

Contents	Page
0844 numbers - information for surgeries.....	4
Audit of appointment availability	2
Darzi's next steps review	2
GMS contract negotiations	1
GP Systems of Choice (GPSoC) Call Off Agreements - England only	3
GPC meeting	1
GPC regional elections 2008-2011	4
GPC secretariat	6
GPs and Smartcards in England	3
Media coverage report	6
Multi-professional practice grants: Supporting initiatives in public health or in the care of patients with long-term conditions	5
Report on main negotiating issues	1
The National COPD Audit 2008	3
The QOF prevalence factor	5

GPC meeting

The GPC met on 7 February 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

The GPC debated the current options (A and B) for contractual change for 2008/09 proposed by the Government. Option A is the governments' offer which in England, Scotland, and Wales includes a proposed extended access Directed Enhanced Service (DES). In Northern Ireland extended opening is not a priority. Option B is the alternative that will be imposed in England, Wales and Northern Ireland if option A is not accepted, and an alternative proposal in Scotland based on option B. The possible consequences of accepting or rejecting the Governments' proposals were discussed.

In the coming weeks a poll will be sent to all GPs in the UK to seek the views of the profession on these proposals. Details of the proposals in all four countries will be clarified and sent out with the poll documents. The GPC will continue to work with NHS Employers to clarify the details of the

options and the wording of the extended access DES and continue to seek improvements to the terms of the DES.

The GPC debated and passed the following motion –

That the GPC has come to the conclusion that Option A is less damaging for general practice, because the alternative option will harm the underlying fabric of NHS general practice more quickly and more lastingly.

This was after an assessment that, whilst both options were highly undesirable, Option B would remove significant amounts of funding from the contract, particularly through the permanent removal of 135 QOF points, and would not guarantee that the governments would not try to do the same or worse next year. The GPC negotiators believe future negotiations would be more difficult if imposition B was to be the final outcome and would not result in the Department re-opening negotiations. It was felt that this was not the ideal battleground on which to engage and the public debate needs to be focused more on the wider threats from the increased privatisation agenda and the implementation of the Darzi proposals rather than extended hours.

The GPC continues to have serious concerns about Option A and that GPs are having to select from two options, both of which it considers to be unacceptable. However, it was decided that the committee should take a view on the options as many GPs were asking for the GPC's opinion in advance of the poll.

Of particular concern with Option A is the rigidity of the DES for extended hours and the way the Government is approaching this whole issue. The negotiators will continue to push for changes to the DES, because, as it stands, it is believed few practices would be able or willing to do it. There will be increased efforts to convince MPs and patients that Government plans are misguided, and that attempts to micromanage practices from Westminster are a recipe for increased patient dissatisfaction.

A third letter to the profession from the GPC chairman analysing the options and their implications will be sent via email to all GPs next week, prior to the start of the poll. The committee also discussed the questions to be included in the poll, which will now be finalised and the poll sent to all GPs later this month.

Further information is available on the BMA website here:
www.bma.org.uk/ap.nsf/Content/Hubthenewgmscontract

Audit of appointment availability

We will be issuing advice shortly to cascade to practices regarding the audit of appointment availability, further to Mark Britnell's letter of 30 January to SHAs.

Darzi's next steps review

Individual GPs are encouraged to complete the online questionnaire for NHS staff which is part of Darzi's next steps review. The questionnaire can be found at: <http://survey2.cobalt-sky.com/web/service/mrwebpl.dll?project=i10688>. In the comments section, GPs may wish to make reference to their views about QOF and the contract negotiations.

The QOF prevalence factor

The committee discussed a paper that looked at potential changes to the calculation of the QOF prevalence calculation. LMC Conference policy states:

That conference believes that the GPC should address injustices in the QOF including the need for a disease prevalence formula that reflects true workload and avoids the inequities in the present system.

In order to address the inequities of the present system, the GPC and NHSE have been investigating the possibilities for change. This initial paper looked at removing the 5% cut off and the square rooting calculation. This would result in a redistribution of current monies across practices that more accurately reflects actual workload. For many practices the change in calculation whether up or down, would not have a major effect. There was however some concern that for a small minority of practices the change in calculation could result in significant losses. The committee was happy to continue to pursue this issue in principle but will look at it again when the GPC has received more statistical data showing the real financial impact across practices. The NHS Information Centre is providing the key information for making these judgements and the BMA's Health Policy and Economic Research Unit is analysing the data and the impact.

GP Systems of Choice (GPSoC) Call Off Agreements - England Only

Guidance on GPSoC Call Off Agreements was sent to all LMCs in England by e-mail and on the LMC listserv earlier this week. The equivalent guidance to SHAs and PCTs from NHS Connecting for Health (CfH) was also e-mailed. Both sets of guidance can be found at appendix 2. It is important that the details in this guidance are brought to the attention of practices and that LMCs are in touch with their local PCTs and SHA IT leads to ensure that GPSoC is being implemented. LMCs are advised to ensure that their PCTs have entered into Call Off Agreements with existing suppliers and that PCTs have included all eligible practices in a Call Off Agreement.

