

Friday 16 July 2010

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GPC meeting

The GPC met on 15th July 2010 and this newsletter provides a summary of the main items discussed.

White Paper Equity and excellence: Liberating the NHS

The GPC held the first of many discussions on the government's White Paper *Equity and excellence: Liberating the NHS*, published on 12 July. There will be time to consider the main proposals in more detail once the government publishes its supplementary report on commissioning. This is expected before the end of this month and may come out as early as next

week. At this point the White Paper prompts many more questions than it answers. During the next few weeks, the GPC will collate a list of questions on the government's proposals, including those questions posted to the GPC and LMC listservers. Please do use these listservers to share any questions you have. If we are unable to answer them we will endeavour to get answers in our discussions with NHS Employers, the Health Departments and Ministers over the coming months.

We are currently giving urgent consideration to the role of the GPC and BMA in supporting the transition to consortium commissioning. We have several meetings planned across the BMA to discuss the implications of the White Paper for the profession as a whole. The GPC recognises the crucial importance of GPs working collaboratively with consultants and others, including medical and health care professional colleagues and NHS managers, to ensure the best possible patient care, as these proposals develop. Externally, we intend to work with other health organisations to share and develop our own vision of how commissioning should operate. The GPC chairman will write to GPs about the White Paper within the next few days. Most importantly, the GPC will now consider what guidance the profession will need to equip it over the coming months and in the longer term. It will draw on the existing expertise in BMA Law and on the political understanding and practical experience of GPC members. We aim to start releasing guidance as soon as possible and maintain a stream of information in the form of 'how to' guides for as long as necessary.

Negotiations

We met NHS Employers last week for this year's first negotiating meeting. These discussions are in their very early stages. We are however likely to face fairly intense negotiations over the coming months to put into place the initial transition arrangements required by the White Paper.

In light of the public sector pay freeze, the DDRB's role in pay recommendations this year is unclear. Assuming that it will report on GPs, it is our intention to aim for joint evidence if a negotiated settlement can be reached on other contractual issues.

Summary Care Record

The GPC considered the recently published evaluation report of the Summary Care Record (SCR) by UCL and passed the following two resolutions:

That GPC believes that, after consideration of the UCL Report in respect of the Summary Care Record (SCR) in England:

1. the clinical benefits are insufficient to justify continuation at present, particularly at a time when patients are being denied proven clinical services on the grounds of expense;
2. the clinical benefits are insufficient to justify the creation without fully informed explicit consent;

3. the clinical benefits are insufficient to justify GPs consenting to the upload of data on behalf of patients who have not expressed consent;
4. the creation of SCRs in England should be halted until the full review of the model, and other models, has taken place to address cost-effectiveness and the need for informed and explicit consent of patients.

That GPC believes that in view of the risks to patient safety caused by the failures of SCRs to be reliably and consistently updated, access to existing SCRs should be immediately suspended by the government until all patient safety issues have been fully investigated and satisfactorily resolved.

The GPC believes that it is for individual practices to decide whether they wish to proceed with uploads to the SCR.

FP69s & SCR uploads

Where practices participating in SCR uploads have received FP69s from their PCT due to undelivered PIP (Public Information Programme) letters, they should also have been advised to flag the records affected as “not for upload” until processing has been satisfactorily completed.

Sessional GPs Representation Working Group Report

The recommendations of the Sessional GPs Representation Working Group Report, [available on the BMA website](#), were overwhelmingly endorsed at both the LMC conference and BMA's Annual Representative Meeting. We will now start to implement these recommendations. Elections for the new sessional GPs subcommittee will be advertised shortly.

GP Patient Survey

Attached (Appendix 1) is an update from the GPC on the GP Patient Survey. This aims to explain the results process for the 2009/10 survey, directing LMCs and practices to sources of information and helping to prepare for the release of final survey data for this year. This **update applies to England** only and the timetable and process will vary in Scotland, Wales and N Ireland. The PE7 and PE8 easements referred to below however **do apply to the UK as a whole**.

Patient survey and calculating eligibility for QOF PE7 and PE8

The patient survey results have been release and full details [can be found online](#).

PCTs will now use the patient access data in the survey for calculating practice payments under the QOF. As part of the H1N1 vaccination DES, those practices that meet the minimum target

for vaccinations will receive a 10 per cent drop in the upper - and 20 per cent in the lower - thresholds in PE7 and PE8.

