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## **GPC meeting**

The GPC met on 20 July 2006 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.

## **Contract negotiations update**

Discussions on stage 2 of the GMS contract review, intended for implementation in April 2007, have continued over the past few months. A meeting was held between NHS Employers and GPC negotiators on 13 July 2006.

The GPC entered this round of negotiations with a clear mandate from the LMC Conference about what the profession expected and what it would not accept for 2007/08. The GPC has consistently taken the approach that any deal for 2007/08 must include, as an absolute minimum, an inflationary rise to the contract. It has been made clear that any further release of QOF points for replacement

with harder work, or any attempt to erode MPIG by awarding inflationary rises only to practices with no correction factors would be unacceptable.

The GPC has also pressed for negotiation of an expanding practice allowance, a variety of premises issues, revised payments for temporary residents, mechanisms to ensure the continuation of a UK contract and timely implementation of the survey of PCOs on discretionary payments as agreed last year.

Whilst discussions have been held on some of these issues, the search for mutually acceptable solutions is proving a challenge. The GPC has remained firm that the agreement reached for 2006/07 dealt with the perceived value for money issues associated with the 2003 nGMS deal and has resisted any further significant concessions. Negotiations are at a difficult and delicate stage.

## **IM&T update**

### **Document Management Systems (DMS)**

As part of the GP2GP project, some third party document management systems are currently unable to extract and pass on scanned documents in electronic format. As a result, practices are having to send paper copies. We are working with third party suppliers to ensure that this is resolved and practices are able to transfer these documents along with the core clinical record. We are recommending to CfH that DMS should be considered as 'core' GP IT systems and that controlled implementation of GP2GP should begin.

### **QOF Assessor Toolkit Apollo Software**

The GPC IT team has recently reviewed the QOF assessor toolkit software. Some LMCs and GPs have expressed concern about patient identifiable data leaving practices. We have confirmed this is not the case and LMCs and GPs can be reassured that the software is safe to use.

### **QMAS/QOF coding**

LMCs have reported a number of QMAS/QOF coding and business ruleset problems. These have been forwarded to the NHS Confederation and we are awaiting a response.

### **Practice IT funding**

We are not aware of any PCTs refusing to fund core practice IT equipment at the moment but would be happy to deal with any brought to the attention of the secretariat (arivett@bma.org.uk).

### **Guidance on sending electronic attachments**

Guidance on issues regarding sending attachments to GP records in electronic form is attached (appendix 2).

## **Commissioning (England only)**

The Department of Health published a commissioning framework on 13 July 2006, 'Health reform in England: update and commissioning framework', which can be accessed at the following website address:

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4137226&chk=D2YSig](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4137226&chk=D2YSig)

The annex of the framework contains the bulk of information relevant to LMCs and GP practices and appendices D-E of the annex are open for consultation. They are as follows: appendix C, 'Contracting for NHS care'; appendix D, 'PBC governance and accountability framework' and appendix E, 'Triggering community action'. The Commissioning and Service Development Subcommittee will be coordinating a response to these consultations in liaison with other BMA

crafts, the Health Policy and Economic Research Unit (HPERU) and the BMA's patient liaison group (PLG). A draft of the BMA's response will be prepared for the September meeting of the GPC; if you would like to feed into the response, please send your comments to [sal-zaidy@bma.org.uk](mailto:sal-zaidy@bma.org.uk) by Thursday 31 August 2006.

In reaction to some recent local developments, the committee discussed the prospect of the commissioning function of PCTs being put out to private tender. The BMA as a whole has grave concerns about such a direction of travel and believes that the effective commissioning of patient care is a key function of the NHS; a message that has already been conveyed to the Department of Health. Members pointed out that patient care should be at the heart of commissioning, as should the overarching ethos and ethics of a publicly provided health service and that the involvement of non-NHS, commercialised, private companies in commissioning could seriously undermine these principles. There was strong agreement that commissioning was a complex process which needed to involve both clinicians from all sectors and patients. The GPC intends to continue working with the consultants' and other BMA committees to develop stronger cross-craft links and to promote greater collaboration between clinicians in commissioning and for the benefit of improved patient care.

