

## **CLMC Bulletin 323 – 09.05.17**

### **PCSE Claims and Small Claims**

We are aware that many practices are still struggling with PCSE related issues and in some cases this is having a major impact on practice running and finances. You may find this guidance helpful in [making claims to PCSE](#) or [raising a claim in the Small Claims Court](#)

### **QOF Calculations**

All practices should have received an email from NHS E with regard to QOF Calculation issues. NHS E have provided the statement below and have provided an assurance that they will be putting additional measures in place to mitigate against this happening again. They have apologised for any inconvenience caused.

*NHS England and NHS Digital have advised the GPC that the recent issues affecting QOF achievement and aspiration calculations for GP Practices have now been resolved.*

*The QOF calculations have now been re-run and the payment calculation has been amended.*

*It follows a number of reports to NHS England that QOF payments were significantly lower for the 2016/17 financial year than they were for 2015/16, despite comparable performance and patient numbers.*

*An investigation has identified that while the correct formula and calculations were used, there was a problem where a practice split was incorrectly reported to the Exeter system in January. In addition there were a small number of practices that had significant changes in practice registration numbers and patient disease registers, which impacted on the national prevalence adjustments. This resulted in an incorrect adjustment to GP practice achievement. As such, affected practices will have seen an achievement figure in CQRS that was lower than expected.*

*The issue was identified before the majority of practices were physically paid. Just over 100 practices received an actual incorrect payment and work is ongoing to reconcile this based on the amended calculation.*

### **DWP Payments**

We have been advised that the Department for Work and Pensions is updating its system for payroll, finance, HR and making payments. The current system is being replaced by a new Single Operating Platform (SOP) system on 30 May.

All forms submitted by practices for payment (including the DS1500 and DBD36 forms) before 5.30pm on Friday 5 May 2017 will be processed and paid in the usual way. Fee forms from practices which are submitted after 5.30pm on Friday 5 May will be stockpiled. The new system will be introduced on Tuesday 30 May 2017 and all stockpiled forms will be processed for payment following this date. We are awaiting confirmation of how forms will be prioritised for payment once the new system is in place.

Practices do not need to do anything differently from the normal process. Forms should continue to be submitted as normal, including throughout the down period of 5-30 May. It has also been confirmed that there will be no delay for patients in getting benefits they are entitled to during this transition.

PIP GPFVs are not affected and will be paid as normal.

### **GPFV, One Year On and What to Expect Going Forward BMA GPFV One Year On analysis**

The GPC have produced this helpful [update](#) (with many links to further documents and guidance) with regard to the GPFV, investment to date and what to expect in the future.

## **Phase2 Clinical Pharmacists – reminder application deadline 12 May**

Following the success of the 2016 pilot, NHS England invited GP practices to apply for funding to help recruit, train and develop more clinical pharmacists to meet its GP Forward View commitment of an additional 1,500 clinical pharmacists in general practice by 2020/21. Practices participating in the programme will receive funding for three years to recruit and establish clinical pharmacists in surgery teams.

Bids for wave one closed in February 2017 and [the successful sites](#) were announced on 12<sup>th</sup> April. The first wave of applications for phase two has led to the approval of 219 whole-time equivalent places in general practice for clinical pharmacists, putting the programme ahead of schedule. Once recruited, these clinical pharmacists will be working across 750 practices covering a population of six million. Once they have got the scheme up and running, some of the approved bidders have also built the potential to extend the local provision of clinical pharmacists over time.

In wave one, 45 of 201 applications were approved. Crucially, however, this does not mean that the failed applications will go to waste. CCGs and regional NHS England teams are working with unsuccessful bidders to ensure bids eventually meet the selection criteria.

**The deadline for the second wave of applications is 12 May 2017.** Visit the [NHS England website](#) to apply.

At least two further application rounds will be announced throughout 2017. As mentioned above, practices who are unsuccessful in waves one or two will have further opportunities to reapply. It is expected that all practices in England will have access to a clinical pharmacist by the 2018/19 financial year. NHS England has published guidance for applicants on its [programme web page](#). The [BMA website](#) also contains further information on the benefits of having clinical pharmacists within the practice team.

## **IR35 Update**

GPC continues to be aware of concerns about the application of IR35 and interpretation of locum employment status, including some employers applying a blanket approach to all locums that they engage, without assessing individuals' contracting arrangements. The BMA has published [guidance](#) (only available to BMA members) on IR35, including a statement which can be used in circumstances where a locum doctor is told by the provider it is engaged by that IR35 will apply without assessment of their circumstances.

