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GPC meeting

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

NHS reforms

The GPC discussed recent developments on the NHS reforms and was informed about the statement agreed by BMA Council at its meeting the previous day ([available on the BMA website](#)).

Various significant reports had been published since the meeting of the GPC in May, including the [BMA's submission to the Future Forum](#), the [report of the NHS Future Forum](#) and the [Government's response to the NHS Future Forum report](#). The BMA has provided briefings for the Health and Social Care Bill Committee Re-committal Stage, [which are available on the BMA website](#).

Committee members discussed their concerns about some of the Government's recent changes to the reforms, fearing, in particular, even greater bureaucracy through new administrative tiers and increasing costs. Many local experiences of implementation had not been positive, with some described as shambolic.

The GPC was given an update on commissioning issues which has been shared with LMCs and we will provide details of key developments on the website shortly.

Governance of GP consortia

The GPC has produced guidance putting forward examples of possible models for the governance of consortia and advising that, as a minimum, specialists should be involved in the design of patient pathways. [The guidance can be accessed on the BMA's website](#).

We encourage all LMCs to work with representative bodies of hospital doctors, particularly local negotiating committees, to develop good cooperative methods of working at local level.

Electing leaders to shadow and pathfinder consortia

The GPC firmly believes that **all** GPs regardless of contractual status should be able to stand for and vote in shadow and pathfinder consortia elections in their locality, on the basis of one GP one vote.

To underline this message, Laurence Buckman, Chairman of GPC, wrote to all LMCs in England:

'It is vital that LMCs do everything they can to ensure that members of our profession are not disenfranchised, and I urge you to do all you can to ensure that consortia involve all GPs in their elections. I realise that shadow consortia are independent bodies and can do whatever they choose, but deliberately excluding GPs on the basis of contractual status or sessions worked in the area will store up resentment at such discrimination and will weaken the image of those GPs that take these decisions in the eyes of the profession and the wider public.'

Ensuring transparency and probity: GPC guidance to ensure the honest and transparent operation of clinically led consortia

The GPC released guidance that sets out how consortia can ensure their governance arrangements have the confidence and trust of the public. It also calls on the government to scrap the proposal to

pay consortia a performance-related payment if they perform well financially. [The guidance can be found on the BMA website.](#)

We urge all LMCs to ensure that this guidance is brought to the attention of GPs and they are actively encouraged to follow it.

HR Transition Framework

The Department of Health has published its HR Transition Framework, which provides the overarching guiding standards for the Department, NHS and Arm's Length Bodies (ALBs) relating to the movement of employees to the new or changed bodies proposed in the Health and Social Care Bill 2011. [This framework can be accessed via the Department of Health website.](#)

New quality and productivity guidance published

The General Practitioners Committee (GPC) and NHS Employers have produced joint supplementary guidance for the 2011/12 QOF quality and productivity (QP) indicators. This guidance applies in England only and is intended to assist practices and primary care trusts (PCTs) in understanding and working through the new QP indicators.

In addition, NHS Employers, the GPC and the Department of Health have produced a ready reckoner to help PCTs calculate the point achievement for QP prescribing indicators (QP3 to QP5).

The guidance and the ready reckoner can be [accessed on the BMA website.](#)

Care pathways for outpatient referrals and emergency admissions indicators (QP6-QP11)

Following a number of queries asking whether the care pathways for Outpatient Referrals and Emergency Admissions indicators need to be new or not, please see the following clarification of the issue.

The **QOF guidance (fourth revision)**, p168, which is in the SFE states:

8.1 GPs in the practice must actively respond to the care pathway development process for the purpose of this indicator. This may, for example, involve attending meetings with other health professionals concerned with the care pathway or commenting to the pathway group electronically. The three care pathways cannot be the same as those identified for indicator QP11. Where possible, the focus of the care pathways should be on long term conditions. Practices must then follow the agreed care pathways in the treatment of their patients, unless in individual cases they can justify clinical reasons for not doing this.

