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GPC meeting

The GPC met on 21 April 2011 and this newsletter provides a summary of the main items discussed.

NHS Reforms in England

The GPC discussed recent developments in relation to the NHS reforms and the Health and Social Care Bill. Since the last meeting of the committee, the House of Commons Health Committee has also published its report on commissioning and related matters. The Health Bill has now completed its committee stage in the House of Commons, and will move to the House of Lords in due course. In the face of growing concerns about the reforms, as has been widely publicised, the government

has announced a pause in the progress of the Bill to allow a 'listening exercise' with a view to addressing these concerns. The NHS Futures Forum has been established under the chairmanship of Professor Steve Field, to take this forward and this is due to report in June.

The BMA/GPC has continued to highlight concerns about the Bill during its committee stage. In addition many MPs have been briefed and briefing papers on a number of themes within the Bill have been published. The GPC has continued to produce guidance on further aspects of the reforms and, as a reminder, [these are available on the BMA website](#). We encourage members to contact their [local MP via an on-line toolkit available online](#).

Areas of the Bill the BMA has briefed on or suggested amendments include:

- Duties of the Secretary of State
- Functions and powers of Monitor, the NHS Commissioning Board, and consortia
- Abolition of SHAs and PCTs
- Education and Training
- Competition, price competition, licensing, designation of services and failure
- Foundation Trusts
- NICE and the Health and Social Care Information Centre
- Public health
- Local government
- Patient and public involvement
- Patient confidentiality and information.

Legal Status of Consortia

There has been some confusion about the legal status of consortia. The Department of Health has issued a document which clarifies the position, a copy of which is attached at **appendix 1**.

Bearing in mind this document and the day to day and ongoing challenges for shadow consortia, the GPC's strong recommendation remains that consortia think very carefully before entering into contracts with third parties, in particular those of high value, exposure and/or long duration.

Leadership in clinically-led commissioning consortia

Clinical leadership will underpin the success of clinically-led commissioning consortia (CCC). The defining feature of CCCs will be clinicians leading their peers from the front: engaging professionals in thinking and behaving differently in order to improve the health and healthcare of the consortium population in a sustainable manner. The GPC has produced a new guidance document on leadership that explores these issues, and this is [available on the BMA website](#).

Shadow and Pathfinder consortia: Developing and electing a transitional leadership

A revised version of the GPC's guidance document 'Shadow and Pathfinder consortia: Developing and electing a transitional leadership' [is available on the BMA website](#).

Payments to consortia and pensions

Following a number of recent queries, we can clarify that under the current regulations any payments made to GPs or practices from the 'pathfinder' and 'shadow' consortia will not be

pensionable. This is because the consortia do not hold employing authority status. Where payments are made directly from the PCT / cluster, they will be pensionable. The government/DH is yet to decide if these consortia will be afforded access to the NHS Pension Scheme.

GP contract

SFE and DES Directions in England

PDF versions of the SFE and DES Directions in England have been sent to LMCs in England. [The summary of the QOF indicators available on the BMA website](#) has been updated to include more details about the Quality and Productivity indicators.

Extended hours DES – England only

The GPC and the NHS Employers have agreed to extend the extended hours directed enhanced services (DES) in England by one year, to 31 March 2012, and reduce the detailed requirements that will apply for 2011/12:

- appointments may be offered by any health care professional rather than GPs only during extended opening hours
- the current restriction on concurrent working during extended opening hours will be removed
- allow urgent as well as routine care patients to be seen
- the minimum continuous period of extended opening will be reduced from one and a half hours to 30 minutes.

It has also been agreed to reduce the payment per registered patient from £3.01 to £1.90. The money released from this reduction will be reinvested in a patient participation DES.

The guidance can be read in full on the [Department of Health](#) website.

Patient participation directed enhanced service (England)

The monies released through the reduction in the cost of the extended hours DES will be reinvested into a patient participation DES in England, the aim of which is to promote the proactive engagement of patients through the use of effective Patient Reference Groups and to seek views from practice patients through the use of a local patient survey.

The key requirements of the patient participation arrangements agreed by negotiators are that GP practices:

- develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population, eg a patient reference group
- agree areas of priority with their patient reference group
- collate patient views through a patient survey
- agree an action plan with their patient reference group
- publicise the results of the patient survey
- publicise the actions taken and what is achieved as a result.

Around £60m of released investment will be available to practices, provided that they successfully meet these requirements, which is equivalent in total to £1.10 per registered patient.