## **NHS reforms (England only)**

The Secretary of State hosted a health summit, 'Clinical leadership: improving care for patients', on 5 July 2006. The event was attended by around 40 people taken from the Royal Colleges, unions and the NHS; the BMA was represented by the Chairmen of the GPC, CCSC, JDC and Council and one or two others. The BMA will continue to be involved by giving its view on what areas in particular the Department of Health should prioritise and by attending a follow-up event in the Autumn.

The Chairman of the GPC updated the committee on discussion at the first meeting of BMA Council on 12 July 2006 in relation to the motion/policy statement on the BMA's policy on system reform in England as accepted as a reference at the ARM. After lengthy but inconclusive discussion on the issues contained within the motion/policy statement, it was agreed that a steering group of Council, comprising eight core members, would be set up to consider the motion/policy statement further and to formulate an alternative vision for NHS reform. Nominations for the steering group were received at the Council meeting and an election is being carried out by STV. There was consensus among committee members that the GPC needed to contribute to this BMA debate and in doing so, to put forward its own clear vision for how general practice fits into the wider system reforms.

## **CMO's report**

Last week the CMO published a major review of medical regulation, prompted by the Shipman inquiry. The document *Good doctors, safer patients* contains 44 recommendations including proposed devolution of some of the GMC's powers to a local level and the creation of a new framework for revalidation. It can be found online at [www.dh.gov.uk/assetRoot/04/13/70/78/04137078.pdf](http://www.dh.gov.uk/assetRoot/04/13/70/78/04137078.pdf)

This review is clearly of great interest to the profession and the BMA will be submitting a detailed response to the recommendations. The document will be discussed in detail at the September meeting of the GPC and given careful consideration by relevant GPC subcommittees.

## **Good Medical Practice**

The GPC has contributed to a BMA response to four pieces of supplementary guidance recently published by the GMC:

1. raising concerns about patient safety
2. maintaining boundaries
3. reporting convictions
4. conflicts of interest.

This guidance is available on the GMC website [www.e-consultation.net/gmc/](http://www.e-consultation.net/gmc/).

## **GP trainers' grant**

For some time the GPC has been seeking a review of the GP trainers' grant. We are therefore pleased that an initial review has now been conducted by the Department of Health, involving BMA representation. Further research is also required, and we hope that this will be conducted in time for this to be considered by the Doctors and Dentists Review Body.

We will continue to push for an increase in the level of remuneration for GP training practices in order to reflect, for example, the level of commitment required, the continuing professional development costs, premises costs and administration costs.

## **GP VTS placements: London Deanery**

We were deeply concerned when we heard that 29 trainee GPs due to start their vocational training in August 2006 had had their VTS placements deferred to February 2007 by the London deanery. The GPC and BMA regional services reacted swiftly. A meeting with Professor Neil Jackson was arranged and held, legal advice was obtained, letters were sent to all the GP trainers and the doctors affected, and Hamish Meldrum wrote to Lord Warner. We also worked closely with the BMA's Press Office and Parliamentary Unit.

A response has only recently been received from Lord Warner, which is disappointing in that the Health Department has failed to step in to rectify the problems. However we have been informed that the majority of the doctors affected have now found alternative posts until February 2007. We do not yet know if these doctors are satisfied with these arrangements in terms of their salary and training prospects, and so staff in BMA regional services are looking at these issues with the doctors affected. In the meantime, the BMA will be continuing to support the doctors in question, and we will also be working to ensure that similar situations do not recur as part of the wider problems associated with deanery funding.

## **Self Care in Partnership and the Expert Patient Programme**

The GPC representative from the BMA's Patient Liaison Group presented a paper to the committee describing a number of initiatives going on within the BMA in relation to the expert patient programme which encouraged patients with long term conditions to engage in self care. In 2005 the BMA published a discussion paper on the Expert Patients Programme (EPP) which is available at the following link:

[www.bma.org.uk/ap.nsf/Content/EPP?OpenDocument&Highlight=2,Expert,patient,programme](http://www.bma.org.uk/ap.nsf/Content/EPP?OpenDocument&Highlight=2,Expert,patient,programme).

