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## GPC meeting

The GPC met on 17 April 2008 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.

## GMS contract negotiations update

### QOF changes for 2008-09

At the end of March, changes to QOF for 2008-09 were announced and a Focus On guidance note to explain these changes was published: [www.bma.org.uk/ap.nsf/Content/focusQOF0308](http://www.bma.org.uk/ap.nsf/Content/focusQOF0308)

The QOF changes include the reallocation of 58.5 QOF points to new QOF indicators in the patient experience domain to reward patient satisfaction with access. The QOF payment for these points will be dependent on the results of access questions in a new patient experience survey on 48 hour access and advanced booking. The QOF payments related to the outcome survey will be completely separate from the payment tied to the extended hours access DES. Other changes to indicators are based on the evidence review and expert panel recommendations, and there are some additional alterations to the financial arrangements. All of these changes took effect from 1 April 2008 and apply UK wide.

All the clinical changes and subsequent updates to the guidance are complete although the GPC is continuing to negotiate with NHS Employers and the Department of Health on the details of the patient experience indicators and the national survey. When the details of the patient experience indicators have been signed off, the revised 2008 QOF will be published in its entirety.

### **Extended Access Directed Enhanced Service (DES)**

Department of Health guidance on the extended access arrangements – which details in full the precise specification of the DES and what practices will have to do to meet the criteria – will be published shortly.

LMCs should engage in local discussions with PCOs about how extended hours could be provided by practices that wish to offer this service. The GPC continues to have significant concerns about the DES in England, particularly about the lack of flexibility for concurrent GP time and nurse appointment availability. These issues are being addressed more practically in Wales and Scotland.

The GPC has issued its own Focus On document which is available at:

[www.bma.org.uk/ap.nsf/Content/Focusextendaccess0408](http://www.bma.org.uk/ap.nsf/Content/Focusextendaccess0408)

This sets out the areas about which the GPC is most concerned and urges LMCs to discuss with their PCOs how these can be addressed via local solutions. LMCs should also be aware that, whilst the PCO is obliged to offer the DES, practice participation is not compulsory. Practices can opt not to provide extended hours at all, to do the DES, or to provide the service through a Local Enhanced Service (LES). In England, PCTs are required, within their operating framework, to ensure that at least 50 per cent of GP practices in their area offer extended opening to their patients. This does not mean that 50 per cent must take up the DES.

Scotland and Wales are continuing their discussions separately on the finer details and further information will be available to GPs in those countries in due course. Extended access is not considered to be a priority in Northern Ireland.

### **National Investment Offer**

As part of option A, which GPs selected as unacceptable but the least worse option in the contract poll, GMS contractors were offered a 1.5% national investment offer that would be made available to practices for 2008/09. It was agreed that the first call on this money would be for any DDRB uplift recommendation. The DDRB has now reported and stated that, following its recommendation, the overall impact of the award is estimated as a 0.2% average increase in payments to GP practices. The GPC has serious reservations about the competence and legality of its recommendation in respect of GMS contractors. Until such time as this has been clarified and the financial effect of the DDRB recommendation is known, discussions about the remaining funding available as part of the National Investment Offer, which would have been invested into new clinical DESs and other local access priorities, have been put on hold.

### **Doctors' and Dentists' Review Body (DDRB): Thirty-Seventh Report 2008**

The DDRB report was issued on Monday 7 April. A letter summarising the GPC's view on the report can be found at: [www.bma.org.uk/ap.nsf/Content/ddrblet0403](http://www.bma.org.uk/ap.nsf/Content/ddrblet0403).

In respect of GMS contractors, the GPC has now had time to analyse the DDRB report and has serious reservations about the competence and legality of the DDRB recommendation, particularly in relation to the reduction of the correction factor. The BMA has written to the Health Secretary expressing its serious concerns that the DDRB recommendation for GPs, accepted by the government, is not legally deliverable under current regulations. GPs will be kept up-to-date with developments as they occur.

With regard to PMS contractors, it is the GPC's view that if a PMS contract refers to an uplift recommended by the DDRB, these contractors should seek to receive the full 2.7% uplift to their baseline payments in line with their contract entitlement. If the contract does not include such a

clause, the uplift will require local negotiation. The Department of Health may issue its own guidance for PMS contractors although this may be tied to any outcome following the GMS issues.

Salaried GPs, GP educators, GP trainers, and GP registrars were all awarded a disappointing below inflation uplift of 2.2%. The GPC firmly believes that, despite all the uncertainty contractor GPs face in respect of the GMS contractor recommendation, practices should honour their commitment to pay salaried GPs and other staff fairly and increase their salaries to reflect the Review Body recommendations from 1 April 2008.

Feedback will be given to the DDRB later this month and the GPC will express concern about the DDRB's apparent misunderstandings and misinterpretations about the workings of the GMS contract. The GPC is also considering how best to engage with the DDRB process in the future in light of this year's recommendations.

### **GP trainers: £750 CPD payment**

In addition to the disappointing 2.2% uplift for GP trainers, the DDRB did helpfully confirm that the £750 payment for continuing professional development should continue to be paid on an annual basis to GP trainers with a trainee. This means that GP trainers, in addition to the £750 payment for the years 2005-06 and 2006-07, should also have received such a payment in 2007-08 and should now receive such a payment in 2008-09. This is provided that within any part of these years they had a GP trainee.

