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GPC meeting

The GPC met on 16 March 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 review

The joint GPC-NHS Employer guidance 'Revisions to the GMS contract, 2006/07 - Delivering Investment in General Practice' guidance was released towards the end of February. This document is intended to give practices and PCOs an overview of the changes to the contract and detailed information that will be needed to implement the changes. Further details about elements of the agreement in Scotland, Wales and Northern Ireland are due to be published further to this as soon as they have been finalised.

Practices in England will receive paper copies of the joint NHS Employers-GPC guidance on the contract revisions in early April and country-specific versions will follow in Wales, Scotland and

Northern Ireland, once these are finalised. Discussions are continuing with the Department of Health lawyers to finalise the corresponding changes that will need to be made to the Statement of Financial Entitlements in light of the agreed changes to the contract; a series of GPC guidance notes have also been produced to help to explain the implications of the changes to the contract for all GPs.

There remain, however, some outstanding issues to discuss. One of these is the patient survey for the access and choice & booking DESs in England. The Patient Experience Survey Project Board, which has been tasked with implementing the survey, had its first meeting in early March. The group, which includes two representatives from the GPC, discussed a number of issues including confidentiality, procurement of software to extract and analyse the data, and sampling methods. It is intended that a pilot is run in late summer to inform the decisions made in respect of the final survey.

Additionally, negotiations with respect to the childhood pneumococcal immunisation and Hib B payments are still to be addressed and the data accreditation process for the IT DES also need finalising.

With regard to IT to support the revised QOF, it is expected that the final list of the Business Rules and Read Codes will be available within the next few months. However, it is likely that QMAS will not be updated until at least August. Additionally it is not known how quickly the suppliers will upgrade their own software and this may be determined by how much pressure is applied from practices.

Review of PMS and APMS financial arrangements

The Department of Health has issued guidance to PCTs and SHAs on non-GMS contracting arrangements for 2006-07. It states the Department's intention "to issue further Directions to SHAs and PCTs who have entered into PMS or APMS agreements requiring them to review the financial provisions within all their PMS and APMS contracts at the earliest opportunity with the specific aim of constraining the costs of such agreements/contracts".

As this guidance relates to locally-negotiated contracts, the GPC was not consulted on it. The GPC will issue general legal guidance to PMS practices and LMCs, but the fact that PMS agreements are not uniform will make it difficult to give definitive and detailed advice that covers every situation. It will also be clarifying and providing advice on possible exit strategies for any practices that feel they do not want to remain in PMS.

The DH guidance is available at www.dh.gov.uk.

PMS contracts and superannuation funding

Please find attached (appendix 2) guidance on PMS contract and employer's superannuation that has been written by Londonwide LMCs. This should be helpful for those PMS contractors using the model Lockharts' contract agreement that includes a clause that sets out a clear obligation on the PCO to reimburse fully the 14% of superannuation contributions. For those practices not using the Lockharts' contract, the obligations on the PCO are dependent on what is stated in each locally agreed contract. However, this guidance note should be helpful in identifying the type of clause that may allow for full reimbursement to be made.

IT – GP2GP Transfer

Last year, the GPC was asked how it wanted the GP2GP transfer system to work; either to request transfer immediately on a patient's registration, or to have a delayed but potentially more complete transfer. The GPC chose the former option and the system has now been constructed that way.

GP2GP transfer is now proven to work between EMIS sites and separately between InPS (In Practice Systems) sites. Transfer from EMIS to InPS and vice versa is being piloted in Croydon later this year. Transfers between these systems and Isoft systems will then follow, early in 2007. Each of these developments will result in changes, revisions and refinements. During this iterative process things will change, the eventual Any system to Any system process may look and feel very different from those currently in place.

The GPC has been asked whether it wishes to see incremental versions implemented as they become available, or whether it should wait until the Any2Any systems option is completed. After a debate, the GPC has supported the incremental system as the committee wants the profession to benefit from GP2GP transfer as soon as it becomes available.

Department of Health white paper on care outside of hospitals

The committee considered a draft GPC work-plan on the white paper, which aims to highlight the areas where initial committee activity in response to some of the most relevant proposals in the white paper might focus. The GPC and negotiating team will use the work-plan as an internal, working document from which to develop the negotiating strategy in key areas. It was noted that a large part of any possible activity at this stage would form part of the negotiating framework with the NHS Employers in 2006-07. However it was agreed that this should not prevent the committee/subcommittees from being proactive in taking forward any relevant areas of work.

The work-plan also outlined some of the BMA cross-craft work already underway especially that in relation to chapter 6 of the white paper, 'Care closer to home'. The Chairman of Council has been invited to join the Department of Health's 'Care Closer to Home Demonstration Group, chaired by Lord Warner, which will oversee the demonstration sites in the six chosen specialties to lead the way in increasing the provision of care in community-based facilities. The Department of Health's working group will meet monthly over a year, beginning in March. A BMA cross-craft working group will be set up which will also aim to meet monthly in order to develop policy, monitor the work of the Demonstration Group and advise the Chairman of Council accordingly.

There was some discussion over how effective collaboration between primary and secondary care clinicians could be achieved in terms of taking forward the reform agenda and redesigning services. It was recognised that this could pose a challenge both on the ground and within the BMA, but the establishment of some basic, shared principles would be a positive step, including service redesign being clinician-led, improving patient care, being evidence-based and providing economic value.

