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GPC meeting

The GPC met on 17 March 2011 and this newsletter provides a summary of the main items discussed.

GMS contract 2011/12

Last Friday we released a letter to the profession setting out the GMS contract arrangements for 2011/12, including details of changes to the Quality and Outcomes Framework (QoF) and directed enhanced services (DES). At present, this agreement applies in England, Wales and Scotland and we expect to issue further guidance and legal directions shortly.

The links to these documents are below:

- [letter to the profession - 2011-2012 GMS contract agreement](#)
- [changes to the QoF agreement for 2011-12](#)
- [clinical directed enhanced services for GMS contract 2011-12](#)

PMS and Section 17(c) practices

As has always been the case in the past, we expect that PMS and section 17(c) practices will be offered the same terms as GMS practices by their primary care organisations.

Northern Ireland GMS contract 2011/12

The Northern Ireland Assembly is not yet in a position to implement the agreement from 1 April and GPC UK, Northern Ireland GPC and the BMA are doing everything within their power to ensure that GPs in Northern Ireland are operating under the same contractual basis as the rest of the UK as soon as possible. The GPC is extremely unhappy about the failure of the Northern Ireland Assembly to sign up to the deal on the four nation contract on time and regards the situation, in which Northern Ireland GPs and their patients are not benefitting from the changes, as unacceptable. Further information will be made available as soon as it becomes available.

Quality and productivity indicators in the QOF

The changes that the GPC has negotiated with NHS Employers to the GMS contract for 2011/12 (in England, Scotland and Wales) include new work within the QOF to

- reduce emergency hospital admissions associated with long term conditions where there is evidence that appropriate management of these conditions in primary care reduces emergency admissions;
- reduce inappropriate outpatient referrals

The funding for this work is specifically related to the work set out in the QOF indicators and in the forthcoming QOF guidance. PCTs must not expand the remit of this work and to try and force practices to undertake wider commissioning work under this QOF work. Where new services or pathways need to be commissioned to enable the reductions that these QOF indicators are trying to achieve, separate funding and separate work will be required to do this.

Health and Social Care Bill update

BMA lobbying toolkit

The BMA is working incredibly hard to achieve amendments to the Health and Social Care Bill. This process is difficult, but every GP can help with this by lobbying their MP and the GPC urges GPs and LMCs to do this. The BMA has set up a specific lobbying toolkit to help. This includes a template letter that can be sent to your MP with a couple of clicks, and detailed guidance on the best way to write to your MP if you prefer the individual approach. Putting pressure on MPs is crucial if our concerns regarding the Health Bill are to be addressed – [please use this toolkit and write to your parliamentarians](#).

The functions of GP commissioning consortia

The Department of Health has published a document outlining the expected functions of a GP consortium. This is described as a 'working document' in order to acknowledge that the proposals within the Health Bill have not been passed into law. This document is not binding on shadow or pathfinder consortia, and they should not consider it as such. The GPC had some concerns about the document and decided it would not be appropriate to be party to it. A GPC critique of the document will be produced shortly.

PCT consortia development fund

The NHS Operating Framework 2011/12 sets out a development fund of £2 per head that will be provided by PCT Clusters to emerging consortia. This is designed specifically to support consortia development. This does not mean it is to be used to begin the process of commissioning or maintain existing Local Enhanced Services, for example. The Operating Framework is very clear that this money

“should be in addition to, and used alongside, existing PBC (practice-based commissioning) funding and can be used flexibly to fund, for example, clinical backfill, training and organisational development”.

PCT Clusters have been instructed to raise this money from the management costs savings realised as part of the mutually agreed resignation scheme (MARS). This money should not be made available at the expense of funding provided to GPs or practices elsewhere.

Commissioning consortia transitional arrangements

The GPC believes that commissioning consortia will not be able to reach their full potential unless they have the support of the entire profession locally.

Because of this, LMCs and those involved in the development of consortia should make every effort to ensure that all consortia (and shadow consortia) electoral processes are open to all GPs in the consortia's proposed locality, regardless of their contractual status. Any consortia (or shadow consortia) elections should be run on the basis of one GP, one vote.

If the Health and Social Care Bill is passed in its current form, some decisions will need to be made on a practice level. In cases such as this, we still believe that all GPs should be involved in the decision making process, and therefore believe that each practice must have in place a mechanism to ensure that all GPs working in the practice are appropriately involved in the decision making process.

To reflect this, GPC passed the following motion:

That, in order to maintain local professional confidence, all transitional arrangements towards Commissioning Consortia must,

- *where creating a clinical leadership team, include a democratic electoral process, that is inclusive and open to all GPs working in the proposed locality whatever their contractual status, and with one GP one vote*

- *where a practice level decision is required, for example regarding the practice choice of proposed consortium, every practice must have in place a mechanism which ensures that all GPs working in the practice are appropriately involved in the decision-making process.*

The GPC's guidance (Shadow Consortia: Developing and Electing a Transitional Leadership) will shortly be updated and re-issued to include this motion and to re-emphasise the importance of involving all GPs in the work of consortia.

