHS Clinical Commissioners, Royal College of General Practitioners, Royal College of Nursing and the Academy of Royal Medical Colleges guidance document which describes the key national requirements which clinicians and managers across the NHS need to be aware of aimed at improving the interface between primary and secondary care. A joint letter has also been written, from NHS England and NHS Improvement to all CCG Accountable Officers, Chief Executives of NHS trusts and NHS foundation trusts, urging them to take the measures outlined in the guidance forward as an important priority at local level.

More broadly on workload, our next step will be a mapping exercise to identify all routes of unfunded workload in general practice, with a view to begin discussions on resource allocation.

Dispensing and Pharmacy Policy Group (Policy Lead: David Bailey)

The dispensing subgroup have met with colleagues from the DDA and have a clear agreed outline negotiating policy focusing on drug reimbursement and restoring a level playing field with pharmacy. Unfortunately despite multiple written requests we are still awaiting agreement to negotiate on updating the contract with NHSE. Given that the contract is effectively England & Wales we have also requested Welsh government officials to ask that NHSE enter discussions to help improve the resilience of rural practices in both countries.

Information Management and Technology Policy Group (Policy Lead: Paul Cundy)

The GPC IT team will be working with NHSE, NHSD and the ICO on the General Data Protection Rules (GDPR) which is EU legislation that updates the EU Directive that our Data Protection laws are based on. We will be aiming for as seamless, effortless and off the shelf package as possible. We continue to work on the TPP System One data sharing enhancements. We are working with eRS on further functionalities to make it easier and quicker for GPs and their staff. Following the WannaCry virus we have already requested an urgent review of the IT estate for general practice with urgent upgrades where necessary. From next year all GP systems will be using SNOMED CT as their prime code set, we have been working with NHSD to ensure as painless a transition as possible. GP2GP electronic transfer of records is now available in 98% of surgeries but continues to be utilised in as few as 37% of transfers in some CCGs, our aim is for 100%. Finally we will be ensuring that any new systems, such as on-line consultation software, available under the GPFV, are signed off and vetted by users prior to deployment.

Education, Training and Workforce Policy Group (Policy lead: Krishna Kasaraneni)

Workforce

- We have agreed an enhanced service for the CP (clinical pharmacist) in General Practice programme with NHS England. Mike Parks has represented GPC views and contributed suggestions at national working group meetings
    - The announcement of successful wave two funding applications is also imminent, and NHS England expects to beat the 2017/18 GPFV target of 500 additional CPs working in practices across England by September 2017
    - A third funding application round is now planned to open in September
- An LMC has recently announced that trainees have successfully claimed a rebate from HMRC for deductions made to the £20,000 incentive payment for GP trainees on the TERS (targeted enhanced recruitment scheme), so we are considering verifying this in order to disseminate this information more widely to trainees
- We're working with the GMC (leading), HEE, NHSE and the RCGP to so that GPs can join the induction and refresher scheme, the medical performers list and the GP Register through a single application process
    - We continue to liaise with HEE on general incremental improvements to the GP Induction and Refresher Scheme too
- We are working with NHSE and other key stakeholders on the international recruitment scheme – NHSE has now increased its target of recruiting 500 overseas GPs to 3000 by 2020/21. This is tacit acknowledgement that the GPFV target of training 5,000 new GPs by 2021 is likely to be missed. The "Brexit" implications for this recruitment programme are currently unknown, by NHSE and HEE are proceeding nonetheless
- There have been some preliminary discussions with NHSE in relation to incentives for GPs to become partners. NHSE appears to understand the importance of enabling GPs to become partners in order to preserve the General Practice model – even when working at scale
- At a meeting in the near future, GPC needs to consider the implications of:
    - The negative publicity about General Practice working conditions on medical students, foundation doctors, medical trainees and specialty doctors considering becoming GPs
    - Balancing this with the desperate need to retain and attract more doctors to become GPs and

- The national agenda to increase the numbers of nurses and medical associate professions to bolster the NHS workforce – what are the risks to the profession if the number of GP leavers outstrips the number of joiners in the medium to long term?

