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## **GPC meeting**

The GPC met on 20 April 2006 and this newsletter provides a summary of the main items discussed.

## **Report on main negotiating issues**

Please find attached (appendix 1) the written report from the GPC negotiators submitted to the committee ahead of the meeting and revised in the light of the updates given at the meeting.

## **GP pay**

Many members of the GPC and LMC secretaries have been giving radio, TV and newspaper interviews to redress the balance following widespread and misleading media coverage of medical accountants' claims that some GPs are earning £250,000 under the new contract. It has been stressed that, if these claims are correct, the GPs concerned will be very few in number and working in exceptional circumstances, and that the profits of the average partner are, according to estimates produced by the Technical Steering Committee for 2005/06, considerably less than half this figure. The GPC Chairman said in the official BMA press statement, "The new GP contract was introduced in April 2004 to bring GP pay up to date and to attract more family doctors at a time of severe shortages. For the first time it linked pay to delivering quality targets in healthcare. As a result of

high performance, the average GP income in England is around £95,000. This covers a 52.5 hour week".

## **Contract review**

The changes to the Statement of Financial Entitlements (SFE) that support the contract revisions in England came into force on 1 April 2006 - the revised SFEs in Scotland, Wales and Northern Ireland will follow shortly. The revised SFE has been published on the Department of Health's website and the GPC has issued an accompanying guidance note to detail where the main changes have been made that is available here: [www.bma.org.uk/ap.nsf/Content/focussfe](http://www.bma.org.uk/ap.nsf/Content/focussfe)

All practices and LMCs should now have received two hard copies of the Joint GPC-NHSE guidance detailing the revisions that have been made to the GMS contract in England. New DESs in Wales, Scotland and Northern Ireland have now been signed off and details of the contract changes are available from the relevant Health Department websites.

The DES directions to support the new agreed DESs will be issued in June 2006. Even without the Directions currently in place, PCTs still must offer all DESs, unamended, to all practices. However we are aware of reports that, for practice based commissioning, certain PCTs are proposing revised LESs in place of the agreed DESs for 2006-07 and asking practices to sign up to these as alternatives. The GPC's position on this is that PCTs must offer the agreed DESs to practices and cannot alter the content of the nationally agreed DESs. This is quite clear from the joint guidance that was issued on the contract review. PCTs can, of course, issue an additional LES for work over and above that agreed for the DES.

The GPC is also aware that some problems are arising with the implementation of the choice and booking DES, including problems with availability of appointments for booking that are beyond practices' control, and these have been raised with the Choose and Book national team. Additionally we are aware that there are still some problems with the introduction of eGFR, as some labs across the country are currently not providing eGFR results required for the CK1 indicator in the revised QOF. SHA leads were given clear instructions to implement this and the GPC will be working to ensure that all have complied. With regard to dispensing, discussions are nearing closure on the new Dispensary Quality Scheme.

Stage 2 of the contract review negotiations will take place during 2006-07. Negotiations have not yet begun on stage 2 although the GPC negotiators met with NHS Employers to identify the main areas for discussion. This includes the conclusion of the formula review and any relevant issues arising from the White Paper. The negotiators will continue to discuss further the strategy on how to approach stage 2 of the contract negotiations and report to the profession in due course.

## **Practice based commissioning (PBC)**

An email was sent to all strategic health authority (SHA) PBC-leads by the Department of Health's PBC implementation team on 5 April 2006, reemphasising that practices should receive or access a minimum of 70% of freed up resources and that only the remaining percentage should be retained by PCTs at the end of the year, regardless of their financial position. The relevant extract of this guidance has been pasted below:

"We expect PCTs to adhere to the agreement that of any resources freed up against the practice budget under PBC, at least 70% should be available to the practice for reinvestment in patient services, and up to 30% to the PCT.

Adhering to this agreement is important in providing appropriate incentives for practices to take up PBC and to progress service redesign.”

