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GPC meeting

The GPC met on 18 December 2008 and this newsletter provides a summary of the main items discussed.

Dispensing GPs in England

We are very pleased to announce that, in a response to a Parliamentary question on Tuesday 16 December, the Minister of State for Health, Phil Hope MP, announced that there will be no changes to the Control of Entry rules affecting dispensing doctors. The relevant extract from Hansard is reproduced below.

"John Mann (Bassetlaw) (Lab): Five thousand of my constituents have written to the Minister, via me, asking that their general practitioners be allowed to continue dispensing. Will he take heed of this Bassetlaw common sense?"

Phil Hope (Minister of Health): My hon. Friend has been at the forefront of the campaign on the issue of dispensing by doctors. We are analysing the responses to the consultation on pharmaceutical provision in England, and we will be making an announcement on these wider issues as soon as possible in the new year. I am aware of the strength of the responses we received on the various options for amending the criteria for dispensing by doctors. We have taken into account the views of those attending the listening events, the meetings and so on, and as a result I am pleased to announce to him that there will be no change to the current arrangements on GPs dispensing medicines to their patients."

This is the result of a year long campaign by the GPC and the Dispensing Doctors' Association (DDA), since the publication of the Pharmacy White Paper and associated consultation document. We would like to thank all LMCs for their efforts and for submitting responses to the consultation process, particularly Cambridgeshire, North Yorkshire and Worcestershire LMCs for hosting the roadshows during October and November.

The contribution of the Dispensing Doctors' Association, with whom we work very closely, has been invaluable and we would like to thank their Chairman, Dr Richard West, and Chief Executive, Dr David Baker.

Negotiations on the dispensing doctors' feescale for 2009/10 will take place early in 2009.

QOF consultation

The GPC initially considered the Department of Health (DH) consultation: *Developing the Quality and Outcomes Framework: Proposals for a new independent process* published on 30 October 2008 at its meeting of 20 November 2008. The consultation proposes that the National Institute for Clinical Excellence (NICE) lead a new process overseeing the review and development of health and clinical indicators from April 2009, and that in addition to the nationally GPC-NHS Employers agreed indicators, PCTs are able to select additional indicators to reflect local priorities. Following this discussion in November a response was drafted by the secretariat with further input from the GPC negotiators.

At this month's meeting the committee was invited to comment further on the draft response and the comments will now be incorporated and the response finalised. The final response will be published and sent to LMCs in the new year; all LMCs are encouraged to consider the consultation and send in a response to ensure that the Department of Health receives a coordinated response from UK GPs. The Department of Health deadline for all responses is 2 February 2009 and the full consultation can be accessed [on the Department of Health website - please click here](#)

We would also encourage LMCs to attend the national events organised by NHS Primary Care Contracting as part of the consultation process. The three remaining meetings are scheduled to take place in January and we would urge LMCs to attend to feedback their views. Please see the links below for further information:

[Birmingham - Tuesday 6 January](#)

[Taunton - Wednesday 7 January](#)

[London - Tuesday 13 January](#)

Civitas Report on the QOF

Civitas published a report on 19 November claiming that the QOF offers inappropriate financial incentives. We have commented, highlighting the lack of evidence in the report and stressing the benefits the QOF has had for patients, as well as refuting the accusations that GPs are 'gaming' the system. [The full BMA press release in response to this can be found on the BMA website - please click here.](#)

Prevalence changes

The GPC has considered further the implications for those practices who will be significant losers with the changes to the QOF prevalence arrangements which will start being implemented from 1

April. In the light of this discussion and concerns raised, further efforts will be made to urge the Health Departments to press PCOs to contact the affected practices as soon as possible.

MPIG and the Exeter payment system

Richard Armstrong, Head of Primary Medical Care at the Department of Health, has written to us regarding the recent reduction in MPIG payments that affected some practices.

He explains that a small number of practices in London received slightly reduced amounts due to the London weighting amount of £2.18 not being properly taken into account in the initial release of Exeter software which was intended to effect the SFE changes.

However, this explanation does not cover practice outside of the London area and our Health Policy and Economic Research Unit are investigating possible reasons for these reductions.

Patient responsiveness

The GPC is beginning some work to encourage practices to ensure that their services are responsive to patients' needs and offer good 'customer' service. In taking this forward, it will be important to be aware of resource implications. However, in promulgating best practice, it is hoped that practices will be in a better position to compete in the changing NHS.

Novachannel

We have received a number of reports from GPs who have signed up to be included on a medical directory operated by Novachannel, only to later receive a bill for 983 Euros a year. Notification of this charge is hidden within the small print but there is no other clear indication that there will be a charge.

We are advising members that, whilst we have had soundings that this company is operating in bad faith, we have no concrete evidence to this effect, upon which to base our advice.

Therefore, whilst it is always an option for a practice to ignore the requests for payment by the company, there is a risk that the practice will be obligated in law to render the amounts claimed in full plus interest.