GP trainer's grant – Mark Sandford-Wood and Graeme Larkin met with Martin Wilkinson (SRO Primary Care Transformation, Postgraduate GP Dean West Midlands) to discuss the trainer's grant. Currently, GPs receive three separate payments for the training activities that they undertake (GP Trainer's grant, CPD payment, educational supervision payment), that totals around £9,250 per year. This involves an administrative burden to all parties. HEE wishes to amalgamate these payments as much as possible for ease across the system. We do not foresee any particular problems with this – but would welcome any suggestions otherwise. We understand that HEE have acknowledged that the grant needs to go up and that an amount has been agreed upon. DH will announce the rise soon with increases being backdated to April 2017. The change will have implications across the four nations – Martin Wilkinson sits on COGPED and has agreed to bring this to the next meeting in September for further discussion.

GP targeted training – Krishna Kasaraneni and Daniel McAlonan met with HEE (Tara Wilmot and Simon Gregory) in April to discuss HEE's proposals. Following this, Krishna wrote to HEE to formally set out our support and suggested a joint meeting with HEE, the RCGP and the GMC to see if we make some progress (we are aware of the concerns held by the College). A separate meeting with the GMC (Ian Curran, Susan Redward and Kirsty White) and Krishna has now been arranged for August.

GP Trainees (Subcommittee Chair: Samira Anane)

GP trainees have been working to develop guidance to support trainees with the new contract which will affect all new states from August 2017. A guide to Less than full time working for GP trainees in practice has been produced. This has been a collaborative effort with the RCGP AiT committee and is to be used as a resource for trainees and trainers.

We have had issues with our new communication platform and are assessing the impact this had had on our function as a committee, especially with an influx of new reps.

Premises and Practice Finance Policy Group (Policy Lead: Ian Hume)

Please see separate agenda item for premises update.

Premises briefing for GPC

20 July 2017

Premises cost directions

The Premises Cost Directions (PCDs) are the legal framework by which practices are (among other things) reimbursed for rent, or if the GP owns the building they are provided with notional rent payments, and by which they can receive funding for improvements and developments to premises. They are instructions to the Board, detailing what they should and must do in certain circumstances. The PCDs came back to us at the end of April, after having waited for a year for them. We have sent back comments and amendments; as things have progressed significantly over the last year such as with the GP forward view including the flexibility of up to 100% improvement grants and shorter abatement periods to encourage investment, so we want to ensure that the PCDs reflect that. We are keen to have these published as soon as possible and that these are mutually beneficial.

Leases and service charges

We are aware that a number of practices have been affected by NHSPS (NHS Property Services) and CHP (Community Health Partnerships) significantly increasing its service charges for practices in premises owned by NHS PS without explanation or provision of an itemised bill and have been doing a lot of work on this issue.

NHSPS owns or manages a large number of properties across England which they lease to NHS organisations, with a large proportion of their estate in the general practice sector. NHSPS inherited these properties from PCTs and aims to provide a national and streamlined approach to funding and processes for properties within their portfolio. NHSPS also inherited a number of issues, for example a large number of the properties do not have formal leases in place, and received instructions from the Department of Health in April 2016 to move to a commercial current market rate for rent and a full cost recovery approach to service charges. This means that most properties within their portfolio would see increased rent and increased service charges. Many practices who do not have formal leases in place or agreements for service charge payments have refused to enter a formal lease and refused to pay any increased rates and therefore NHSPS have a number of retrospective claims that are still in dispute.