It is also available online via the following website address (go to the ‘PBC news’ section then the ‘Statement on budget setting’ article):

[www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/PracticeBasedCommissioning/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/PracticeBasedCommissioning/fs/en)

The committee welcomed this further clarification from the Department of Health, but agreed that it could have been more strongly worded and would not necessarily prevent misinterpretation on this point at a local level. As a result, the GPC will issue guidance in due course which will suggest some clauses for practices/consortia to include in their contracts with PCTs in order to avoid disagreement on the division of freed up resources at the end of the year.

## **APMS guidance**

The GPC approved guidance on Alternative Provider Medical Services. This will be published in the near future.

## **NHS pensions review**

GPC pensions negotiator Andrew Dearden reported on the ongoing NHS pensions review negotiations. The current pension scheme, with the current benefits and a normal retirement age of 60, would remain safe. No member of the current scheme would be forced to change to the new scheme unless they wished to do so after seeing the outcomes of negotiations on the new scheme. Details of how this will be done are yet to be decided.

Dr Dearden gave an update on progress on various issues, such as historic (pay reform) and future (longevity) cost pressures on the scheme. He sought guidance from the committee on several points, having done so with BMA Council and the BMA Pensions Committee as well.

These included the disproportional benefit that the higher earners and those with better pay/career progression get from the NHS scheme compared to the lowest earners. Figures show that higher earners, such as doctors, get a far better “return” on their superannuation payments than the lower paid staff in the NHS. Dr Dearden felt that there is a moral argument for the BMA to consider tiered contributions, so that the less well paid contributed proportionately less and the higher earners paying more. The committee gave general support for the idea that, in an effort to reduce the cross subsidy from the lower paid to the higher paid, tiered contributions should be considered.

He also asked the committee about the potential introduction into the current scheme of “commutation”. Commutation is the choice to take a larger tax-free lump sum on retirement with an appropriately reduced annual pension. This was one of the options being discussed. The committee again gave an indication that it would like the choice for GPs to be able to “commute” their pensions, if they wished to do so, to be made available.

In terms of the structure of the NHS pension scheme for new entrants, both Final Salary and CARE (career average scheme) are being discussed as options. In terms of future costs of the overall NHS scheme, a final salary scheme for new entrants is more likely to increase the direct costs to the staff / employees than a CARE scheme.

Discussions on the shape of the new scheme continue.

## Department of Health White Paper on care outside of hospitals

In March 2006, the Department of Health published a 'Partial regulatory impact assessment (RIA)', which sets out the Government's considered early assessment of the likely impact of the policy initiatives set out in the White Paper. It can be accessed online, at the following website address:

[www.dh.gov.uk/PublicationsAndStatistics/Legislation/RegulatoryImpactAssessment/RegulatoryImpactAssessmentArticle/fs/en?CONTENT\\_ID=4131375&chk=8MNRO4](http://www.dh.gov.uk/PublicationsAndStatistics/Legislation/RegulatoryImpactAssessment/RegulatoryImpactAssessmentArticle/fs/en?CONTENT_ID=4131375&chk=8MNRO4)

The committee noted that many of the areas covered in the RIA, such as extended opening hours for GP surgeries, would be included in the GPC negotiators' strategy that would inform the negotiating framework with the NHS Employers in 2006-07. Those areas in the RIA not covered by this strategy would be looked at more closely by the committee/subcommittee accordingly. Members raised a number of issues with the paper, including reference to the development of multidisciplinary teams in order to improve the care of patients with complex needs when it was widely recognised that such teams had existed in the past, but in most areas had been disbanded over the years against the wishes of GPs.

The new BMA cross-craft working group 'Incentives and changing services', which will monitor the work of the Department of Health's 'Care Closer to Home Demonstration Group' chaired by Lord Warner, has now been set up and will be holding its first meeting on 26 April 2006.