Practices should be aware that the ImmForm Swine Flu data extraction programme, which has been used to assess uptake levels for the QOF easements, calculates the denominator on the age of the eligible patient population at the date of extraction, rather than the age of the patients at the time of vaccination,

This is likely to have a minor impact on the number of patients in the six months age range because those who were previously not eligible, will now appear as eligible. This is not expected to be a large number and will mainly impact on those practices that are close to the 50.7 per cent target.

Practices who do not believe that the figures are an accurate reflection of their eligible patient population can, with the agreement of their PCT, perform a manual calculation to work out if they have qualified for the patient experience easements.

Practices can use the data extraction report as a template to perform this calculation. An example of the report and details of the formula to be used, are available in annex 4, page 15 of the H1N1 vaccination DES guidance, [available on the BMA website](#).

By July 30, the ImmForm programme team will have archived the swine flu vaccination data from October 09 to February 10 to free up storage space on the ImmForm system. This means that the vaccination data for this period will no longer be accessible to the practice (although it will remain available to the PCT). The March data, which will still be available, is cumulative so includes the uptake figures from October - February. The March data will remain accessible until the end of October 2010 at which point the data will only be accessible via PCTs and SHAs.

In the event that a practice is disputing their figures, a copy of the extraction reports could be useful, and as such the practices should save a copy of the report on their internal system to ensure they can access it in the future if necessary.

CQC registration

CQC registration will apply for NHS GPs from April 2012. However, we have had reports of some PCTs telling practices that, because of CQC, they must fully comply now with the Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections. There is an ongoing consultation on how the Code of Practice will relate to primary care but at the moment it is guidance only.

Pension contributions

In 2007, the GPC agreed that for the year 2008/09 there would be a one off arrangement between the Department of Health and BMA that GP tiered contributions would be based on their

2006/07 pensionable pay as declared on their annual end of year 2006/07 certificate regardless of what they actually earned in 2008/09. If there was no 2006/07 certificate available then the 2005/06 certificate was to be used as a yardstick. If there were no certificate or if the GP was newly qualified then the NHSPS regulations stated that the 2008/09 tiered contributions rate would have to be agreed **between the PCT and the GP** and be based on the GP's estimated 2008/09 income.

However, it is very difficult to project a GP's income because no-one really knows what their practice profits are going to be or how much they may earn doing other GP work such as out-of-hours or locum work, both of which can increase total pensionable earnings considerably.

If a GP started at a practice in July 2008 and it turned out that they earned £35k (in total) between July 2008 and March 2009 it is understandable that they may question a 8.5% tier being imposed. With tax relief the real figure is less than 8.5% and in most cases it's probably not unreasonable for the PCT in July 2008 to believe that a GP may earn more than £35k over the following nine months.

Unfortunately under such circumstances there were always going to be some winners and losers for that year. For members at the extremes of these losses then the BMA pensions department will of course be happy to provide support and lodge a claim through the NHS Pensions Agency's internal dispute resolution procedure. Please contact pensions@bma.org.uk for such support.

The guidance which was published at the time of the agreement [is available on the BMA website](#).

Review of prescription charges

In 2008 Professor Ian Gilmore, President of the Royal College of Physicians, was asked to lead an independent review on how a prescription charge exemption for people with long term conditions should be implemented, including how it would be phased in. The report recommends an extension of the list of conditions that are exempt, and a review of wider policy "with an open mind towards either abolishing prescription charges altogether, or wider reform". The BMA welcomed the proposals but believes that the fairest system would be for prescription charges to be abolished

The report is [available on the Department of Health website](#).

National Diabetes Audit

The National Diabetes Audit Executive Summary and the Paediatric Report have been published. The reports are [available online](#).

This will be the fourth year where an automated data extraction is available to gather data for the audit. As in previous years, the audit keeps identifiable data to a minimum and has NIGB Ethics and Confidentiality Committee approval to hold and link patient level data (using NHS number).

All the analysis is produced at aggregated level for GP practice, PCT or SHAs. As part of the extract process the Information Centre will write to every GP practice to let them know that the audit extract will be taking place, how to participate without the automated extract and the key dates for the audit period. Practices should expect to receive this letter shortly.

Goodwill and dispensing

A briefing has been drafted to clarify whether GPs can sell goodwill in terms of the dispensing element of their contracts. It is imperative that practices do not fall foul of the goodwill rules because by doing so, a breach in the regulations could result in a criminal offence. [This briefing is available on the BMA website.](#)

Statement of Financial Entitlements (SFE)

The SFE has now been amended to implement the uplifts for 2010/11. [The amendment is on the Department of Health's website.](#) alongside the previously consolidated SFE and recent April amendments.