Further information about GPSoC can be accessed at www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc

If there are any enquiries about this guidance, please contact Matthew Isom in the GPC Secretariat at misom@bma.org.uk.

GPs and Smartcards in England

NHS Connecting for Health (CfH) has informed us that in Spine release 2008-A, they will amend patient data in the Personal Demographic Service (PDS), such that the patient will be registered with the practice rather than a GP. This is to align the PDS with the 2004 GMS Contract Regulations.

In the course of preparing the Spine update, CfH has identified that a number of GPs have not registered for a smartcard. Whilst this is their prerogative it is possible that their lack of registration could lead to problems in them being identified by the "Exeter" payments agency for Item of Service type payments and for the maintenance of their patient lists.

Those GPs without smartcards will be contacted in the next few weeks asking them to consider applying for a card.

We would be grateful if LMCs would advise their constituents about this issue and the consequences of not having a smart card.

If there are any concerns about this issue please contact Matthew Isom in the GPC Secretariat at misom@bma.org.uk.

0844 numbers - information for surgeries

There was a recent parliamentary debate on the charges patients are paying when ringing practice 0844 numbers, in particular when they are using mobile phones. We have since looked into this matter further. It would appear that where 0844 numbers are used by practices, there should be mention of the charge for phone calls in the practice's information leaflet. There is no need, however, for a message on the actual telephone system itself. While patients' telephone providers may have a variety of charges, in any practice information the price relevant to most consumers should be stated. We are aware that there are probably few practices aware of this aspect of advertising practice so we would ask LMCs to cascade this information.

GPC regional elections 2008-2011

The GPC regional elections 2008-2011 will be commencing very soon. Notices regarding the elections are planned for the 16th February editions of both the BMJ and BMA News and the election pack will be available on the BMA website shortly. The link will be emailed to LMCs as soon as this is available.

Elections will be for the LMC constituencies listed below, and we would encourage LMCs to raise awareness of forthcoming elections amongst their constituents now.

- Barnsley/Doncaster/Rotherham/Sheffield
- 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 (2 May 2008); 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.

Multi-professional practice grants: Supporting initiatives in public health or in the care of patients with long-term conditions

The Pharmacy Practice Research Trust is inviting applications to undertake research in public health or long term conditions. The Trust has made a total sum of £80,000 available for small-medium projects in the following areas.

- Multi-disciplinary service development/evaluation for patients with long-term conditions.
- Multi-disciplinary service development/evaluation in public health.

The Trust is particularly interested in receiving collaborative project applications that include pharmacists working in either primary or secondary care or in the community. Priority will be given to those proposals that demonstrate innovation and provide evidence of value for money as well as patient benefit. The Trust reserves the right to allocate funding to a single project team or to individual teams dependent on the quality and quantity of proposals received.

The closing date for submission of applications is **Friday 28th March 2008**. For further information on the calls for proposals and to request full commissioning documentation and applications please contact Linda Sheldrake or Beth Allen on 0207 572 2648 or e-mail practiceresearch@rpsgb.org. To download the documents visit the Trust's section of the Royal Pharmaceutical Society's website at: www.rpsgb.org/worldofpharmacy/research/.

The National COPD Audit 2008

We have been asked to encourage participation by practices in The National COPD Audit 2008. The audit is a collaborative project between the Clinical Effectiveness and Evaluation Unit at the Royal College of Physicians, The British Thoracic Society and The British Lung Foundation, and is funded by The Health Foundation.

In 2003, there was a National COPD Audit which focussed on a clinical audit of patients admitted to hospital with an exacerbation of COPD and also secondary care service provision/processes of care. For the 2008 project, the breadth of the audit has been increased in response to the changing patterns of care (specifically the integration of COPD services to community settings) and so we are planning to collect information about wider aspects of care and influences of admission and outcomes.

The general practice part of the audit will comprise of a survey being sent to the GPs of patients admitted to hospital with an exacerbation of COPD during the audit period. The survey aims to identify factors in pre-admission care that may have influenced the admission to hospital. It will be a short paper-based survey that can be completed by a GP, practice nurse or manager prior to being returned to the RCP via a pre-paid envelope. The main audit is due to begin on 3 March 2008.

The National COPD Audit 2008 is an ambitious, important project and it is hoped there will be a high participation rate, so that a truly national picture of COPD care can be presented.

Further details are available at www.rcplondon.ac.uk/college/ceeu/ceeu_copd_home.htm.

Media coverage report

Please find attached (appendix 3) 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 4. 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 5.

The GPC next meets on 20 March 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 11 March. 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

