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GPC meeting

The GPC met on 18 May 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 negotiators gave an update on their approach to stage 2 of the GMS contract review to take place during the 2006/07 session. The GPC is aware of the widespread and serious concern amongst the profession that the principles of the GMS contract negotiated in 2003 are being eroded and equally aware of the very clear message that further moves in this direction would be unacceptable. This stance will provide the basis for the GPC's negotiations with NHS Employers.

To preserve the value of the contract in real terms, after two years of zero inflationary uplifts, the GPC believes that an appropriate increase, applied to global sum/correction factor, QOF and DES values is an absolute necessity in 2007/08. Additionally the GPC position is clear that any new initiatives must be supported by appropriate levels of further investment. The GPC is also firmly

committed to retaining a UK GMS contract and will aim for four-country solutions to all the issues tackled in stage 2 of negotiations. These issues are the GPC's priorities for the forthcoming negotiating session.

Work is continuing on the review of the GMS allocation formula. The main brief for the Formula Review Group was to evaluate whether the current formula delivers a fair distribution of resources, based on those factors currently included in the formula, those in the original commission, and the introduction of additional factors where they are supported by evidence, and make recommendations on whether fairer distribution could be achieved. The Formula Review Group will be presenting its report in the next few months and this will be shared with the profession. However early findings from the detailed work undertaken has shown that the existing formula may not be as unfit for purpose as many intuitively feel it is and that the main problem is the grossly inadequate level of funding. Further information will be provided to the profession as negotiations progress.

IM&T update

QUOF Assessor Toolkit Software

The GPC IT team has recently reviewed the QUOF 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.

IM&T DES

Following the release of "Implementing the IM&T DES: Data accreditation" guidance (www.bma.org.uk/ap.nsf/Content/imtdes0406) at the end of last month, the following notes provide further clarity about the expected timeframes of the DES.

- The resources available for the IM&T DES are spread over two financial years. Practices therefore have until March 31 2008 to meet the requirements of the entire DES.
- Planning for the work of the DES should be underway in practices and PCTs.
- The first stage of the process is the practice's submission to the PCT of a plan for the take up of the DES.
- Templates and supporting documentation are being prepared centrally to enable PCTs and practices to ensure they cover all requirements of the planning process (although it is recognised many PCTs may have already prepared their own documentation).
- A major component of the DES is the data accreditation process. The PRIMIS+ team have developed training resources designed to equip their facilitator network to assist practices in preparing for the data accreditation work. Practices should engage with their facilitator(s) to improve their data quality and apply for accreditation.
- PCTs will need to prepare to assess practices' data accreditation standards. The PRIMIS+ team will make available courses for assessors by September of this year. In order to access training, it is essential that PCTs identify appropriate assessors for the accreditation process before September.
- Templates and supporting documentation to support assessors are also being prepared by the PRIMIS+ team.
- The menu of e-audits which will be used for the quantitative analyses of practice data will be published in the summer after they have been piloted for validity.

National care record

The committee discussed a paper from the Clinical Leads for Connecting for Health on the GP Summary Care Record and its pilot. The GPC expressed strong concerns that the National Care Records Development Board had decided to assume patient consent. As such, GPC could not accept the pilot in its current form as it is contrary to the BMA's position and the committee would be writing to Connecting for Health to outline its concerns. Nonetheless, GPC welcomed the concept of a pilot and confirmed that it would like to be involved in order to ensure its validity.

Community hospitals

The committee discussed a position paper outlining the current state of national negotiations and policy on community hospitals and the arrangements for GPs working within them in England, Northern Ireland, Scotland and Wales.

In England, the Department of Health has consistently declined to be involved in discussions with the GPC at a national level on the pay and contractual arrangements for GP clinical assistants and hospital practitioners.

Earlier this year, Northern Ireland GPC (NIGPC) made a request to the Department of Health, Social Services and Public Safety (DHSSPS) that a model contract, model terms and conditions of service and a standardised pay scale for GPs working in community hospitals be negotiated. As a response was not received, NI GPC is now seeking to produce a regional contract using an existing service level agreement (SLA).

Scottish GPC has been awaiting the Scottish Executive Health Department's (SEHD) strategy for community hospitals since October 2005.

GPC Wales successfully negotiated a local agreement with Powys Local Health Board (LHB) for approximately 70 community hospital GPs across 10 community hospitals in December 2004. It was hoped that other LHB's would adopt the Powys framework, but this was not the case. As a result and due to the variance in arrangements across even the 10 community hospitals within the Powys agreement, GPC Wales has ceased to push for a national community hospitals contract.

The committee acknowledged therefore that the prospect of a series of national solutions and/or a UK solution appeared unlikely at this stage.

There is great variance across the UK in terms of the services being provided within community hospitals, who provides these services and the historical arrangements in place. Such variance also exists at a local level, including in relation to the problems actually being faced by GPs. The role of the community hospital has shifted considerably since their inception; furthermore, the role of the community hospital is continually changing and will need to continue to do so, particularly in light of the Government's NHS reform agenda focussing on moving 'care closer to home', which may require current community services configurations to be reviewed and reorganised. In recognition of these points and with or without national negotiations, members agreed that any 'one size fits all' model or approach was no longer appropriate.