We agreed to negotiate a template lease that could provide the basis for new leases for the above mentioned practices. We negotiated over a number of months and agreed a template lease which is very favourable for the tenants (ie GPs); it includes:

- a break clause allowing a practice to break their lease if they lose their core contract, and favourable assignment clauses enabling a practice to assign the lease to different partners or NHS allowed entities – these will ease the 'last man standing' phenomenon
- maximum lease term of 30 years, with in-built renewal clause
- mechanisms built into the lease to ensure that reviewed/revised rents match what will be reimbursed via the premises cost directions
- a requirement for service charges to be agreed before the lease is signed

PCTs historically didn't really think about market value when setting rent, therefore a lot of practices have a low rent compared to the current market. Similarly PCTs often did not stipulate what was covered by service charges and charged a nominal amount.

GPC has met with NHS PS on a number of occasions to highlight these issues and seek solutions. Efforts have been frustrated which led to GPC issuing NHSPS with a deadline within which to provide a reasonable proposal for a process for calculating service charges and to accept that they cannot make unilateral changes to their charging policy. They did not provide either and discussions have stalled.

GPC has written to practices (in both NHS PS and CHP premises) to inform them of the discussions going on at a national level and to highlight that we are pushing for a robust process to be implemented for calculating service charges that are logical and represent good value for practices. Our advice to practices in relation to service charges is clear, practices should be satisfied that the charges are legitimate and reasonable before payment is made. We asked them to complete a questionnaire on their particular situation in relation to service charges. The deadline for responses has now passed and we have received over 180 responses. We are considering all options (including a legal claim) at the moment to resolve this issue.

NHSPS. Our advice to practices is:

Lease Negotiations. In respect of lease negotiations, it is vital that you do not sign any lease or Heads of Terms (including those purporting to be based on the national template GP lease negotiated between the BMA and NHSPS) unless and until you fully understand and are comfortable with your potential liabilities. To this regard appropriate due diligence as to your potential liabilities should be carried out.

Transitional funding. Such arrangements should only be entered into where you are entirely satisfied that when the transitional period ends that you are not inadvertently left having to meet increased costs without the benefit of increased funding. In the view of the BMA, transitional arrangements should be avoided. More permanent solutions which align a practices' funding to their costs are needed.

Current charges. In respect of current charges, practices should only make payments to both the extent that they are both satisfied as to the legal basis upon which they are payable and their accuracy.

ETTF

The Estates and Technology Transformation Fund (ETTF) is part of the General Practice Forward View commitment to improve general practice facilities and technology across England. We met with NHS England about the ETTF spend to get a general update. As of January 2017, 560 schemes were funded, a further 200 are progressing and over 800 schemes are currently going through the approvals (due diligence process). Spend in 2016/17 cannot be confirmed yet as this is subject to final accounts, it has been confirmed that in December 2016 over £75m of investment was approved.

We are aware of a particular issue with practices being denied access to this funding if they do not have a formal lease in place. GPC's position is that practices should have access to this funding even without a formal lease in place as there is a protected occupancy which does afford rights to the occupier, and that due to NHS PS being an NHS body, we believe they should be entitled to this funding. Following the meeting, we wrote to NHS Eng formally about this, and currently awaiting a formal response. NHS England have said that this issue is currently only affecting only five practices, and they have sent out their information to us, so we can try to support the practices in resolving this issue.

GP Forward View 2017/18

This paper outlines the anticipated GP Forward View funding and initiatives to be delivered throughout 2017/18 (financial year, not BMA session).

Primary care allocations

What: The annual contract negotiation has provided £238.7 million investment into general practice

When: From April 2017

How: Into the core contract/reimbursements

What: £63 million local allocations for general practice

When: From April 2017

How: Into local commissioners allocations but ring-fenced for general practice use

What: £138 million for a local recurrent fund to improve and increase capacity in general practice

When: From April 2017

How: Funding provided to CCGs

These all form part of the £2.4 billion recurrent funding for general practice committed by the GPFV.

Transformational support from CCG allocations

What: £3 per head as a one-off non-recurrent investment commencing in 2017/18 to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice.

When: This could be split between 2017/18 and 2018/19 or provided as a whole in one of these years

How: CCGs will need to find this funding from within NHSE allocations for CCG core services.