The Department of Health recently published a 'Partial regulatory impact assessment (RIA)', which provides the Government's considered early assessment of the likely impact of the policy initiatives set out in the white paper. The document can be found via the website link below and will be discussed at the April GPC meeting:

www.dh.gov.uk/PublicationsAndStatistics/Legislation/RegulatoryImpactAssessment/RegulatoryImpactAssessmentArticle/fs/en?CONTENT_ID=4131375&chk=8MNRO4

Cervical screening audit

LMCs have reported on practices being asked by PCTs to fulfil an audit for the NHS Cancer Screening Programmes with regard to women who had withdrawn or become exceptions from the cervical screening programme. Some PCTs were demanding a two week turnaround for a large

piece of work. There have been variations across the country in how this has been implemented. The GPC advice has been that the best way forward is to negotiate locally a reasonable timescale for this work, although we recognise this is not a contractual duty, but many practices will consider it clinically valuable. We wrote to the NHS Cancer Screening Programmes about the implementation of the audit and have just received a response which included the following paragraphs:

'This audit was initiated by the programme in response to widespread concern over the increasing number of women ceased from call and recall. The audit was discussed with the QA Directors last summer with a view to completion in this financial year. Guidance on how the audit might be achieved was developed in conjunction with PCOs and issued in November. The responsibility for identifying women whose status needed to be checked rested with the PCO. Only the GP, however, could actually check and change or confirm a woman's ceased status.

'It is clear that in some areas the execution of the part of the audit which requires GP action has been given a very short timescale by PCOs and also that the numbers of women in some localities are much larger than in other parts of the country. Having discussed the matter with the QA Directors, it would appear best if the deadline for completion of checking is extended to 30 September 2006 in order to make the task more manageable.

'I am grateful for GPs' continued assistance in checking the 'ceased' status of women.'

We would therefore reiterate our advice that LMCs should seek a reasonable timescale for this work.

PMETB fees

The PMETB has announced that for 2006-07 the fees for Article 10 and 11 applications will be £500 and £950 respectively. While these levels are lower than originally proposed by the PMETB, these fees are still far too high. The GPC is still gravely concerned that the PMETB has not accepted that doctors are not the sole beneficiary of certification, and that therefore responsibility for the funding of the Board's work should lie mainly with the Health Departments. The GPC, in conjunction with the BMA's Junior Doctors Committee and other crafts, will continue work to support GP registrars.

Flexible Careers Scheme

In light of the funding problems for the Flexible Careers Scheme, the GPC has produced guidance for practices and LMCs (appendix 3). This sets out the current situation, and well as next steps.

Improving the management of long-term conditions in the face of system reform

The GPC discussed a draft paper produced by the BMA's Health Policy and Economic Research Unit on the management of long-term conditions. In general, the paper was welcomed and the committee thought it gave a good analysis of government reforms and policy while exposing the incongruities in it. This paper was initiated by the BMA's Community Care Committee. There will be some reworking of the paper in light of GPC's feedback and it is due to be published later in the year.

BMA's Patient Liaison Group and GPC

The GPC agreed to a motion by the Representation Subcommittee that: 'A member of the BMA's Patient Liaison Group should be invited to attend GPC as an observer for a one year trial period initially. Where items are on the closed agenda, the PLG representative will understand that that issue is to be kept confidential.' It was felt that having representation from the Patient Liaison Group on the committee would prove a valuable source of information and insight.

LMC conference and election to the ARM

At the ARM in Manchester in 2005, the BMA Bye-laws were amended to revise the allocation of representatives to the ARM. The branch of practice seats at the ARM are now allocated annually by Council under byelaw 33 according to 'the proportionate membership of the BMA by primary branch of practice'. If there are vacancies in representation after 22 March, these are to be allocated to regional or national councils who will be invited to fill the vacancies, where possible, to ensure proportionate balance of power representation.

This has affected the way in which LMC Conference votes members onto the ARM. This year elections were held in February to ascertain who will attend, as the Conference in June would be too late to put forward the names. In order to bring LMC Conference Standing Orders into line with the change in BMA Bye-Laws, the Representation Subcommittee asked the GPC to propose a motion to LMC Conference in June to change Standing Orders in accordance to this. The GPC agreed to do so.

A motion will also be put to LMC Conference to alter Standing Orders 79.1 so that where it reads that those eligible to stand for election to GPC must be providing personally or performing general or personal medical services, it will now read, 'providing personally or performing NHS primary medical services', again to bring LMC Conference Standing Orders in line with the BMA Bye-Laws.

LMC conference motions

LMCs are reminded that the last day for receipt of motions amending standing orders is **13 April** and that the deadline for receipt of other motions is **noon on 18 April**. Any motions received after this deadline will not be included in the agenda. Please note the deadline falls on the first working day after the Easter weekend.

We would be very grateful if you could get your motions to kday@bma.org.uk as soon as possible. Every year we receive hundreds of motions moments before the deadline which then need to be collated and organised by the secretariat. If you are waiting to finalise particular motions in the run up to the deadline, it is perfectly acceptable to send us your motions in two stages, so we can start working on those that have already been finalised. If you do this, please be sure not to send the same motion in twice.

The secretariat would like to thank you very much for your cooperation with this, as it will make the process much easier.

CPD and the Sessional GP Conference

Attached (appendix 4) is a call for papers for the national conference on CPD and the Sessional GP to be held in October.

The GPC next meets on 20 April 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 12 April. It would be helpful if items could be emailed to Angela Button at abutton@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 GP registrars' subcommittee
- Members of the sessional GPs subcommittee