The GPC particularly encourages sessional GPs to put themselves forward for leadership positions within consortia. The guidance "Sessional GPs: GP Commissioning and The Impact of the White Paper", [available on the BMA website](#), provides more information.

Consultant involvement in commissioning

The Central Consultants and Specialists Committee (CCSC) and GPC have produced joint guidance highlighting the implications of the Health and Social Care Bill and the importance of involving secondary and tertiary care clinicians in the commissioning process and enabling consultant involvement. [This is available on the BMA website](#).

SRM

The BMA's Special Representative Meeting to debate the Health and Social Care Bill was held on 15 March. [A list of the resolutions of the SRM is available on the BMA website](#).

In its meeting the following day, BMA Council confirmed its intention to step up its opposition to and continue to publicise the most damaging parts of the Bill. Council also considered a variety of options that would be necessary to achieve these aims. The role that competition, and in particular Monitor - as the economic regulator - will play in planning and running health care, is a key concern.

In a press statement issued after the Council meeting, Hamish Meldrum, Chairman of Council, said:

"Ministers can no longer continue to cite the often reluctant and pragmatic decision by GPs to get involved in commissioning groups as endorsement of their NHS reforms. Following yesterday's SRM, the government should not be left in any doubt about the strength of feeling among the medical profession; many doctors recognise the need to change how the NHS is run but have serious concerns about scale and nature of the planned reforms which are hugely risky and, potentially, highly damaging."

The GPC discussed the areas of concern in the Bill on which it will be focusing in the coming months. These will include: highlighting the considerable unacceptable restrictions the legislation would place on commissioning consortia; the damaging implications of the quality premium; and competition and the role of Monitor.

QMAS underpayments

The FAQs about the QMAS underpayments have now been updated to include questions about tax, pension and seniority issues. This is following the publication of Q&As by the Department of Health.

We can confirm that, because the payment should be treated by practices as a one-off payment in 2010/11, this will not affect superannuation payments, seniority or tax returns for previous years. It would be up to each practice how to deal with the distribution of the payment according to what the partnership agreement says about how money is distributed, accounted for and pensioned. Practices should take accountancy advice if necessary.

[The FAQs are available on the BMA website.](#)

Overseas visitors

The GPC has published 'Overseas visitors accessing NHS primary medical services' guidance. This guidance has been written with the assistance of the BMA's International and Ethics departments. If you have any questions then please email William Jones at wjones@bma.org.uk.

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

Vetting and barring scheme

The government has announced provisions to revise its vetting and barring arrangements. Information about the reforms, and the scheme remodelling review report, [can be viewed online.](#)

Care Quality Commission - hoax calls

We have been made aware that the CQC has received reports from care homes and nursing homes that have been targeted by bogus callers requesting the names and PINs of nurses employed there, claiming to be from the Nursing and Midwifery Council or the Care Quality Commission. Phone calls requesting personal data are not the policy of the CQC or the Nursing and Midwifery Council, and GPs and their practice staff should not volunteer any information to these scam callers. Please take as many details from the caller as you can and send the details to the GPC secretariat or take the matter to the local police.

Royal Wedding – 29 April 2011

The 29 April 2011 has been declared a bank holiday in the United Kingdom by the Queen. All practices in England, Wales and Northern Ireland should put in place their normal arrangements for bank/public holidays on that date. Bank holidays are out-of-hours periods in the NHS (General Medical Services Contracts) (England and Wales) Regulations 2004 and NHS (Personal Medical Services Agreements) Regulations 2004. Public holidays are out-of-hours periods in the Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004.

Please note that PCOs rather than practices are responsible for resolving financial issues with contracted OOH providers. There should be no expectation that opted out practices pay for the OOH cover on the day of the Royal Wedding. If your PCO has this expectation then please email William Jones at wjones@bma.org.uk

Due to the different wording of the Scottish contractual regulations practices in Scotland should await guidance from SGPC before taking any action.

Clinical waste pre-acceptance audits

The Environment Agency has now re-published its sector guidance 5.07 for operators of waste disposal facilities. The guidance requires all producers of healthcare waste, including GP practices, to complete an audit of their clinical waste. The deadline for this was originally set for October 2010 but was extended due to the need for further consultation with the waste management industry. GP practices must now provide the relevant information to their waste contractor by **1 July 2011**.