General practice resilience programme – phase 2

What: £8 million to build resilience into general practice

When: From April 2017 to April 2018

How: Funding is provided to NHS England local area teams to provide support (not necessarily direct funding) to individual practices as well as on a greater scale to groups of practices in localities, based on an agreed action plan/memorandum of understanding.

Online consultation systems

What: £15 million for online consultation systems

When: Allocated to CCGs in April 2017, to be immediately available to practices

How: CCGs receive the funding, CCGs to decide on the best way to disseminate

Training of reception and clerical staff / care navigators

What: £10 million to ensure staff can undertake enhanced roles on active signposting and management of clinical correspondence

When: Throughout 2017/18

How: Funding is provided to CCGs on a per-patient basis to decide on the best way to disseminate. The funding is not necessarily passed on to the practice to provide training, but training may be purchased by the CCG.

Indemnity

What: £30 million to cover average indemnity uplift

When: Has been paid into global sum for 2017/18

How: Into the core contract

Premises funding

What: Further funding for premises improvements

When: Throughout 2017/18 based on individual project specifications

How: Bids for funding were submitted previously and a pipeline of projects has been approved.

Clinical Pharmacists in General Practice – 1,500 by 2020/21

What: £40 million for 2017/18 (overall five year budget of £112 million) to co-fund formal / informal groups of practices to employ / access and embed clinical pharmacists in surgery teams

When: Three application waves throughout 2017/18 with a target of 500 CPs in practices by end of financial year (*already exceeded after wave two – to be announced imminently)*

How: Informal groups of practices and networks / federations encouraged to bid for funding and supported by NHSE local teams / CCGs.

TERS (Targeted Enhanced Recruitment Scheme)

What: Approximately £3 million to offer £20,000 supplements to 144 GP trainees training in areas that have been hard to recruit for the last three years – in 2016/17, 105 were recruited at a cost of around £2 million

When: During 2017/18 GP training recruitment

How: Via application – GP trainees receive the supplement in their initial salary payment from their employer / lead employing organisation.

International GP Recruitment

What: Annual budget unspecified – Funding support to establish local schemes to enable easy recruitment of GPs from EEA / non-EEA countries

When: Throughout 2017/18 – successful phase one schemes already established in Lincolnshire, Essex and Cumbria. Scheme approved in South Tees/Hartlepool and Humber Coast and Vale too

How: CCGs invited to submit scheme proposals to NHS England local teams.

GP Induction and Refresher Scheme

What: Annual budget unspecified – Education and funding support for UK trained GPs who have taken a career break / been working overseas for two years or more and non-UK trained GPs wishing to work in the NHS for the first time

When: Throughout 2017/18 and beyond - to date, 260 doctors are currently on the scheme and 106 doctors have completed it and are working in practice (since September 2015)

How: Funding included in CCG primary care allocations and enshrined in the GMS SFE (Statement of Financial Entitlements) - application from GPs to the National Recruitment Office.

GP Recruitment Campaign

What: Annual budget unspecified – Marketing campaign targeted at FY2 doctors encouraging them to choose GP training

When: Throughout 2017/18 for both 2017/18 and 2018/19 GP training recruitment

How: Managed and delivered by HEE with support from key stakeholder organisations, e.g. RCGP.

GP Retention Scheme

What: Annual budget unspecified – Enabling GPs at risk of leaving the profession to undertake flexible working and reduce their hours to between 2-4 sessions a week where a regular part-time role does not meet their needs

When: Throughout 2017/18 and beyond

How: Funding included in CCG primary care allocations and enshrined in the GMS SFE – applications from GPs to local HEE team

GP Career Plus Scheme

What: £1 million – 11 areas selected to pilot the scheme and will test a range of ways to offer greater flexibility and support for approximately 80 GPs on the verge of leaving general practice

When: 2017/18 – deadline of recruiting GPs into their employment pools by 31 July 2017

How: Applications from LMCs, GP networks / federations and other third parties were invited.

