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GPC meeting

The GPC met on 20 December 2007 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

Since early October, an outline of a UK agreement for practices to have the option to provide extended opening in the evenings or at weekends has been the subject of detailed negotiation between the GPC negotiating team and NHS Employers. In conducting these negotiations, the GPC negotiators have been intent on reaching a deal which balances the competing demands of offering extended hours whilst preserving a good service to the large majority of patients who want to attend during normal hours.

The GPC presented an offer to the government which would have delivered extended opening and changes to the Quality and Outcomes Framework (QOF) that would have led to improvements in patient care, whilst protecting existing practice funding, ensuring the safety of GPs and their patients and preserving a reasonable work/life balance for GPs and their staff. Unfortunately NHS Employers, having taken instruction from the governments, is insisting on seeking longer opening hours that would be unfair to GPs and their staff and lead to a worse service for patients.

The governments have threatened to impose a more draconian contract if GPs will not agree to the deal they have proposed. In face of this threat, the committee believes that it is essential that it maintains its stance and does not agree to being coerced into accepting something which it considers will be fundamentally unacceptable and that places undue emphasis on the politically-driven agenda of extended opening hours to the detriment of evidence-based quality care.

The GPC passed the following motion:

'The GPC does not accept the government's current contract proposals. We will seek the opinion of the GPs of the UK.

We utterly reject the method of negotiating that uses gun-barrel consultation by threatening the imposition of more draconian measures on the profession'.

Should the governments move to impose changes to the contract, the procedure will require a 13 week consultation before implementation. Further information will be sent to GPs outlining any imposition as soon as possible, once we receive any details. The GPC will offer to keep on negotiating with government while it seeks the views of GPs throughout the UK. A letter outlining the full position which has been sent to the profession is available here:

www.bma.org.uk/ap.nsf/Content/lettergmscontract1207

Lord Darzi's NHS Next Stage Review

A letter from the chairman of the GPC was sent to Lord Darzi on 4 December 2007 outlining the committee's views on the proposals in the Next Stage Review interim report regarding GP access. A BMA press release was issued in relation to this letter on 12 December 2007. Both these documents were shared with LMCs via the listserver at the time and can be found online:

www.bma.org.uk/ap.nsf/Content/lettertodarzi121207

www.bma.org.uk/pressrel.nsf/wlu/SGOY-79RN9C?OpenDocument&vw=wfmms

In order to deliver the 100 new practices and 150 new health centres recommended in the interim report, a new procurement framework, 'The Equitable Access in Primary Medical Care programme', was launched by the Department of Health on 13 December 2007. Details of the framework can be found online:

www.dh.gov.uk/en/Procurementandproposals/Procurement/ProcurementatPCTs/index.htm

A GPC-managed listserver for those LMCs in the PCT areas where the 100 new practices are to be procured is being set up. This will allow those LMCs affected to be able to share information on local developments and offer advice accordingly. If you would like to be added to this listserver, please email kday@bma.org.uk.

A general progress report on the Next Stage Review and the BMA's involvement to date can be found at appendix 2. We would draw LMCs' attention in particular to the section on the second round of deliberative events for patients, the public and NHS staff, which are to take place at SHA level on 24 January 2008. In the GPC's letter to Lord Darzi, we urged the Department of Health to instruct SHAs to seek LMC representation at these events or, at the very least, share with you information on the events and the method for selecting the primary care clinicians that have been invited. Individual LMCs may wish to follow this up by contacting their SHA directly.

NHS ill health retirement review

On 22 October 2007, the Department of Health commenced a three month consultation on changes to the ill health retirement and sickness absence procedures in England and Wales. This follows a review by NHS Employers and NHS trade unions which commenced in 2005 at the request of the Minister of Health. The consultation period will run from 22 October 2007 to 21 January 2008. The effective date for any changes will be 1 April 2008. A separate consultation process is being conducted in Scotland and Northern Ireland.

The review set out to consider how staff sickness and ill health retirement is managed in the NHS. Management of sickness absence will be improved by focussing on identifying clear procedures for handling sickness absence, rehabilitation, return to work or redeployment. Ill health retirement proposals include the creation of a two tier arrangement for the determination of ill health retirement benefits recognising that the different levels of benefits should be dependent on the severity of condition and the likelihood of being unable to return to a member's current employment or any regular employment.

