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## **GPC meeting**

The GPC met on 16 March 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.

## **Action following the Doctors' and Dentists' Review Body (DDRb) report**

In light of the DDRB's recommendation that GPs should receive no increase in pay, the GPC is preparing guidance suggesting ways to practise cost-effectively, thereby helping GPs to maximise efficiency and help maintain practice profits in 07/08 at a time when costs will rise with no commensurate increase in income.

The emphasis of this guidance will be on encouraging practices to refuse new underfunded work and to reconsider involvement in any work which is government-driven, inefficient and of no real

benefit to patients. The GPC was of the firm opinion that the disappointing recommendation in relation to GP income should not be allowed to prevent fair and appropriate increases for practice staff. This guidance will be developed over the coming weeks and should be published shortly.

## Formula review

GPs may wish to be reminded that the global sum formula review consultation is ongoing. GPs and LMCs have an opportunity to comment on the review group's recommendations until 11 May 2007. The report can be found online at [www.nhsemployers.org/primary/primary-891.cfm](http://www.nhsemployers.org/primary/primary-891.cfm). We would also remind you that GPC guidance on the consultation can be found at [www.bma.org.uk/ap.nsf/Content/Formulaconsultation?OpenDocument&Login](http://www.bma.org.uk/ap.nsf/Content/Formulaconsultation?OpenDocument&Login)

It is important to remember that there is no certainty that the new formula will be implemented. The Formula Review Group's remit was only to review the formula. **Any decision to adopt a revised formula would be a matter for negotiation and would depend on factors outside the terms of reference of the review, such as the availability of significant additional funding.** Once the formula review consultation period has ended, the negotiating parties will discuss with the relevant health departments how, when, or if at all, the recommendations of the review group will be taken forward.

We would encourage GPs and LMCs to make their views on the formula review report known by using the online response form.

## Pension dynamisation

Since the Secretary of State announced her intention to impose dynamising factors for 2003-2008 in December 2006, the BMA has sought detailed legal advice about the best course of action. As a result the BMA has now formally lodged its application for Judicial Review action with the courts. To reflect developments, an updated version of the 'focus on dynamisation' guidance note can be found here: [www.bma.org.uk/ap.nsf/Content/focusdynamfactor0305](http://www.bma.org.uk/ap.nsf/Content/focusdynamfactor0305). This replaces all previous guidance on pension dynamisation.

## IM&T update

### Summary Care Record (SCR)

The first two practices in Bolton have gone live on the Summary Care Record, involving some 14,000 patients.

The practice patients will receive a copy of the information leaflet. They will then have eight weeks to indicate whether they want a SCR or not. If they say nothing, a SCR will be created but will not be shared. They will then have a further eight weeks to say whether the SCR can be shared or not. After this 16 week period if patients have said nothing, then the consent model changes and practices will work on implied consent and the SCR could be shared.

Other practices in Bolton are expected to join the pilot next month, whilst other PCTs are expected to join later this year.

### PCT funding of IT equipment

We are aware that some PCTs are refusing to fund the purchase of IT equipment and upgrades. We would ask to be kept informed when this occurs so that the JGPITC can assist. Details should be sent to [arivett@bma.org.uk](mailto:arivett@bma.org.uk).

## **GP trainers**

The GPC remains concerned that, in many areas throughout the UK, GP trainers have not yet received their CPD payment for 2006-07. We will be writing in the strongest terms to the Health Department about this.

## **GPs as specialists**

The GPC voted by a large majority to seek recognition for GPs as specialists in general practice. The GPC will be taking this forward through BMA Council and the RCGP.

## **Modernising Medical Careers (MMC)**

The GPC deplored the implementation of the government's new appointments system for medical training appointments, known as MTAS, as having been an abject failure for the majority of trainees, and voted overwhelmingly to urge the BMA to demand the immediate suspension of the existing process until all issues with the MTAS system have been resolved to the satisfaction of trainees. The committee also called for the BMA to demand a public apology from the MMC team for the trauma and stress it has caused trainees, and hold to account those responsible for causing this chaos.