Practice Manager development

What: £6 million overall budget, although annual budget unspecified – to help support the training and development of GP practice managers

When: 2017/18

How: Supporting bursaries for advanced skills development, national networking and development marketplace events, best practice resources, and bursaries for peer appraisals, mentoring and backfill to join practice development work locally.

GP Nurse development

What: £15 million overall budget, although annual budget unspecified – to improve training capacity in general practice, increase the number of pre-registration nurse placements, introduce measures to improve retention of the existing nursing workforce and support for return to work schemes for practice nurses

When: 2017/18

How: NHS England to launch action plan imminently - work is underway within the training hub community to map existing work to identify areas of development nationally.

General practice Improvement Leader Programme

What: A personal development programme to build confidence and skills for leading service redesign in practices or federations. 300 free places per year for three years.

When: The next opportunity to apply is September 2017.

How: Expressions of interest can be submitted to NHS England via their website until August 2018.

NHS England
Skipton House
80 London Road
London
SE1 6LH

7th July 2017

Dear GPs and healthcare practitioners,

RE: Psychological help for people affected by a traumatic event

Firstly, I would like to thank those involved in the recent major incidents in Manchester and London for their responsiveness and hard work.

This open letter is for GPs and healthcare practitioners to help you within your communities and identify those who may need further support.

Immediate aftermath – 'watchful waiting':
Immediately after a traumatic event, most people affected - including children and young people - will benefit from the general support that comes from families, friends and within local communities. Evidence from similar events tells us people do not benefit from formal psychological therapy during this period, including counselling. NICE (2005) recommends 'watchful waiting' of up to four weeks following a trauma, before offering an intervention to allow time for spontaneous recovery - unless there is risk in terms of suicidal ideation/self-harm. However, we could expect 20% of those affected to seek support.

If patients contact you following a traumatic incident, the evidence-based advice is as follows:

- it is normal to have strong emotional responses to traumatic events;
- it is important to keep communicating with each other, and to use support helplines;
- we all need to make space and time to talk and listen.

Importantly, in the immediate aftermath, do not encourage people to relive their experience; this is different to them spontaneously talking about it.

Typical symptoms within the first few weeks:

- wanting to talk about what happened and feeling there is no one to talk to;
- being easily startled and agitated;
- experiencing vivid images of an incident and having intense emotional reactions to them;
- disturbed sleep, disturbing thoughts preventing sleep, and nightmares;
- experiencing changes in mood for no obvious reason;

- experiencing tiredness, loss of memory, palpitations, dizziness, shaking, aching muscles, nausea and diarrhoea, loss of concentration;
- breathing difficulties or a choking feeling in throat and chest;
- feeling emotionally numb;
- relationships suffering since the incident;
- increased alcohol or drug use since the incident;
- performance at work suffering since the incident; and/or
- someone close expressing concern.

In addition to the possible symptoms above, children and young people experiencing symptoms which may indicate PTSD might think differently about themselves or other people. They might:

- blame themselves or show lowered self-esteem;
- think that they are a bad person or deserve bad things to happen to them;
- show less trust in other people and be less able to experience a sense of safety;
- experience overwhelming shame, sadness or fear; and/or
- avoid situations where fear could increase their emotional response that might make them feel more frightened or reminded of the event.

Continued symptoms and pre-existing conditions:
During a major incident, people may have been injured or witnessed others being injured or killed and it is possible that a pre-existing mental illness may be destabilised by these experiences. Most people do not go on to develop mental health conditions, and recover naturally. If symptoms are severe or continue for more than four weeks a referral to a specialist mental health service may be required.

Resources for your patients:

- An NHS leaflet "Coping with stress following a major incident" is available for use by those seeking further information.
- Gov.uk and NHS Choices provide the most up to date information on accessing services including those set up to support specific incidents and local areas such as helplines or single points of contact to ensure a streamlined and coordinated approach.

I hope these guidelines are useful. Ultimately, the best treatment for each individual remains your clinical judgement.

Yours faithfully

Dr Arvind Madan

Director of Primary Care
Deputy Medical Director
NHS England