A joint self care in partnership event is being planned for October 10 to bring together GPs, patients and key leaders in the field together to explore how the self care programme can benefit patients, GPs and the healthcare system. The BMA has also begun work on a policy paper on self management for patients.

The GPC welcomed the paper and hoped that GPs would play an integral part in its development. It was felt that many GPs did not understand the expert patient programme and how it could help their work and patients' lives. If it worked effectively, it should help reduce demand in GP workload as well as increasing the confidence and quality of life of patients, but GPs would also need to engage in a cultural change with regard to their attitudes to patients.

Details of the October event are given below:

**Self care in partnership: Building patients' skills through self care training programmes with their doctor's support**  
**Tuesday 10 October 2006**  
**BMA House, London**

This first joint BMA/Expert Patients Programme conference will bring together GPs, patients, and key leaders in the field to explore how self care training programmes can help patients, doctors and the healthcare system.

The conference aims to:

- Show how self care fits into health care
- Present research evidence on self-management programmes
- Help GPs develop their knowledge and skills in supporting self care
- Help GPs learn about the role of self care programmes in meeting a range of standards in the Quality and Outcomes Framework

We would be delighted if you were able to join us for this event, the cost of attending the conference is £25.00 + VAT. For more information and to book your place please visit [www.bma.org.uk/epp](http://www.bma.org.uk/epp) If you have any questions about the conference, please contact BMA Conferences on 020 7383 6605/6137 or by email at [confunit@bma.org.uk](mailto:confunit@bma.org.uk)

## **Offensive weapons: NHS Security Management Service Guidance**

The NHS Security Management Service has recently produced guidance to help health bodies create policies to deal with offensive weapons brought onto NHS premises.

This guidance can be found at: [www.cfsms.nhs.uk/doc/sms.general/offensive.weapons.pdf](http://www.cfsms.nhs.uk/doc/sms.general/offensive.weapons.pdf)

The document urges local security management specialists to consult NHS staff and professional bodies, including LMCs, about this issue, particularly where services are provided on premises with no on site security presence. LMCs or practices may wish to contact their local security management specialist to discuss offensive weapons policy.

## **Performing rights licences**

GPs should remember that they need a performing rights licence to have radio or television on in their practice. These licences are not expensive and are simple to obtain from the Performing Right Society [www.prs.co.uk](http://www.prs.co.uk) (phone 0800 0684828).

## **Elections**

During the first meeting of the session the committee voted to elect one individual co-option, Dr John Chisholm.

The negotiators are now elected for a three year term on a rolling basis, to ensure there is unlikely to be a situation where all the negotiators' positions come up for election at once. Laurence Buckman's position as negotiator was up for election. He was re-elected unopposed and will continue to be the Deputy Chairman of the committee.

Members also had the opportunity to put forward their names for subcommittee elections and elections to other BMA and external committees. The results of these elections will be published at the end of August.

## **LMC conference**

The 2006 LMC conference elected the following as members of the conference agenda committee for 2006-07:

Chairman: Fay Wilson

Deputy chairman: Mary Church

David Baker (Lincolnshire)  
Gill Beck (Buckinghamshire)  
Stuart Blake (Lothian)  
Mike Ingram (Hertfordshire)  
Hal Maxwell (Ayrshire)  
Ian Millington (Morgannwg)  
Guy Watkins (Cambridgeshire)

The dates for 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.

## **LMC secretaries conference**

This year's LMC secretaries conference will be held on Thursday 30 November. Further information will be sent out next month.

## **GPC news - index**

The GPC news index for the 2004-2005 session is enclosed (appendix 3).

<p><b>The GPC next meets on 21 September 2006, 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 13 September. It would be helpful if items could be emailed to Angela Button at <a href="mailto:abutton@bma.org.uk">abutton@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 GP registrars' subcommittee
- Members of the sessional GPs subcommittee