While we recognise that many deaneries will not have budgeted for the 2007-08 payment and thereafter, the GPC will be working to ensure that eligible trainers receive these payments as soon as possible. We have advised GP trainers that if they do not receive the outstanding payments by the end of July 2008, then they should inform the LMC so that this message can be forwarded to the GPC secretariat for action.

The DDRB has also clarified that the £750 CPD payment should be paid for one year if a trainer is not allocated a trainee. This means that if a GP trainer has been without a trainee for a whole year from and including 2005-06, they are entitled to receive the £750 for that 'fallow' year but would not receive a further £750 if they had another 'fallow' year later. However, they would be entitled to the full payment for the relevant years when they did have a trainee.

We would like to point out that we are aware that so far at least one deanery has not passed on the full £750 CPD payment to their trainers. This is on the basis that the money has been withheld to fund educational courses. This is grossly unfair. The GPC has obtained legal advice that if a trainer was led to believe that the course would be free of charge and he/she attended it on that basis, then the deanery cannot charge for, or recoup the cost of, this course at a later date. To do so could amount to a misrepresentation claim. The GPC is currently in correspondence with one particular deanery about this. However, if you are aware of such practice, please contact the GPC secretariat.

### **Skin cancer NICE guidance**

The GPC discussed problems being experienced by LMCs in various PCT areas with the NICE guidance on 'Improving outcomes for people with skin tumours including melanoma' published February 2006 and due for implementation this year. In particular the guidance is particularly threatening to GPs in relation to treating BCCs in primary care. The ability to disrupt services, if not wipe out primary care minor surgery, was considered the key major failing of the guidance. The committee was made aware that at the end of last year when PCTs in Kent went to introduce the guidelines at local level the

consequences were so overwhelming that the guidance had to be withdrawn. Many other LMCs are still grappling with how it might be implemented. The GPC, as a result of the discussion, will clarify to what extent the guidance is optional and if indeed initial feedback from Kent does mean the national cancer team have withdrawn or suspended the guidance.

Further discussion in the committee focused on the work of NICE in general and the GPC is going to reconsider how best to engage with the organisation and contribute to their guidance appropriately.

## **The GPC communications group**

The GPC's Communications Working Group reported to the committee an update on its campaign in support of general practice.

It was confirmed that plans were at an advanced stage, and that detailed campaign proposals were being prepared.

## **Healthcare for London's 'Consulting the Capital'**

Following the March GPC meeting, the GPC secretariat has several hard copies of 'Londonwide LMCs' response to Healthcare for London's 'Consulting the Capital'. If members would like an additional copy, please let the GPC secretariat know ([cglicksman@bma.org.uk](mailto:cglicksman@bma.org.uk)).

## **Health professionals taking action on climate change**

The BMA Board of Science published the above web resource which can be accessed by visiting the website at [www.bma.org.uk/ap.nsf/Content/climatechange](http://www.bma.org.uk/ap.nsf/Content/climatechange)

There is a significant volume of research, information and opinion on climate change. The aim of this web resource is to provide an overview of climate change and what it means for the UK. The key purpose is to highlight what practical actions health professionals and health organisations can take to reduce their carbon footprint and to protect and promote the health of the public. This resource includes examples of good practice and links to sources of further information.

## **GP employment law courses 2008**

BMA Regional Services are offering a series of one day courses on employment law for GP partners. Running throughout the year in venues across England, these courses will help you to keep track of employment legislation, best practice and human resources issues.

Four different courses are available:

**Managing change** will include recruitment and selection, contracts of employment, terminating employment, and redundancy and will help you to handle change among staff fairly and consistently.

**Managing performance** will help you to get the most from your staff and will include performance management, dealing with staff grievances, handling disciplinary matters and absence.

**Managing equal opportunities** will include the development of an Equal Opportunities Policy, flexible working, managing diversity and avoiding discrimination and will help you to ensure that your staff are treated fairly and with respect.

**Managing health and safety** will help you to understand your legal duties as an employer to minimise health and safety risks. The course will include the development of a Health and Safety Policy, creating a safe working environment and protecting staff who work on your premises but are not employed by you.

For further information about the courses, including registration fees, please visit the website at [www.bma.org.uk/ap.nsf/Content/gpemploymentlaw08](http://www.bma.org.uk/ap.nsf/Content/gpemploymentlaw08).

Places are strictly limited and will be allocated on a first come, first served basis. Reduced registration fees are available for BMA members, to whom priority will be given.

If you should have any questions about the courses or are unable to access the website, please contact BMA Conferences on 020 7383 6923 or by email at [confunit@bma.org.uk](mailto:confunit@bma.org.uk).

## **Media coverage report**

Please find attached (appendix 2) a GPC media coverage report prepared by the BMA's press office, detailing GPC media activity during the last few weeks.

## **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.

<p><b>The GPC next meets on 15 May 2008, 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 April. It would be helpful if items could be emailed to Andrew Young at <a href="mailto:ayoung@bma.org.uk">ayoung@bma.org.uk</a>. You may also like to use the GPC's listservers to exchange views and ideas.</b></p>
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### **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 the GP trainees subcommittee
- Members of the sessional GPs subcommittee