The consultation can be found at the following link - www.nhsemployers.org/pay-conditions/pay-conditions-502.cfm

Health inequalities

Following a suggestion at the GPC meeting in October 2007, that the committee should hold a discussion on health inequalities at a future GPC meeting, members discussed ways in which health inequalities could be tackled, particularly within general practice.

The committee was informed that the Health Select Committee had launched an inquiry into the NHS contribution to reducing health inequalities and had invited organisations and individuals to submit written evidence by 9 January 2008. The BMA's response to the inquiry is being coordinated by the BMA's Health Policy and Economic Research Unit (HPERU). The GPC and the wider BMA will consider how best to take things forward on this important issue.

Pandemic Flu

The Department of Health recently brought out revised guidance on responding to an influenza pandemic. This included a revised National Framework and guidance specific for healthcare in a community setting aimed at PCTs and primary care professionals. As both these documents are over 100 pages long, the GPC has created two summaries for LMC to read and share with GPs and a covering letter highlighting the key elements addressed.

Unlike seasonal flu a pandemic could strike at any time and will put severe pressure on existing services. It is important therefore that LMCs involve themselves in the key decisions around surge capacity, the transfer of responsibilities, maintaining practice continuity as far as possible across the health care community and aiding practices with service continuity plans and exercises.

The full set of pandemic influenza documents can be downloaded from: www.dh.gov.uk/en/PandemicFlu/index.htm

Appendix 3 - Pandemic flu summary front sheet

Appendix 4 - Pandemic flu national framework summary

Appendix 5 - Pandemic flu care in community summary

Further details are included in the Negotiators' report (appendix 1).

Drug rationing

During the recent Clinical and Prescribing Subcommittee meeting, resolution 56 from the Conference of LMCs was discussed:

That conference, regarding general practice prescribing:

- (i) believes that some PCOs are misusing annex 8 of the 2006/07 GMS contract to control prescribing that is neither excessive nor inappropriate
- (ii) believes that some PCOs are demanding actions of GPs that undermine the GP's role as the patient's advocate and that contravene professional standards
- (iii) condemns threats made to GPs where they prescribe in the best interests of their patients
- (iv) demands the GPC collect and expose evidence of any local level invisible rationing.

We would like to hear from any LMC who has evidence of 'local level invisible rationing', so we can paint a picture of what is happening across the country and we can publicise this in due course as necessary. Please e-mail sblass@bma.org.uk.

Medicines administered in nurseries

It has been brought to the attention of the Clinical and Prescribing Subcommittee that the revised 'The Early Years Foundation Stage Statutory Framework' which governs the standards of institutions looking after and educating children, includes a paragraph under specific legal requirements - medicines, that states: 'Medicines should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist.' We are aware that in some areas this is resulting in parents making unnecessary appointments to seek a prescription for an OTC medicine just so it can be taken in nursery.

The Clinical and Prescribing Subcommittee would remind LMCs and GPs that the MHRA licenses medicines and classifies them when appropriate as OTC (P or GSL). This is to enable access to those medicines without recourse to a GP. It is appropriate for OTC medicines to be given by parents as they consider necessary in the home or nursery environment. It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a nursery. The Clinical and Prescribing Subcommittee wrote to the Department of Children, Schools and Families seeking an amendment to this paragraph in the Statutory Framework and we have now heard from that Department. They will amend their guidance to stay consistent with current national standards for day care and childminding whereby non-prescription medication can be administered when they have parents' prior written consent. Should any LMC find that this continues to be a problem in their area, we can send them a copy of the letter from the Department of Children, Schools and Families that clarifies this situation.

Accreditation and recertification for IUT insertions

The Clinical and Prescribing Subcommittee recently discussed an issue raised by Fife LMC with regard to recent changes to the Faculty of Family Planning and Reproductive Health Care, Royal College of Obstetricians and Gynaecologists, certification for a practitioners Letter of Competence in intrauterine devices. In order to continue to be recertified, a GP should be able to provide evidence

of 12 insertions over a 12 month period. For some practices this standard cannot be complied with, as 12 insertions are not made in a year, although some women clearly benefit from the service provided. The GPC understands that there is no specific evidence base for this set standard and advises LMCs and GPs to negotiate appropriately with their PCTs to continue this service for and on behalf of their patients. The GPC will raise this issue with the RCGP to ascertain their views.

PMETB proposals to increase certification fees

The PMETB has recently launched a consultation which proposes that the fees for a Certificate of Completion of Training (CCT) be increased, in line with inflation, from £750 to £770, and, more dramatically, that the fees for a Certificate of Eligibility to the General Practice Register (CEGPR - Article 11) application be increased from £1250 to £1850. The consultation can be found at: www.pmetb.org.uk .