The Swiss Embassy has advised that if someone has been deceived into signing a contract, he or she can challenge the contract by writing to the counterpart within one year of discovering the error, stating that they have been deceived and therefore consider the contract to be invalid. They have stated that the contract is then considered to be annulled, and that if a debt collection company or other representative of the counterpart insist that the money be paid, the debt collection company or representative should be informed that the contract has been annulled. The Embassy has advised that only a judge has the power to definitely state whether the contract is really invalid, providing that the party insisting on the validity of the contract initiates civil proceedings. We would like to emphasise that the Swiss Embassy advice is given on the basis of

a person being deceived into signing a contract. The affected person would have to be able to prove they have been deceived in order to rely legally on the advice.

Focus on....the dynamising factor

This guidance note has been updated following the BMA's success in the Judicial Review and the recalculation of the dynamising factors. The guidance has been produced by the General Practitioners Committee (GPC) and the BMA's Pensions Department to help GPs and local medical committees (LMCs) to understand the arrangements for the dynamising factor (DF), which is applied to GPs' pensions. [This guidance is available on the BMA website - please click here](#)

Sickness certification proposals

The Government responded to Dame Carol Black's review of the health of the working-age population announcing proposals to get people back to work and stay in work. The BMA gave some support to the 'Fit for Work' service to help people back into employment but stated the importance of GPs' role as the patient's advocate rather than policing the system for the Department for Work and Pensions. [The full press release is available on the BMA website - please click here.](#)

VAT changes - Dispensing doctors and personally administered items

Following the recent changes to VAT rates, clarification has been sought from the Department of Health about the implications for dispensing practices and those practices providing Personally Administered (PA) items.

"Drug/medicine reimbursements to dispensing doctors and for the PA arrangements are set out in section 17 of the SFE.

The relevant part is paragraph 17.3(c):

*"(c) an allowance to cover VAT is payable on the purchase of any products listed in paragraph 17.4 (a) to (e) and which are provided in accordance with paragraph 52(1)(b) in Part 3 of Schedule 4 of the 2004 Regulations. **The allowance is to be calculated by applying the rate of VAT applying at the time of a claim to the basic price of the product after the discount calculated in accordance with Part 1 of Annex G has been deducted...**"*

The claim process is covered in paragraph 17.15 of the SFE.

This wording means that the SFE does not need to be changed each time the rate of VAT is adjusted".

There should, therefore, be no operational problems for practices.

Changes to the cremation regulations in England and Wales

New cremation regulations for England and Wales have been published by the Ministry of Justice to help prevent another Harold Shipman-type murder. From the 1 January 2009 the new regulations will affect all medical practitioners who are involved in completing medical forms for cremation purposes.

Under the new regulations bereaved families will be able to inspect the medical forms of a deceased family member before a cremation takes place as well as draw the medical referee's attention to any concerns about unexpected symptoms or discrepancies in the case.

Changes have also been made to the medical forms cremation 4 (replacing form B) and cremation 5 (replacing form C). All Medical practitioners and Medical Referees involved in this process are strongly encouraged to familiarise themselves with the new forms as well as reading the Ministry of Justices' guidance documents.

The Regulations are an interim measure and will precede longer-term Department of Health plans to create the role of a Medical Examiner, who will deal with all deaths.

The cremation (England & Wales) Regulations 2008, forms and guidance for practitioners are [available online - please click here](#).

Freedom of Information Act (FOIA) Practice Publication Schemes

Following a review of FOIA publications schemes, in line with section 20 of the Freedom of Information Act, the Information Commissioner has approved a new model publication scheme which should be adopted by all public authorities and will be effective from 1 January 2009. An authority is not required to inform the Information Commissioner that it has adopted the scheme; he will assume the authority has done so unless he hears otherwise.

GP practices are classed under public authorities banner are obliged to adopt the new scheme, details of which are available from the links below.

The timetable for 1 January 2009 implementation has slipped and the Information Commissioner's Office (ICO) will not begin monitoring the new scheme until March 2009.

The guide to information template is now on our website in PDF and Word format. [Please click here for the PDF version](#) and [click here for the Word version](#)

A specific information leaflet for GP practices is being prepared by the ICO, but publication has been delayed. As soon as we have details of this, we will inform LMCs.

Revalidation for GPs: RCGP consultation

The RCGP is formally consulting with the profession on the revalidation process, including evidence for revalidation. This consultation is attached in the form of a letter from the RCGP (appendix 1), the consultation document (appendix 2) and consultation questions (appendix 3). The GPC encourages all doctors, including salaried GPs and locum GPs, to respond directly to the RCGP on this, and it would therefore be helpful if all LMCs could publicise this consultation in their newsletter and website.

The GPC will also be submitting a response, and so if LMCs would like to feed in to the GPC response please could comments be sent by email to jgoodway@bma.org.uk by 8 January 2009.

Referral incentive schemes

In recent months there have been a number of inflammatory stories in the media concerning referral incentive schemes that it has been claimed pay doctors not to refer patients to hospital. Such situations are usually more complicated and subtle than the headlines imply, and the GPC has agreed guidance for LMCs and GPs explaining how GPs should act regarding these incentive schemes. This guidance will be published in the New Year.