## IM&T

### *Support Services Guidance (SLA)*

The IM&T Support Services Guidance (previously referred to as the Service Level Agreement or SLA) is now available on the Department of Health's website at the following link:

[www.dh.gov.uk/assetRoot/04/13/38/67/04133867.pdf](http://www.dh.gov.uk/assetRoot/04/13/38/67/04133867.pdf)

### *System Choice*

LMCs can access the recent guidance issued on system choice at the following link:

[www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps/systems\\_of\\_choice/gpsoc.pdf](http://www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps/systems_of_choice/gpsoc.pdf)

### *Read Codes for the new QoF*

The Read Codes for the new QoF can be accessed at the following link:

[www.primarycarecontracting.nhs.uk/145.php](http://www.primarycarecontracting.nhs.uk/145.php)

## Freedom of Information Act (FOIA)

The Information Commissioner (IC) has decided to extend the lifetimes of current publication schemes for at least two years. This will mean that there *will not* be a requirement for practices to rewrite their schemes and submit them for approval by October this year. There remains a requirement for practices to keep their existing schemes up to date and notify the IC of any changes or deletions to them.

The IC will be producing guidance about the anomalous position regarding the records of deceased patients (in England and Wales only – the position in Scotland is clearer). A date for the publication of this guidance has not yet been made available. However, the IC will give advice on a case by case basis, should practices require it.

## **GPC subcommittees and representation**

The GPC discussed in detail a paper from the Representation subcommittee looking at the new subcommittee structure of the committee. As the number of subcommittees were reduced last year to bring them in line with the new work strands of the GP contract, this has had the knock on effect of reducing the number of members who sit on subcommittees. Careful consideration was given to a number of points in relation to the possible disenfranchisement of some members, equal opportunities awareness, and the opportunities for members to develop their skills and contribute to the GPC. The Representation subcommittee presented a number of possible options for the GPC to vote on and after the debate the committee voted that in future years, GPC members would be allowed to sit on one task oriented subcommittee only (whereas previously members could sit on two). It was felt that this would allow far more members to participate in the work of the committee. Equally, the GPC voted that when it came to GPC representation on external committees, either in or outside the BMA, members should only be allowed to sit on a maximum of three. Members were also reminded that when they voted they should consider the representative function of GPC.

## **Working in Partnership Programme**

The GPC received a letter sent from Lord Warner to the GPC chairman announcing that £850,000 would be given to supporting the continuing work of the working in partnership programme, and also that money would be put aside to review the impact of this work, aimed at promoting self care, personal responsibility and well being in patients.

## **Salaried GPs: prescribing numbers**

Following pressure from the GPC sessional GPs and clinical and prescribing subcommittees, we are pleased to report that salaried GPs are now entitled to have their own prescribing number. PCOs can apply to the NHS Information Centre (GMS Team) for an individual unique number for each of the salaried GPs on their Performers' List. We therefore advise salaried GPs to contact their PCO for a prescribing number.

We continue to make representations for locum GPs also to have a unique prescribing number.

## **BUPA Foundation Awards 2006**

We have been asked to distribute information on the 2006 BUPA Foundation Awards which recognises exceptional achievement in health care and research. The BUPA Foundation Awards now in its 27th year, promotes excellence in six key categories:

- care, for excellence in the development of care for older people
- communication, for effective communications between health care professionals and patients
- clinical excellence, for work that demonstrates an improved clinical outcome for patients
- health at work, for excellence in occupational medicine
- epidemiology, for excellence in the epidemiological study of human disease

- research, for the best emerging medical researcher in the UK.

All entrants are invited to send in short applications profiling their work. Winners will receive a prize of £10,000 in each category. Applications are invited from clinicians, researchers and allied health care professionals. Applications for the Health at Work Award will also be accepted from professional practitioners who are not required to be medically qualified.

For your information we enclose a flyer promoting the awards (appendix 2).

**The GPC next meets on 18 May 2006, 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 9 May. It would be helpful if items could be emailed to Angela Button at [abutton@bma.org.uk](mailto:abutton@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:  
<http://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 GP registrars' subcommittee
- Members of the sessional GPs subcommittee