The PMETB notes that one of the main reasons for these increases is the need to secure its financial independence. The GPC disputes that the PMETB needs to be financially independent on the basis that the PMETB should be able to undertake its statutory duties as an independent postgraduate medical education standard setter with government funding.

The PMETB also suggests that the fees increase is needed to remunerate the Royal Colleges and Faculties appropriately for their work in reviewing and processing the applications. In order to assess this, the GPC Chairman has written to the RCGP requesting a breakdown of the costs incurred by them for processing applications for Article 11 certificates.

The GPC will be submitting its views for inclusion in the main BMA response to this consultation, and will be strongly challenging the PMETB on its proposals. A draft response will be circulated to GPC members in advance of the consultation deadline for their approval and further comments.

Local IM&T Plans 2008-09

As part of the NHS Operating Framework for 2008/09, there is separate guidance on the preparation of local IM&T plans. SHAs and PCTs are now responsible for the delivery of the National Programme for IT under the NLOP (National Local Ownership Programme) process. Please see the link below for further information. Local PCTs should be making this a planning a priority.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081102

GP Systems of Choice (GPSoC)

The draft PCT/practice agreement for GP Systems of Choice has been published on the Connecting for Health GPSoC website at the links below. This has been the result of a year's worth of negotiation between GPC and Connecting for Health.

Once implemented this agreement will be central to the process for practices and PCTs. We would be grateful to receive your comments as there will still be time to incorporate changes before final implementation.

Please send your comments to Matthew Isom at misom@bma.org.uk.

www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc/news/pctpractice.pdf

The link below is to the section of the GPSoC website which contains downloads of the GPSoC official guidance, letter to PCT Chief Executives, explanatory powerpoint presentations, and other guidance about GPSoC.

www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc/contacts

NHS Choices

Almost 3500 practices have now registered with the practice profile editing facility and nearly 1000 practices have published their own data.

It has become apparent that a number of practices in London and Liverpool did not receive the explanatory packs that were recently distributed, despite them being sent by recorded delivery. The Royal Mail have blamed this on the recent industrial action. Practices which require any further help completing their profiles should call the NHS Choices helpdesk on 0845 6504 865.

There have been some issues with data entry and capture, which have caused frustration to some users. Therefore, in response to feedback, technical maintenance will be undertaken to the backend of the editing tool from 24 December until midnight on 29 December. This will mean that it is unavailable between these dates. The NHS Choices team apologises for any inconvenience that this short disruption to the service may cause. They would like to thank practices for their supporting for this initiative and request that if you have any questions, or would like assistance with editing your profile, to contact the helpdesk at gp@nhschoices.nhs.uk or **0845 4023089**.

GPC Regional elections 2008-2011

Please note that this is not a call for nominations!
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Elections will be held in 2008 for the LMC constituencies listed below. Nominations will be sought in January/February 2008, with further information being sent to LMCs via email and available on the BMA website, around this time. However, we would encourage LMCs to raise awareness of forthcoming elections amongst their constituents as soon as possible. Further information will be available in due course.

- Berkshire/North & East Hampshire
- Buckinghamshire/Oxfordshire
- Cheshire/Mid Mersey
- Dyfed Powys/North Wales
- Gloucester/Avon
- Greater Glasgow & Clyde
- Hillingdon/Brent/Harrow/Ealing/Hammersmith & Hounslow
- Leicestershire & Rutland/Northamptonshire
- Lewisham/Southwark & Lambeth/Bexley & Greenwich/Bromley
- Northumberland/Newcastle & North Tyneside/Gateshead & South Tyneside/Sunderland
- North Staffordshire/South Staffordshire/Shropshire
- North Yorkshire/Bradford
- Sandwell/Walsall/Wolverhampton/Dudley
- Wiltshire/Dorset

NB. to be eligible to stand for election to the GPC, 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, 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.

Media coverage report

Please find attached (appendix 6) a GPC media coverage report prepared by the BMA's press office, detailing GPC media activity during the last few weeks.

Season's greetings

On behalf of the GPC secretariat, we wish you all a joyful and restful Christmas and a happy 2008.

The GPC next meets on 21 February 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 12 February. It would be helpful if items could be emailed to Andrew Young at ayoung@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 the GP trainees subcommittee
- Members of the sessional GPs subcommittee