[The DES guidance is available on the BMA website.](#)

Quality and Outcomes Framework guidance

The Quality and Outcomes Framework guidance on the changes which came into effect on 1 April 2011 has now been published and is [available on the BMA website.](#)

A typo has been discovered in the 'Quality and Productivity 3.2 reporting and verification' section in paragraph 4 (page 166). The date on the second line incorrectly stated '31 December 2011', this date should read December 2010. This is because the reductions calculated in the third quarter of 2011 will be compared against the last quarter of the previous financial year, rather than the previous quarter in 2011. As such the calculation will be made based on the achievement for the quarter ending on 31 December 2010.

The error has been corrected in the QOF guidance and the updated version is [available on the BMA website.](#)

This error is also mirrored in the Statement of Financial Entitlements which is in the process of being updated by the Department of Health and an amendment will be issued.

Focus on QOF payments

The Focus on QOF payments has been updated to take into account the changes in the GMS contract agreement 2011/12. The guidance gives a full breakdown of the methods used to calculate and make payments earned through the QOF. The information within it is drawn from the Statement of Financial Entitlements which can be accessed on the Department of Health website.

QOF payments in England, Scotland, Wales and Northern Ireland are the same throughout this guidance except on a few points. The guidance note quotes the value per QOF point for 2010-11 as £130.51 for England, £130.47 for Wales and £127.26 for Northern Ireland (figure to follow for Scotland).

[Guidance is available on the BMA website.](#)

Business rules and QMAS updates

We have been informed that the NHS Information Centre (IC) is currently working on the April READ code release and the NHS Employers are working with them to look at the code changes they have proposed. This information will form part of the business rules, which is the reason they have not yet been published. The April code release (business rules v.20) is due to be published by the end of April. Please note that the [Business Rules v19 has now been published](#) on the NHS primary care commissioning website. This includes the 11/12 indicators and will enable GPSS to update their local searches and templates.

We have also been informed that due to the delay in finalising the GMS contract agreement, it is estimated to take until October for the QMAS updates to be available. This is not due to any changes in the process for developing business rules. The Department of Health and Connecting for Health (CfH) normally expect negotiations to be concluded by the turn of the calendar year, which would allow QMAS to be updated by the second quarter of the financial year to which the changes apply. CfH are currently procuring a new system to replace QMAS - the GP Payments Calculation Service - and one of the key requirements for the new system will be to ensure faster turnaround of changes to the system.

Seasonal flu vaccination programme for 2011/12

All practices should by now have received a letter from the Chief Medical Officer (England), which confirmed that the arrangements for procurement of vaccines for 2011/12 would remain the same as last year. Practices are responsible for ordering seasonal flu vaccine for the coming winter and should start ordering vaccines now, if they have not already done so.

In the letter from the CMO, it states that the government would like practices to order sufficient vaccine to cover 75% of their patients aged 65 or over, and at least 60% of patients under 65 in clinical risk groups (including pregnant women).

We have been informed that so far, practices have not increased their vaccine orders to take into account the localised shortages experienced last winter, and despite a rising number of patients in the at-risk groups.

We would encourage practices to review their flu vaccine orders, to ensure that they have ordered sufficient number of vaccines for their patients in the at-risk groups.

The GPC would again like to congratulate practices on their hard work in relation to seasonal flu vaccinations for 10/11, despite all the potential problems practices faced over the winter.

[The letter from the CMO is available on the DH website.](#)

Care Quality Commission registration

We have had reports of some PCTs telling NHS GP practices that they must comply with Care Quality Commission standards. **We would like to make clear that NHS GP practices do not yet need to do so.** The registration window for CQC will open from October 2011 and NHS GP practices will need to be registered from 1 April 2012.

However, it is worth noting that PCTMS practices should be registered with CQC because PCTs needed to be registered from 1 April 2010. Also organisations that provide some NHS primary medical services but whose main purpose is to provide other services, such as private healthcare, social care or NHS acute services need to have been registered for all of their services from 1 October 2010.

The CQC registration toolkit is nearing the end of its development and will be published as soon as possible.

GP Systems of Choice (GPSoC) – future arrangements

The GPSoC Framework Agreement expires in August 2011. Setting up a replacement at this point would have been problematic given that the full implications of the Health and Social Care Bill 2011 have yet to emerge.

Therefore, **interim arrangements have been put in place allowing for continuity of provision of GPSoC services through to 31 March 2013**. Options for a replacement to the current GPSoC arrangements are under development, with a view to new arrangements being put in place in good time.

