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GPC meeting

The GPC met today 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 update

Extended hours DES

'Walk-in' appointments

The GPC negotiators met with NHS Employers on Wednesday 20 March and sought clarification on the issue of 'walk-in' appointments as mentioned in the letter from Ben Dyson to SHAs. NHSE stated that this was intended to provide flexibility for practices to reserve a number of appointments in their extended hours period for "last-minute" bookings if they wish to. It is stated in the DES specification that the majority of appointments in the extended hours period should be pre-booked appointments but, where practices wish to, they can split their available appointments in the extended hours period between "pre-booked" and "last minute" appointments.

This will be elaborated on in Department of Health guidance on the Extended Access DES which is currently being developed and will be shared with the GPC negotiators before it is issued. The guidance will also make it clear that responsibility for urgent care remains with the PCT and that the urgent care service will run in parallel with extended hours consultation time. The GPC will also be issuing its own 'Focus On' document to assist GPs in implementing the DES.

DES Directions

The directions to lawyers have been drafted and it is hoped that the directions will be finalised as soon as possible. However this will mean that all the legal details of the DES will not be finalised by 1 April. We acknowledge the frustration this will cause where practices wish to begin preparing for and delivering the DES, but unfortunately the timescale of negotiations and the poll was such that this was unavoidable.

LESs

The GPC continues to urge LMCs to negotiate LESs using the GPC guidance "*What the poll outcome means for your practice*". If practices do agree a LES in advance of the DES directions being issued, there will be provision in the DES for the PCT to make payment under the DES if the LES meets its requirements – or continue with the LES. Practices need to ensure that any LES does leave it open for the practice to opt to do the DES instead, should that be their preference.

The GPC recommends that, when negotiating a LES, practices seek reassurance from PCTs that the flexibility for practices to change the way consultations are offered in-hours will remain even if extended hours are offered. The legal advice about not supplying the PCO with any appointment information until signed up to the DES remains. The negotiators are clarifying with the legal department what information would be reasonable to provide in the circumstances that a practice does sign up to the terms of the DES.

Ahead of 1 April these are steps that practices should take:

1. The DES remains voluntary. Practices should discuss internally whether they wish to implement extended hours. As with any DES, practices will wish to consider their costs and expenses before deciding whether or not to participate.
2. If practices do wish to offer extended hours, practices and LMCs should start conversations and use the "flexibilities" within the DES and/or encourage their PCO to commission a LES to address remaining concerns about safety and quality of the consultations – for example concurrent doctor time and funding for nurses to be present too. Alternatively, a separate LES could be negotiated for all aspects. However, there is, of course, no requirement for LMCs or practices to start any discussion as they can wait for the DES.
3. If a practice does not wish to offer extended hours, the funding remains with the PCO and so practices should work with PCOs to make alternative use of this funding for practices by developing locally enhanced services that provide better for the needs of their patients.

Discussions are continuing in Scotland and Wales, both of which seem to be making more progress in terms of getting flexibilities into their DESs. However, similar principles in terms of deciding how to progress would apply.

Quality and Outcomes Framework

The details of the changes to QOF for 08-09 and GPC guidance will be made available to practices before 1 April. The changes include removal of 58.5 points from the holistic points, patient experience and organisational domain, other changes to indicators based on the evidence review and expert panel recommendations, and some additional changes to the financial arrangements. The GPC will be issuing further guidance for the profession when these changes are made public.

The GPC communications group

Prit Buttar, Chairman of the GPC communications group, presented a paper to GPC outlining what the group had been doing and providing the overview for a campaign in support of general practice. The campaign proposal was drawn up by the BMA's Marketing Department. It covers a broad range of media that could be employed and the costs are very significant.

The ideas put forward in the GPC communications group paper were met with general approval by the committee, which mandated the negotiations to progress rapidly the implementation of a strong public campaign.

Consideration will be given to how such a campaign would best be funded. The GPC communications group will meet again on 2 April to take forward the agenda.

Revalidation of GPs

The chairman of the Royal College of General Practitioners (RCGP), Professor Steve Field, attended the GPC meeting to explain the RCGP's work on revalidation.

The RCGP wants to ensure that the revalidation process is supportive and developmental, is profession led and is beneficial to patients. The RCGP is keen to continue to work with the GPC to ensure that the appraisal and revalidation process is fair and equitable to all GPs (including GPs with special interests, salaried GPs, locum GPs and those who are taking a career break or are out of work for a period of time).

The RCGP considers that appraisal is the key. It wants to avoid compulsory all-day multiple choice assessments of knowledge, and instead wants GPs to be able to demonstrate their performance and use of knowledge. GPs will be able to demonstrate that they are up-to-date through participation in continuing professional development, and a support package called "Essential General Practice". This will include the ability to do a knowledge test at home or in their surgery so that they can prove they have the appropriate standard. Once they have reached the standard they will be able to print out a certificate which can then form part of a GP's appraisal folder.

It will continue to be essential for GPs to keep up-to-date with clinical developments. The RCGP's aim is for GPs to be able to demonstrate this through credit-based CPD, multi-source feedback and GP appraisal. Professor Field further explained that:

- all GPs will need to show that they have achieved 50 CPD credits per year, which is likely to equate to 1 credit per hour of learning;
- the multi-source feedback will be via properly developed questionnaires;
- it is essential for GP appraisal to be quality assured and supported; and
- GPs should receive regular updates on clinical practice guidelines that are relevant to GPs.