## **NHS Property Services**

The GPC have issued this important message to practices in NHS Property Services premises:

*Dear practice,*

*We are aware that NHS England (NHSE) and NHS Property Service (NHSPS) have sent out a joint communication to tenant practices whereby NHSE have indicated that they will temporarily reimburse increased rental costs that NHSPS are seeking to charge despite the fact that a formal assessment has not yet been carried out by the District Valuer (or such other valuer acting on behalf of NHSE).*

*GPC have serious concerns about this proposal given that NHSE and NHSPS are two separate legal bodies. As such the relationship between a practice and NHSE, as the commissioner/ funder, and the relationship between a practice and NHSPS, as the landlord, should be considered as being separate from one another.*

*With this in mind, all practices occupying NHSPS premises should be careful to avoid agreeing to any temporary measure put forward by NHSE unless NHSPS have provided categorical written confirmation that their ability to charge such increased sums, and indeed the obligation on practices'*

to meet such increased rental costs, is conditional on the practice receiving funding to cover the same.

Furthermore NHSPS should formally recognise and acknowledge that if a practice makes such payments it is without prejudice to the practices' position and is not in any way to be taken as an acceptance of the increased rents indefinitely.

Ultimately temporary measures should be avoided. As such GPC have been meeting with NHS PS to seek permanent solutions to the ongoing issues facing their GP tenants. Crucially this includes issues surrounding service charges. We are looking to reach a negotiated resolution so that a fair, consistent and reasonable process for calculating charges will be implemented, that has due regard to historical arrangements, doesn't expose practices' to unreasonable levels of un-reimbursable costs and offers value for practices and the health service.

We hope to provide further information on this in May.

In the meantime, if a practice is considering agreeing to a temporary arrangement concerning reimbursements and charges they must ensure that once the temporary measure ends in respect of reimbursements, that they do not inadvertently find themselves continuing to be liable for the increased cost. **To this regard we strongly advise practices to seek advice before agreeing any temporary measures.**

### **Enhanced Service in Recognition of Work Caused by QRISK2 Mapping Error – Reminder Deadline 31 May**

A new temporary Enhanced Service was introduced in February 2017 to recognise work caused by historic issues with code mapping errors in the QRISK2 calculator in SystemOne. Practices have been provided with lists of patients potentially affected and clinical recommendations for identifying patients for call/recall and support reviews. Practices need to identify patients who may have been affected by the QRISK2 code mapping error and offer an up to date cardiovascular assessment where clinically appropriate, Where clinically indicated, patients should be invited for a consultation and offered appropriate follow up clinical interventions. Practices can claim £6.50 per affected patient. Full details of the Enhanced Service and more background on the QRISK error are available here:

<https://www.england.nhs.uk/wp-content/uploads/2017/03/enhanced-service-spec-tpp-qrisk2.pdf> Claims need to be made by 31 May 2017 and payments will be made by Monday 31 July 2017. All claims are on the basis that the follow up work set out in the Enhanced Service is carried out by 31 September 2017.

### **Medical Charities Web Portal**

The main independent medical charities have come together to produce a [new website portal](#) which will help doctors in difficulties find the most suitable charity to apply to. The portal brings together five independent charities that support doctors when they need confidential financial assistance. These benevolent funds provide vital support to help doctors in genuine financial need get their lives and careers back on track.

The charities involved are the [Cameron Fund](#) (the charity for GPs), the [Royal Medical Benevolent Fund](#), the [Royal Medical Foundation](#), [BMA Charities](#) and the [Society for the Assistance of Medical Families](#).

By following the [link](#), doctors (or their dependants) and medical students can answer a very short questionnaire to find the best charity to help them. They can then use the portal to link to that charity for more information about eligibility and application.

The portal also links to information about other organisations that can offer help.

### **Changes in Hospital Contract**

The GPC has negotiated some important changes to the National NHS (Hospital) Contract to minimise the unnecessary and unresourced work shifted from secondary to primary care. We are aware that our local contracted contain an element that permits the CCG to place alternative requirements/pathways outwith those nationally recommended. We are discussing this with the CCGs to minimise the unnecessary work shifted to general practices. You can find full details of the nationally negotiated changed [here](#)