The majority of the current Call Off Agreements already extend beyond the end of the Framework, and Connecting for Health (CfH) has decided that new Call Off Agreements can be placed before the Framework expires in August, which will ensure the continued provision of GPSoC services on their current terms. These new agreements will be on a national basis in the form of an amended version of the existing agreement and will be between CfH and each GPSoC Supplier. All locally funded GPSoC Services will be transferred to the new national Call Off Agreements as the existing PCTs Call Off Agreements reach the end of their term.

The attached communication (Appendix 2) from CfH provides further detail on the new arrangements and outlines the actions that need to be taken by PCTs to support the revised arrangements.

Please note, practices could potentially experience problems if PCTs plan changes to service provision where these services, notably IT support and maintenance, are required to underpin GPSoC. PCTs must continue to deliver their obligations under the PCT-Practice agreement.

Good Practice Guidelines for GP electronic patient records

Version four of the Good Practice Guidelines has now been published. This latest version supersedes version 3.1, and will act as a reference and source of information for all those involved in developing, deploying and using general practice IT systems.

A PDF of the full guidance, a shorter quick reference guide, and the Equality Analysis document may be accessed on [the Department of Health website](#).

Focus on...Taking on new partners

A new guidance note has been published which looks at the factors GP practices may consider when deciding whether to take on a GP partner or salaried GP. Issues covered in the document include the cost of employing a salaried GP (including National Insurance contributions and employer's

superannuation), the impact of the tax burden for existing partners earning over £100,000, as well as the benefits of taking on a new partner. [The guidance can be accessed via the BMA website.](#)

Clinical Waste Self-Audit Tool

Waste disposal legislation requires all producers of healthcare waste, including GP practices, to complete an audit of their clinical waste disposals.

The deadline for GP practices to complete their audits is **1 July 2011**.

The GPC has produced a clinical waste self-audit tool with the support of the Environment Agency to assist practices in providing the relevant information to their waste contractor. It is available on the BMA website, with an accompanying '[Focus on Clinical Waste Audits](#)'.

Seniority factors 2007/08

The final seniority factors for GMS GPs in England and Wales for 2007/08 have been published by the NHS Information Centre. The figures are **£90,375** for England and **£78,938** for Wales. Further details and an explanation of the methodology can be seen on the [Information Centre's website](#).

National Survey of GP Opinion

The BMA National Survey of GP Opinion was recently sent to GPs throughout the UK. The survey is GPs' opportunity to say what they think about a range of important issues affecting general practice. The survey has so far received a very healthy response and remains open to respondents. If you have any queries about the survey, please contact the BMA's Health Policy and Economic Research Unit using the email info.hperu@bma.org.uk.

Revalidation

Following last year's revalidation consultation response in which they made a commitment to simplify and streamline the revalidation process, the GMC has now published guidance on the supporting evidence required for revalidation, along with a new framework based on Good Medical Practice. The guidance states that there are six types of supporting evidence that doctors will need to provide over the five year cycle:

1. continuing professional development
2. quality improvement activity
3. significant events
4. feedback from colleagues
5. feedback from patients
6. review of complaints and compliments.

Whereas previously there had been a need to map the supporting evidence to each of the twelve attributes set out in the Good Medical Practice Framework, it will now be assumed that these attributes have been fulfilled by submitting the above six types of supporting information. The guidance is available on the [General Medical Council's website](#).

[The RCGP has published a new version of their revalidation guide and it is available online.](#)

[The BMA has published an update on revalidation and it is available on their website.](#)

The GPC continues to lobby the RCGP and other key stakeholders to try and ensure that the revalidation process is proportionate, equitable, and not overly burdensome.

Care after death advice

The National End of Life Care Programme has issued some guidance to help those who care for people after death. This work has been endorsed by the RCN and the Royal College of Pathologists and sets out principles of care that extend beyond physically preparing the body for transfer either to the mortuary or a funeral director. The guidance is focused on the practice of nurses and doctors and encourages co-ordinated working with other groups such as care home staff, funeral directors, the police and coroners and their teams.

[The full guidance can be found online.](#)

Anyone interested in finding out more about the [National End of Life Care Programme can visit their website](#).

Migrant health guide

At the end of January the Health Protection Agency launched [the Migrant Health Guide](#) - an online resource for GPs and nurses working in primary care. The guide has been developed in consultation with GPs and health professionals from around the country, and is endorsed by the Royal College of General Practitioners and the Royal College of Nursing. It is intended to be a 'one stop shop' for information to support GPs and nurses in assessing and treating migrant patients, in recognition of the fact that these patients sometimes have health needs which are more complex than those of UK born patients.