The revalidation process will be piloted before it is slowly rolled out to all GPs.

For your information, the RCGP has recently published its 'Principles of GP appraisal' which is available at www.rcgp.org.uk/pdf/corp_Principles%20of%20GP%20appraisal.pdf.

LMCs and GPC members will also shortly be consulted on the draft revised version of the GPC/RCGP's Good Medical Practice for GPs, which it is hoped will be finalised and published in June 2008. Both of these documents will provide a helpful background to the formation of the appraisal/revalidation process.

Interface between NHS and private treatment

The committee discussed a guidance paper produced by the BMA Ethics Department exploring the interface between NHS and private treatment.

The boundary between public and private sector healthcare in the UK is beginning to blur. Many practitioners are concerned at the extent to which patients can move between the two, while the increasing instances of patients topping up their NHS treatment raises many ethical questions regarding the equality of healthcare provision. In addition, the introduction of new models of primary care provision is likely to make the situation more complex.

In light of these changing features to the UK healthcare environment, the BMA Ethics Department will be updating its guidance.

Restrictions on private GP referrals

The GPC considered the issue of private insurance companies restricting GP referrals to hospitals or consultants in their networks only. The BMA has received a number of letters from GPs expressing concern that they are unable to exercise clinical freedom or to ensure continuity of care for long-term patients when compelled to refer them to unfamiliar, unknown or anonymous specialists; patients only receive full reimbursement by their insurer if they accept a referral to the company's preferred consultant or hospital within their network.

GPC believes that this policy runs counter to the patient choice which was formerly the major benefit of choosing private healthcare. The latest initiative of the insurance companies seems to place commercial considerations above clinical considerations of patient care. The referral process, whereby GP uses independent judgement based on specific clinical need to refer a patient to a named consultant has served patients well both in the NHS and the private sector. The erosion of this process in either sector is not in the best interests of patients.

The GPC's view remains that GPs should retain the right to refer to named consultants, whether for NHS or private care, where they believe this to be in the best interests of their patients.

Londonwide LMCs' response to Darzi London proposals

Londonwide LMCs have produced a response to Healthcare for London's 'Consulting the Capital' document, which drew ideas from Lord Darzi's report on healthcare in London 'A Framework for Action'. This identified many of the problems in the provision of high quality, equitable medical care in the capital's population.

The GPC endorsed this evidence-based response, and found that it broadly reflected the views of the committee with regards Darzi's proposals.

The full report can be accessed on the Londonwide LMCs website:

www.lmc.org.uk/uploads/files/news/2008/ctc%20responses/generic_response_final26.02.08.pdf

NHSmail phishing attack

There has been a phishing attack against NHSmail, with an email sent to all NHSmail accounts requesting the receiver's user name and password. This is the first time that it has occurred, and was dealt with swiftly with no breach of patient confidentiality. The attack was reported within hours, and the return address sites blocked. A search revealed that other than automatic 'out of office' replies, no messages had been sent to the phishing addresses. All GPs and their staff should remember to watch out for any similar attacks, and report any such emails as soon as they see them. No legitimate body would ever ask for someone's user name and password by email.

PCT funding for GP Systems of Choice (GPSoC)/IT infrastructure

Following a written answer to a Parliamentary question, the Minister for Health, Ben Bradshaw MP, has disclosed the details of GPSoC payments to each PCT in England. These can be found at Appendix 2.

GPSoC funding for improvements to general practice IT infrastructure was released to PCTs in July 2007. This funding is a contribution to the costs of upgrading the infrastructure in line with the NHS CFH general practice IT Infrastructure Specification, which can be accessed at the link below. The specification sets out:

- the requirements for the IT infrastructure that supports the delivery of IM&T services to practices, and
- the priorities, set out by type of IT infrastructure, for funding upgrades to the infrastructure (see Section 2 of the specification).

The NHS Operating Framework for 2007/08 Guidance for Preparation of Local IM&T Plans required all PCTs to upgrade IT assets to achieve compliance with the specification by December 2007. The strategic health authorities will be monitoring achievement against these targets.

LMCs are encouraged to ascertain how this money is being spent. In particular, whether it is being allocated against the four priorities set out in the GPSoC General Practice IT Infrastructure Specification set out at the link below:

The priorities for the IT infrastructure upgrades are as follows:

1. Networking infrastructure and server upgrades/migration to a hosted system
2. Anti-virus, desktop support and business continuity services
3. Scanners and document management software
4. Workstations, monitors and printers

www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc/contacts/gpspec.pdf

LMC Conference - Deadline for motions

This is a reminder that the closing date for motions to amend Standing Orders of LMC Conference is **Thursday 10 April**.

The deadline for motions for the LMC Conference main agenda is **12 noon on Monday 14 April**. Please do not leave the submission of motions until the final morning if at all possible as it potentially risks slowing down the electronic system and your motions may fail to be received by the noon deadline.

If you have forgotten your password for inputting motions through the LMC Conference motions database please contact Karen Day on kday@bma.org.uk.

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.

The GPC next meets on 17 April 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 9 April. 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