The King's Fund Inquiry into the Quality of General Practice

The initial results of the King's Fund inquiry are now becoming available. The King's Fund is very keen to gather the personal views of the profession on the research they have commissioned, so that they are able to frame their ideas for the final report.

Details of the reports that have been published to date are below; the King's Fund would welcome your comments and feedback.

- [Continuity of care](#)
- [Diagnosis and referral](#)
- [End of life care](#)
- [Therapeutic relationships](#)

[There is an on-line resource page.](#)

GPC elections

Chairman of GPC

Laurence Buckman has been re-elected as Chairman of GPC for the 2010–2011 to 2012-2013 sessions.

GPC Negotiators

The following members have been re-elected as GPC negotiators for the 2010-2011 session:

Peter Holden
Chaand Nagpaul
Richard Vautrey

The full GPC negotiating team for the coming year is therefore:

Laurence Buckman, Chairman, GPC
David Bailey, Chairman, GPC Wales
Brian Dunn, Chairman, GPC Northern Ireland
Peter Holden
Dean Marshall, Chairman, Scottish GPC
Beth McCarron-Nash
Chaand Nagpaul
Richard Vautrey, Deputy Chairman, GPC

LMC secretaries' conference

The LMC secretaries' conference will be taking place on Thursday 25 November at BMA House and details have now been sent out to all LMCs. The deadline for applications, which should be sent to Sue Love in the GPC office, is **Friday 10 September 2010**. Please contact Sue if you have any enquires regarding the conference (slove@bma.org.uk).

LMC conference - update

The 2010 LMC conference elected the following as members of the conference agenda committee for 2010-2011:

Chairman:	Mary Church	
Deputy Chairman:	Michael Ingram	
Agenda Committee:	Gill Beck, Buckinghamshire David Grant, Gwent Stephen Meech, Kent Guy Watkins, Cambridgeshire	Stuart Blake, Lothian Hal Maxwell, Ayrshire & Arran Peter Swinyard, Wiltshire

The dates of next year's conference will be announced in the near future. We will soon write to LMC secretaries for confirmation of the number of GPs their LMC represents so that the agenda committee can determine the number of seats allocated to each LMC.

BMA's "Making the most of being a salaried GP" seminars: September – November 2010

The BMA is organising a series of seminars aimed specifically at salaried GPs.

These events aim to:

- advise on employment rights for nGMS, PMS, APMS and PCO-employed GPs – including sickness, maternity and redundancy issues, as well as giving general guidance on contractual rights following maternity leave and at the end of FCS and retainer scheme funding
- outline in detail the benefits of the model/minimum salaried GP contract negotiated by the BMA, and how to ensure that at least these minimum are obtained
- provide helpful tips for successful negotiations on salary, terms and conditions, and contract changes for use with current and new employers, with practice sessions
- provide an interactive setting, with the opportunity for delegates to ask questions on the day.

For further details about these events please visit www.bma.org.uk/conferences If you have any queries, please contact BMA Conferences on 020 7383 6605/6137 or by email to confunit@bma.org.uk.

GP employment law courses 2010

Managing change, managing performance, managing staff

Keeping track of employment legislation, best practice and other human resource issues can be a real headache. With the best will in the world, you know you cannot be an expert on everything: that is why you have the BMA right behind you to give expert advice and support. However, it is important to understand the principles of employment legislation and practical management of people issues to ensure a good working environment and that you do not find yourselves facing a legal challenge.

The BMA is offering three one-day courses introducing GP practices to managing change, managing performance and managing staff. Further dates have been added to the programme due to popular demand.

Cost to attend

Registration is open to GP partners or their practice managers and the registration fees are as below:

BMA members: £130.00 including VAT

Non-members: £190.00 including VAT

Priority will be given to BMA members who wish to attend.

For more information on dates and venues and the online booking form please [visit the BMA website](#).

BMJ Careers Fair 2010 – registration now open

London 1-2 October 2010

Birmingham 8-9 October 2010

The BMJ Careers Fairs are the UK's largest medical recruitment events, offering large exhibitions and seminar programmes covering a range of career related topics. Around 2400 doctors attend each year, drawn by the chance to talk directly to employers and receive career related advice.

[Register today](#) and take the opportunity to attend our seminar programme or to meet representatives from Royal Colleges, Deaneries, locum agencies, and overseas recruiters.

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 news index

The GPC news index for the 2009-2010 session is enclosed (appendix 3).

The GPC next meets on 16 September 2010, 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 September 2010. It would be helpful if items could be emailed to Faye Bunch at fbunch@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