GPC Regional Representatives - Elections 2011

Nominations for GPC regional representatives closed on Friday 25 March 2011, 5pm.

The following candidates have been elected uncontested:

G Beck - Buckinghamshire, Oxfordshire

M Drage - Hillingdon, Brent and Harrow, Ealing, Hammersmith and Hounslow

P Edney - Barnsley, Doncaster, Rotherham, Sheffield

R Ford - Northumberland, Newcastle and N Tyneside, Gateshead and South Tyneside, Sunderland

J S Jones- Dyfed Powys, N Wales

S Kay - Lewisham, Southwark and Lambeth, Bexley and Greenwich, Bromley

A McDevitt - Glasgow and Clyde

D Moederle-Lumb - N Yorkshire, Bradford

J Rawlinson - Berkshire, N and E Hampshire

N Thomas - Cheshire, Mid Mersey

Congratulations to all of those elected. Elections will take place in the following regions and ballot papers will be distributed by Electoral Reform Services from 28 April 2011 :

*Candidates are in no particular order

Wiltshire, Dorset

Dr Duncan Walling

Dr Helena McKeown

Leicester and Rutland, Northamptonshire

Dr Kamal Sood

Dr Vijay Rawal

N Staffordshire, S Staffordshire, Shropshire

Dr Uday Kumar Katkar

Dr Mary McCarthy

Dr Gulshan Kaul

Dr Chandra Kanneganti

Gloucestershire, Avon

Dr Lee Salkeld

Dr Peter Fellows

Dr Mark Corcoran

Re-opening of Nominations

Nominations are sought in the election of voting members of the General Practitioners Committee of the British Medical Association as regional representatives for the constituencies detailed below.

Local medical committees covered:

- Sandwell / Walsall / Wolverhampton / Dudley

Candidates must be:

- GPs who contribute to the voluntary levy of an LMC in the constituency and who provide personally or perform NHS primary medical services for a minimum of 52 sessions distributed evenly over six months in the year immediately before election (3 May 2011); or
- GPs who are on the doctors retainer scheme and who contribute to the voluntary levy of an LMC in the constituency; or

- Medically qualified officers of a local medical committee in the constituency.

Nominations should be made on forms available from the General Practitioners Committee at the British Medical Association, BMA House, Tavistock Square, London WC1H 9JP (tel: 020 7383 6820) and on the [BMA website](#).

Each nomination form must be signed by the candidate, five proposers and a representative of the local medical committee who can confirm that the candidate and proposers contribute to the voluntary levy.

Nomination forms and statements in support of candidature should be returned to: Nadia Kalam, General Practitioners Committee, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP by no later than **5pm on Tuesday 3 May 2011**. Please note that it is the candidate's responsibility to ensure that GPC have received their completed nomination forms and statements.

If you have any queries please contact nkalam@bma.org.uk

Prison GP conference 2011 - Please pass this on to prison GPs in your area

The British Medical Association is holding a one day conference for prison GPs called 'Prison GPs, Changing Times' on Friday 16 September 2011 at BMA House, London. The conference will cover key issues for prison GPs including revalidation, CPD, and the Offender Health pathway and include workshops for salaried GPs and contractors.

The conference is free for BMA members and only £50 (inc VAT) for non-BMA members. Further information, including the conference programme and information about how to register is [available on the BMA website](#).

GPC annual report

This year's GPC Annual Report has been published, and is now [available on the BMA website](#).

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 3. We would be grateful if LMCs would direct all enquiries to their liaison officer. A copy of the LMC regional structure is also attached at appendix 4.

Doctors for Doctors

The BMA provides support to doctors in difficulty through two confidential telephone services, BMA Counselling and the Doctor Advisor Service, which can both be accessed on **08459 200 169**. Issues

dealt with include stress, bullying, GMC concerns, depression, debt and substance abuse. Further information can be [found on the BMA website](#) or by writing to info.d4d@bma.org.uk.

The GPC next meets on 19 May 2011, and LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items is 11 May 2011. It would be helpful if items could be emailed to William Jones at wjones@bma.org.uk. You may also like to use the GPC's listservers to exchange views and ideas.

GPC News

GPC News is available via the Internet, via the BMA's web pages: www.bma.org.uk

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

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

This newsletter has been sent to:

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