However, the joint GPC / NHS Employers supplementary **Quality and Productivity guidance**, issued in May, states:

14. Do the care pathways for QP6 to QP11 have to be newly developed or can they be ones that are currently in development at the time the indicators were published?

The QOF guidance/SFE is clear that the pathways to be developed should be new.

However, where a pathway is still in the development stages and allows the opportunity for practices to engage in development, then subject to agreement between the PCT and practice, this would be acceptable.

The wording of indicators QP8 and QP11 in the SFE stating that 'The practice engages with the development of and follows three agreed pathways' does not necessarily imply a completely new pathway. The intention is to give practices a say in what pathways are developed, and what they finally look like and to avoid unacceptable ones imposed upon them, but to also give some flexibility to use acceptable ones that are being developed *but not yet fully implemented*. The SFE and supplementary guidance were designed to prevent PCO imposition of pathways whilst allowing GP groups to use whichever pathway they believe to be the most appropriate.

For the avoidance of doubt: There is therefore some flexibility for practices to use developing pathways already in existence as long as they are in the development phase as far as the practice is involved. What you cannot do is to designate a pathway you already use as a "new" pathway for the purpose of QOF.

Chronic kidney disease FAQs

The GPC and NHSE have published an updated set of questions and answers in relation to chronic kidney disease and the Quality and Outcomes Framework (QOF) indicators. First published in November 2009, these FAQs have been updated to take into account current issues and the latest available evidence in line with NICE guidelines for this disease area.

In particular, the updated guidance includes new sections on 'management of CKD: a summary' and on stages and complications of the disease. It also includes two new annexes on 'what should practices do if they do not have access to eGFR?' and a 'glossary of terms' at the back of the document. [The updated guidance can be accessed via the BMA website.](#)

Care Quality Commission registration

The committee discussed how to respond to the Department of Health consultation on delaying CQC registration for most primary medical services providers, which is [available on the Department of Health website](#). The response will be submitted shortly, and will be available on the BMA website once this happens. We would remind practices that they should not undertake any work on registering at this stage, nor enter into any kind of agreement with a third party to do so.

The CQC is sending out an update letter to all primary medical services providers in light of the proposed changes.

The GPC has produced a Care Quality Commission (CQC) toolkit. We would encourage all LMCs to draw the attention of practices to the foreword in the toolkit which makes it clear that practices should not do any significant preparatory work at the moment, but it is worth reading the toolkit in order to be aware of what might be required in the future. [The toolkit is available on the BMA website.](#)

NHS Choices website

In May we reminded LMCs that practices are notified of a comment pertaining to them on the NHS Choices website **following** the publication of the comment. An alert is sent to a named recipient at the practice in question (usually the practice manager although this will be designated by the practice). Practices then have two options:

1. Post a reply, in order to put across the practice's views and deal with any issues raised. This will appear immediately below the original comment.
2. Report the comment to the website moderator as unsuitable.

Following some concerns which have recently been raised again about the NHS Choices website, we would like to reiterate our advice to GPs regarding negative comments on the site. We want to encourage GPs to respond constructively to the website when a comment is posted about them, in order for them to be able to correct any misrepresentation and also to show their professionalism under these circumstances. As long as the reply is positive and carefully constructed, rather than defensive, it should help and not hinder GPs in these particular situations.

NHS Choices also have a 'comments policy' on their website which states that should a comment be flagged by a practice as unsuitable, then this will alert their moderators to take down the comment, consider it, and then either remove it or reinstate it as they deem appropriate.

The following NHS Choices guidance may assist practices in managing any comments they receive:

- [Managing patient feedback](#)
- [Best practice - responding to patient feedback](#)

Refresher training in taking cervical smears

We have been made aware of a number of PCTs insisting that all GPs working in their areas undertake either a half day or a full day's update training in taking cervical smears. Many have been told that this is a contractual requirement and therefore mandatory and others that successful completion of such a course is a requirement of their PMS contract.