In line with work already underway on the White Paper, the GPC will further review how it supports and advises GP practices providing care in community hospitals by working with the BMA's Community Care Committee and new cross-branch of practice group 'Incentives, changing services'. Current GPC guidance on community hospitals (see 'Focus on Community Hospitals –

July 2005' online here www.bma.org.uk/ap.nsf/Content/focuscommhospgps) will also be built upon in order to make the GPC's advice more relevant to the current climate and NHS reform agenda.

Pensions for APMS salaried GPs and other employees

Some APMS contractors are now eligible to apply for NHS Pension Scheme Employing Authority status, however some are not opting to have such status while others are not currently eligible. This means that these contractors may be able to bid to provide services at a lower price than those contractors who provide access to NHS pension benefits. In both circumstances, the GPC is concerned that APMS salaried GPs and other APMS employees are losing out, and so we will therefore be working to ensure a level playing field between nGMS, PMS and APMS in terms of pension eligibility and payments.

Salaried GPs: model contract

The GPC re-affirmed LMC conference policy that all GPs should receive the minimum model salaried GP contract. While nGMS practices and PCOs are required to employ salaried GPs under the minimum terms and conditions of service for those employed since 1 April 2004, PMS and APMS contractors are currently not obliged to use this model contract. The GPC recognises that this prevents a level-playing field between nGMS and APMS/PMS, and also potentially disadvantages the salaried GPs.

Dispensing GPs – Changes to FP10 endorsement

There has been a change in the way the PPD (formerly the PPA) deals with reimbursement of drugs in Part VIII of the Drug Tariff, which has the potential to affect a number of dispensing practices.

From 1st April this year, if an item is prescribed generically but a proprietary brand is dispensed, reimbursement will be made at the generic price if the item is in Part VIII of the Drug Tariff, regardless of any endorsement the practice may have made on the FP10.

If dispensing doctors intend to dispense a proprietary brand they **must also prescribe it by brand name and not as an endorsement**. (This only applies to Part VIII products)

The PPD did not consult the GPC about these changes or the accompanying guidance and we are aware that some practices have been affected financially as a result. The GPC and Dispensing Doctors' Association (DDA) have been in contact with the PPD to discuss this matter. They have informed us that they have a team that is working through the April 2006 dispensed prescriptions to confirm whether dispensing practices are providing a dispensing endorsement for Part VIII generic prescriptions.

PPD have begun to contact the affected practices to confirm that they have received the dispensing endorsement guidance that was sent at the beginning of March 2006. They are going through the endorsing guidance to ensure they both understand the reason for the change in our process and what they can do to reduce unnecessary endorsements and reassuring those dispensing practices that during April, May and June 2006 dispensed prescriptions reimbursement will not be impacted by the change in our process.

The PPD have asked us to assure dispensing practices of the action being taken but that it will take some time for all of the affected dispensing practices to be contacted. Any individual dispensing practices that wish to contact the NHSBSA should ring on 0191 203 5408; the staff manning that number have been fully briefed.

We will keep LMCs fully informed of any further developments and the PPD guidance can be found at appendix 2.

Drugs and Therapeutics Bulletin

As many of you are no doubt aware the Department of Health has withdrawn its contract from the Drugs and Therapeutics Bulletin. GPs will no longer receive it free every month. The GPC Chairman has written to both Sir Liam Donaldson, Chief Medical Officer and Andy Burnham, Minister of State for Delivery and Quality to ask that they reconsider the decision in light of the value it gives to general practitioners in aiding prescribing decisions. The GPC is concerned that this is a short-sighted move, and will probably end up costing the NHS far more than it saves in the long run.

GP trainers' CPD payment

Following reports that GP trainers in the West Midlands region have not yet received the £750 CPD payment that they should have received in 2005/06 and are indeed now being offered less than the £750 payment, the GPC has written to the Health Department to express its concern. We will keep LMCs informed of progress.

Working in Partnership Programme

The committee discussed a paper reporting on the NHS Working in Partnership Programme which is piloting a number of initiatives to promote best practice in primary care, helping both clinicians to work more effectively and patients to manage their care with greater confidence. The committee concluded that this was a valuable paper and it was vital that the outcome of the projects and their possibilities were disseminated adequately to health care professionals.

Patient Demographic Service (PDS)

Please see appendix 3 for a joint statement from the Chairmen of the GPC and RCGP concerning the PDS.

GPC and representation

Following last month's discussion in GPC about how to increase member representation in task oriented subcommittees and on external committees, the GPC approved a number of changes to Standing Orders that will mean that members can only sit on one subcommittee. It is hoped this will provide greater opportunities for members to develop experience in a specified area and to contribute to the work of outside bodies and other BMA committees.

The GPC also approved the co-option in the next political session of two sessional GPs. This means that the sessional GPs subcommittee will have four members sitting on the GPC - the chairman and deputy chairman of the subcommittee and two other members. Sessional GPs are under-represented on the committee despite the regional, LMC and ARM elections.

The GPC next meets on 20 July 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 July. 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