The committee also voted in favour of the BMA supporting members in challenging the basis under which selections have been made, that reassurances should be sought that disadvantaged and jobless trainees are given an immediate right to appeal, and that the BMA should press the DH to conduct a complete overhaul of the selection process, with involvement from the BMA and the Colleges, with fair interim arrangements for current trainees, pending developments of a new process that is fit for purpose.

Finally, the committee supported the JDC's call for the resignation of Professor Alan Crockard, National Director of Modernising Medical Careers (MMC).

Two protest demonstrations have been arranged by RemedyUK, to show support for trainees affected by the MTAS process. These will take place on Saturday 17 March in London from the Royal College of Physicians, and in Glasgow from George Square. For both marches, the meeting time is 10.30am with marching commencing at 11am. Further information can be found on the BMA website: [www.bma.org.uk/ap.nsf/Content/HubMTAS](http://www.bma.org.uk/ap.nsf/Content/HubMTAS).

## **White paper: *'Trust, assurance and safety – the regulation of health professionals in the 21<sup>st</sup> century'***

The White paper sets out a programme of reform to the UK system of regulation for health professionals. It is based on the consultation of two recent reviews of professional regulation '*Good doctors, safer patients*' and '*The regulation of the non-medical healthcare professionals*'. It is also complemented by the government's response to the Fifth Report of the Shipman Inquiry and to the recommendations of the Ayling, Neale and Kerr/Haslam inquiries.

Some of the proposals are that doctors will have to be regularly re-licensed and consultants and GPs will also have to be re-certified under the proposals. The composition of the GMC will change to ensure that professionals will not form the majority whilst the adjudication function of the GMC will be removed. The civil standard of proof will also be adopted on a sliding scale in fitness to practise cases.

The paper was discussed by the committee and concern was expressed at some of the proposals. The BMA will be involved with other key stakeholders in discussing the details of implementation.

## Referral Management

The GPC continues to promote the principles which should be adhered to when referral management is introduced. The BMA also maintains dialogue with local clinicians regarding the proposed introduction of nationally procured Clinical Assessment, Treatment and Support (CATS) services in the North West of England. There is a range of opinion, particularly amongst GPs, with many giving the introduction of the schemes a cautious welcome, especially now that some initial concerns, such as choice of provider and further referral on to specialist care, have been addressed. Concerns do still exist that the introduction of CATS may destabilise existing health care and one major concern is that private providers are being given preferential funding and support over and above that offered to existing NHS providers. The BMA maintains its position that there should be a level playing field and is encouraged that more detailed discussions between GPs and consultants about the nature of service provision are taking place in light of these developments.

The BMA responded formally to the consultation document *'Improving our patients' experience of health care in Cumbria and Lancashire: Clinical Assessment, Treatment and Support (CATS) Services'* setting out its concerns about the proposed scheme and highlighting areas for improvement.

## VAT

Further to previous GPC News items, practices should be aware that Parliament has approved the implementation of VAT on medical services from 1 May.

Those practices already registered for VAT are advised to familiarise themselves with the details of items for which they will have to charge VAT from 1 May.

Detailed guidance can be found on the HMRC website and also the BMA's website at the links below.

[http://customs.hmrc.gov.uk/channelsPortalWebApp/channelsPortalWebApp.portal?nfpb=true&pageLabel=pageLibrary>ShowContent&id=HMCE\\_CL\\_000121&propertyType=document](http://customs.hmrc.gov.uk/channelsPortalWebApp/channelsPortalWebApp.portal?nfpb=true&pageLabel=pageLibrary>ShowContent&id=HMCE_CL_000121&propertyType=document)

[www.bma.org.uk/ap.nsf/Content/VATonmedicalservicesFAQs?OpenDocument&Highlight=2,VAT](http://www.bma.org.uk/ap.nsf/Content/VATonmedicalservicesFAQs?OpenDocument&Highlight=2,VAT)

## Premises Costs Directions (2004) – incorrect links to Bank of England website

Paragraph 38 of the Premises Cost Directions (2004) refers to two pages on the Bank of England website, which should contain details, updated monthly, of the “20 high year gilt rate issued by the Bank of England” and the “Bank of England base rate”. These are to be used when calculating financial assistance in respect of borrowing costs. Unfortunately, the Bank of England has changed the structure of its website, and the links are no longer correct.