Practices can either collect the data themselves or employ a third party to do so. Alternatively, the practice's waste contractor may offer to complete the audit but may charge for this service. The GPC will shortly be sending out a self audit tool and a 'Focus on clinical waste' to help practices provide the information themselves if they wish to do so. In the meantime, if you have any further questions please email Faye Bunch at fbunch@bma.org.uk

Prescription charges

From 1 April 2011, prescription charges in England will increase from £7.20 to £7.40. PCOs have been informed in the following letter is [available on the Department of Health website](#).

Clinical Skills Assessment

A small number of GP trainees were affected by the confusion surrounding the recent changes to the CSA. The GPC is pleased that the RCGP has listened to the GPC's concerns about this, and has written to each of the affected trainees to offer them either a refund of the cost of their CSA sitting, or a free re-sit at a future date.

PMS practices - salaried GPs and nurses employed by PCTs

A number of PMS practices have contacted the BMA's Employment Advisory Service (EAS) regarding the contractual status of salaried GPs and nurses working in their surgeries. Some PCTs employing salaried GPs and nurses working in PMS practices have unilaterally decided to transfer the responsibility for, and costs associated with, employing salaried GPs and nurses directly to the practices concerned under the TUPE regulations.

If any of your constituent PMS practices have been affected, and have not already sought the advice from the BMA's EAS, we would encourage them to do so.

Call **0300 123 123 3** or email support@bma.org.uk for free advice you can trust.

Seasonal flu vaccination programme for 2011/12

The Chief Medical Officer (England) has sent a letter to PCTs and GPs confirming that the arrangements for procurement of vaccines for 2011/12 will remain the same as last year, and urging practices to start ordering their vaccines now, if they have not already done so. This letter follows an announcement made earlier this year by Professor David Salisbury, DH Director of Immunisation, of their intention to carry out a review of current procedures, and the GPC asking the DH to confirm the arrangements for this year so that practices would know what they needed to do in preparation.

The GPC would 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 is available on the Department of Health website.](#)

ImmForm

The ImmForm website is the system used by the DH, the NHS and the HPA to record data in relation to uptake against immunisation programmes, incidence of flu-like illness and to provide vaccine ordering facilities for the NHS. The GPC has been made aware that some PCTs have been using ImmForm data to ascertain flu vaccination payments for GPs.

The GPC has raised this with NHS Employers who have responded to confirm that PCTs should **not** be using ImmForm data to calculate payments for practices. PCTs can, however, choose to review the ImmForm data to compare numbers but should be aware that there will be differences as a result of patients who have come off the practice list.

ARM 2011 Elections

Elections were required in the Eastern and North East regions to select GP delegates to attend the 2011 ARM. The following GPs have been elected.

North East

J Canning
R McMahon
G Rae

Eastern

J Bailey
B Balmer
K Bramall-Stainer
C J Browning
I Hume

G Watkins

(Results are listed in alphabetical order, and not order of election.)

Congratulations to all of those elected.

Election of GPC regional representatives 2011-2014

Nomination of members

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

- Barnsley / Doncaster / Rotherham / Sheffield
- Berkshire / N&E Hampshire
- Buckinghamshire / Oxfordshire
- Cheshire / Mid Mersey
- Dyfed Powys / N Wales
- Glasgow & Clyde
- Gloucestershire / Avon
- Hillingdon / Brent & Harrow / Ealing, Hammersmith & Hounslow
- Leicester & Rutland / Northamptonshire
- Lewisham, Southwark & Lambeth / Bexley & Greenwich / Bromley
- N Staffordshire / S Staffordshire / Shropshire
- Northumberland / Newcastle & N Tyneside / Gateshead & S Tyneside / Sunderland
- N Yorkshire / Bradford
- Sandwell / Walsall / Wolverhampton / Dudley
- Wiltshire / Dorset

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 (25 March 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 Friday 25 March 2011**. Please note that it is the candidate's responsibility to ensure that the GPC has received their completed nomination forms and statements.

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

LMC conference motions - deadline

The closing date for motions to amend Standing Orders of LMC Conference is **Friday 8 April**.

The deadline for motions for the LMC conference main agenda is **12 noon on Monday 11 April**. We would be very grateful to any LMCs which assist the GPC secretariat by submitting their motions **(one copy of the final version only please)** as early as possible. Please do not leave the submission of motions until the final morning if at all possible, as it potentially risks slowing down the electronic system and your motions may fail to be received by the noon deadline. Motions received after the noon deadline on 11 April 2011 cannot be accepted. Please note that if you submitted motions to the GPC office for the Special Representative Meeting (SRM), and you wish for these to be submitted for the LMC Conference, you would need to resubmit the motions via the BMA website.

If you have forgotten your password for inputting motions through the LMC Conference motions database or wish to see a copy of the instructions again, please contact Karen Day on kday@bma.org.uk as soon as possible.

The GPC next meets on 21 April 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 12 April 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