We believe that this is an unreasonable requirement, given that the training for undertaking cervical smears is already included in the GP curriculum covered during the period of vocational training for general practice. Further requirements in this area would serve to distract GPs from other areas of education identified in their personal learning plan through their annual appraisal which may be more helpful, or take up time which could be spent on clinical care.

If a GP felt that he/she required refresher training in taking cervical smears then they could obtain this through their continuing professional development either through attending an appropriate course or using other training materials.

Both the RCGP and GPC have concerns about this issue, and we are writing to the Department and NHS Employers, asking that this practice should be discouraged.

We know that in Scotland this training is done using DVDs and that e-learning modules have been set up in some areas, including Leeds, [an example of which is available online](#).

JCVI advice on the pneumococcal vaccination programme for over 65s

Earlier this year the Department of Health (DH) informed us that, following a review by the Joint Committee on Vaccination and Immunisation (JCVI) of the evidence on the impact of the pneumococcal vaccination programme and on the clinical effectiveness of pneumococcal polysaccharide vaccine (PPV), the protection the vaccine provides was poor and not long-lasting in older people. The JCVI advised that there was little benefit to continuing the programme and that it should be stopped.

The DH sought views on the JCVI advice from various stakeholders, and the GPC responded accepting the JCVI evidence, but asked whether the DH had considered reviewing the vaccine rather than withdrawing it, and whether further guidance to help GPs make a judgement whether to provide the vaccine to over 65s with risk factors could be produced.

Following a number of comments from various stakeholder and new independent analyses of UK epidemiological data on invasive pneumococcal disease, the JCVI concluded that, whilst there remains some uncertainty about the effectiveness of PPV, there is now better evidence of the vaccine suggesting that PPV provides some moderate short term protection to those aged 65 years and older, although protection may be less and wane faster in older age groups and for some clinical risk groups. The new analysis also showed that the programme remains cost effective, despite the limited effectiveness of the vaccine, and may be more cost effective than implementing a risk group-based programme. For these reasons, the **JCVI has advised that the existing routine programme for those aged 65 years and older should continue, although be kept under review.**

Professor David Salisbury has written to the profession to inform them of this, and [the letter is available online](#).

Updated patient participation DES FAQs

The GPC issued a set of FAQs on the new Patient Participation DES in June. A new and extended list of FAQs has now been published jointly with NHS Employers. [The FAQs are available on the BMA website](#).

National Association for Patient Participation

Attached at appendix 1 is a leaflet from the National Association of Patient Participation (NAPP), which is the umbrella organisation for patient-led groups within general practices. NAPP are providing support to practices to meet the Patient Participation Directed Enhanced Service (DES) requirements in the GMS contract.

Guidance for practices using 084 numbers

In response to a question in Parliament this week, the Health Minister Anne Milton told Parliament that "since April this year, GPs have not been allowed to use a number that charges patients more than the cost of an equivalent geographical call."

This is not strictly accurate, and we wanted to update LMCs and practices, in case they are contacted by PCTs pressuring practices to move away from using 084 numbers.

The GMS and PMS regulations were amended in April 2010. The regulations:

1. make clear that, from 1 April 2010, any practice entering into a new contract for telephone services must ensure that calls to the practice will not cost patients more than calls to an equivalent geographical telephone number, and
2. outline steps that practices with existing contracts must take before April 2011 to establish whether or not a person calling their practice pays more than the cost of a call to an equivalent geographical telephone number, and the steps that practices must take following that review.

We recognise that many practices will have long term contracts with telephone providers that contain penalty clauses and that, as a consequence, some practices may not reasonably be able to extract themselves from their contract. **In cases such as this, we believe that it is entirely within the regulations for practices to continue with their current supplier for the duration of their current contract, before moving to a new contract that meets the requirements of the GMS regulations.**

The [GPC has produced detailed guidance which can be access on the BMA's website.](#)

GPC elections

GPC Negotiators

The following members have been re-elected as GPC negotiators for the 2011-2012 session:

Peter Holden
Beth McCarron-Nash
Chaand Nagpaul
Richard Vautrey

The current full GPC negotiating team is therefore:

Laurence Buckman, Chairman, GPC
David Bailey, Chairman, GPC Wales
Brian Dunn, Chairman, GPC Northern Ireland
Peter Holden
Dean Marshall, Chairman, Scottish GPC
Beth McCarron-Nash
Chaand Nagpual
Richard Vautrey, Deputy Chairman, GPC

LMC conference - update

The 2011 LMC conference elected the following as members of the conference agenda committee for 2011-2012:

Chairman:	Mary Church	
Deputy Chairman:	Michael Ingram	
Agenda Committee:	Stuart Blake, Lothian Hal Maxwell, Ayrshire & Arran Stephen Meech, Kent Guy Watkins, Cambridgeshire	David Grant, Gwent Helena McKeown, Wiltshire Peter Swinyard, Wiltshire

Following the cancellation by the BT Conference Centre after the double booking on 24-25 May, the LMC Conference Agenda Committee, GPDF Treasurer, Conference Unit and GPC Secretariat have looked at alternative dates and venues. **GPC and LMCs will be informed when the arrangements have been finalised.**

Report of the 2011 Conference of Local Medical Committees

Over 350 GP local medical committee (LMC) representatives from across the UK attended the annual two day June conference. Under the theme *General Practice – the centre of the NHS*, the excellent debates, ably chaired by Lanarkshire's Mary Church, covered current topical issues, ranging from the NHS reforms to GP contracts to Care Quality Commission registration.

This report summarises some of the Conference's key policy decisions and how these are being taken forward by the BMA's General Practitioners Committee (GPC) and can be [found on the BMA website](#).

Sessional GPs newsletter, July 2011

The Sessional GPs newsletter draws together information about new and ongoing issues affecting sessional GPs and the work of the Sessional GPs Subcommittee and General Practitioners Committee (GPC) on their behalf. This July issue also has special reports on the motions passed at the Annual

Representative Meeting (ARM) and the Annual Conference of Local Medical Committees which related to sessional GPs.

This issue covers the following topics and is [available on the BMA website](#):

- Annual Representative Meeting
- LMC conference
- NHS Reform and Sessional GPs
- Revalidation
- Information Cascades
- Sessional GP conference 2011
- Devolved nations updates
- Contacting the Sessional GPs subcommittee about issues in your area.

We encourage members to forward this newsletter to any locum and salaried GP colleagues.

New date added for Introduction to negotiating skills for LMCs courses

The one day introduction to negotiating skills courses for local medical committees have proved so popular that an additional date has been added to the schedule. This extra course will take place on Tuesday 8 November at BMA House in London. The interactive course provides an introduction to the negotiating process, including the four main phases of negotiation, showing the importance of preparation, effective communication and avoiding common mistakes.

The course is targeted particularly at the smaller LMCs and /or those who have no previous negotiating skills training.

Cost to attend

There is no registration fee to attend the course but you will need to meet any travel, accommodation and locum costs that you incur in attending.

For full details of eligibility criteria, the course programme and trainer and to download the registration form, [please visit our website](#).

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](#).

Equal opportunities in medicine: Workforce planning and flexible working

The RCP Edinburgh is committed to representing and supporting the needs of the current and future medical workforce and to promoting equality of opportunity. A "Hot Topic" symposium - "Equal Opportunities in Medicine: Workforce Planning and Flexible Working" on Tuesday 4 October 2011, at the College in central Edinburgh – will promote these issues. Half-day or full-day attendance is available. The morning session, "Workforce of the Future", will be of interest to the current and future medical workforce (including GPs), medical directors and workforce planners. The afternoon session, "Promoting flexible working and training in medicine" will include interactive workshops and sessions on CPD and revalidation. GPs, all grades of medical, nursing and scientific staff and allied healthcare professionals are most welcome. [For online booking and full details, please see the RCP Edinburgh website.](#)

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 2. 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 3.

GPC news index

The GPC news index for the 2010-2011 session is enclosed (appendix 4).

The GPC next meets on 15 September 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 7 September 2011. It would be helpful if items could be emailed to Christopher Scott at cscott@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