The Department of Health has provided the following text, which clarifies where and how to obtain this data:

*"The process for working out the prescribed percentages is described in paragraphs 37 - 39 of the Premises Costs Directions. The information needed to work out the prescribed percentages is available on the Bank of England website (see attached Link), which has a statistical Interactive Database that will help you to calculate the required figures.*

<http://213.225.136.206/mfsd/iadb/NewIntermed.asp>

*You will need to type in iumlnpy in the stats search box for the fixed rate and iumbedr for the variable rate. These will provide the required Bank of England rates to calculate the fixed or variable rates as described in Direction 38 (by entering the date range 31/3/Current Year in box 1 and 1/4/Current Year in box 2 then click the excel button and the calculation is presented showing the appropriate interest rate to which you add 1.5% to the iumlnpy (fixed) rate and/or 1% to the iumbedr (variable) rate."*

The (as yet, unrevised) Premises Directions are available on the Department of Health's website:

[www.dh.gov.uk/assetRoot/04/07/85/79/04078579.pdf](http://www.dh.gov.uk/assetRoot/04/07/85/79/04078579.pdf)

## **Patient Liaison Group projects and the GPC**

The BMA's Patient Liaison Group (PLG) presented the GPC with a number of projects on which they would like the committee's support. These included a policy paper and web resource for GPs on the Expert Patient Programme and a web resource helping GPs to set up Patient Participation Groups. In order to make the resource valuable the PLG is seeking responses to the following questions:

- Do you have a patient participation group?
- If not, have you tried to set up a group and what stopped you?
- How long have you had a patient group at your practice?
- How many members does it have?
- How did you advertise for members?
- Is the membership diverse (eg age range, gender, religion, race) according to the population the practice serves?
- Were there any problems in recruiting members?
- What staff members are involved with the group (eg in attending meetings)?
- What have the successes been?
- What have been then major challenges/hurdles in running a patient group?
- Do you think having a representative patient group benefits all patients?
- Is there any further information or assistance that would be helpful in order to make the group more effective?

Please could practices who have particular experience of this send their responses to Simon Young at: [SYoung@bma.org.uk](mailto:SYoung@bma.org.uk).

## **Annual report 2007**

The GPC annual report 2007 has now been uploaded onto the BMA website:  
[www.bma.org.uk/ap.nsf/Content/gpcannualreport2007](http://www.bma.org.uk/ap.nsf/Content/gpcannualreport2007)

An executive summary of the report will be sent out to all UK General Practitioners shortly.

## **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.

## **LMC Conference 2007**

LMCs are reminded that the closing date for motions to LMC Conference is 12 noon on Monday 16 April. All motions must be submitted via the internet and instructions on how to do this are available on the BMA website at: [www.bma.org.uk/ap.nsf/Content/lmconfmotions07](http://www.bma.org.uk/ap.nsf/Content/lmconfmotions07).

Last year's minutes and AC1 document have been distributed electronically. If your LMC has not received it please contact Karen Day on [kday@bma.org.uk](mailto:kday@bma.org.uk).

This year's conference resolutions will be displayed on the BMA website as they are passed on the 14 and 15 June.

**The GPC next meets on 19 April 2007, 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 April. It would be helpful if items could be emailed to Andrew Young at [ayoung@bma.org.uk](mailto: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 GP registrars subcommittee
- Members of the sessional GPs subcommittee