The Working in Partnership Programme: Final Report

The Working in Partnership Programme (WiPP) was set up in 2004 in England as part of the outcome of the nGMS contract negotiations to support general practice with capacity-building resources and strategies. Since then, a wide range of tools and resources has been developed including online training courses, best practice guides, toolkits and frameworks to create capacity and support NHS professionals. The Programme was established because of the strong views of GPs that demand management was a major concern that should be addressed, but the Programme has also addressed making the most effective use of clinicians' time, new ways of working, skillmix change, public and patient education and empowerment, the promotion of self-care and more appropriate and effective use of NHS services. The intention of the thirteen projects within the Programme has included identifying and analysing workload, reducing demand, addressing unnecessary bureaucracy, promoting staff recruitment, training, development and retention, workload substitution and delegation and increasing practice efficiency.

The Programme ended in June 2008 and has published its Final Report, which can be [found on the WiPP website - please click here](#)

The GPC would like to raise awareness of the very useful outputs and materials available on the WiPP website, which are of considerable potential value to practices and practice managers, not just in England but throughout the UK. Those materials are designed to help practice development, primary health care team development, the promotion of self-care and the management of demand. LMCs are recommended to publicise the WiPP products to their

constituents. LMCs may also wish to consider how they might use the materials and learning from the Programme to help their constituents; the Londonwide LMCs Secretariat has already been doing this.

Prescription charges for patients battling cancer

We have received further details of the introduction of exemption from prescription charges for patients battling cancer, as follows

"In line with other medical exemptions, entitlements will arise through an exemption certificate. Application forms (FP92A) are being revised to include the new category and will be distributed direct to practices by the NHS Business Services Authority (BSA). Otherwise, the arrangements will be the same as for the current medical exemptions. The BSA plans to distribute sufficient pads of forms to practices so that each doctor may hold a pad. (Additional pads may be ordered via the PCT as usual as can pre-addressed envelopes for dispatch of the forms.) Pads will be distributed before 1 April and applications will be accepted by the PPD as soon as the new forms are available although exemption certificates for cancer patients will not start until 1 April 2009. Locally amended versions of the current application form cannot be accepted.

The PPD will write direct to practitioners in the near future outlining the arrangements and asking them to run down stocks of the current version of the application forms. The PPD will also write to trusts to ask oncology departments to order pads of forms for their current patients. GPs will be asked to give an application form to relevant patients as they present but will not be expected to search through records to identify other patients.

We plan a publicity campaign in the New Year to alert patients to the new arrangements and expect relevant patients to identify themselves to GPs but, of course, any help GPs and their staff can offer patients to obtain their entitlement to exemption would be helpful."

LMC-Negotiator roadshows March/April 2009

The schedule for the next round of LMC-Negotiator roadshows is currently being finalised, but it can be confirmed that they will take place in the weeks beginning 23rd and 30th March 2009. We hope to be able to provide more detailed information at the beginning of January.

Redesigned BMA website

The redesigned [BMA website](#) was launched earlier this week.

Logging into the website will ensure that you a homepage tailored to the needs of GPs, and that you can access members-only content. In addition, a revamped search function will make it much easier for you to find the news and guidance that you need.

Note for webmasters: Because of the new website structure, any weblinks you might have created to BMA web-pages that contain ap.nsf in the URL will no longer work, and you will need to update your website with to link to the new URLs.

The Claire Wand Fund

The Claire Wand Fund is a trust established to provide scholarships and grants for research and the further education of doctors working in general practice

Who can apply?

Individual general practitioners working in primary care.

What can I apply for?

Grants towards the cost of, secretarial and administrative assistance for projects, stationery costs, conference fees, dissemination of information, research for a thesis or dissertation, travel if a project could not be undertaken in the UK.

What would not be covered?

Projects without benefit to general practise as a speciality, the costs of a locum, accommodation and subsistence costs, purchase of equipment eg computers, repeated grants for the same project..

How do I apply

By application form to the Secretary, Mrs Jane Cope, Claire Wand Fund, BMA House, Tavistock Square, London WC1H 9JP Email jcope@bma.org.uk.

LMC conference 2009

LMCs are reminded that the deadline for sending in the names and addresses of appointed representatives to attend the conference is **9 January 2009**. It is necessary to adhere strictly to this deadline so that we can complete the election of LMC Conference representatives to attend the annual representative meeting (ARM). Please send your form as soon as possible to Karen Day at kday@bma.org.uk.

Media coverage report

Please find attached (appendix 4) a GPC media coverage report prepared by the BMA's press office, detailing GPC media activity during the last few weeks.

GPC News

We have made some changes to GPC News over the last two months and would welcome any feedback on the changed format .



Season's greetings

On behalf of the GPC secretariat, we wish you all a joyful and restful Christmas and a happy 2009.

The GPC next meets on 19 February 2009, 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 10 February 2009. It would be helpful if items could be emailed to Catharina Ohman-Smith at cohman-smith@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