

Contents	Page
Avian Flu	4
Extended opening hours	2
Firearms and shotgun certificates	5
Flexible careers scheme: funding problems	5
Flu vaccine shortage	4
Freedom of Information Act	4
GPC meeting	1
Health Professions Council	6
IT update	3
LMC conference representation and ARM seats	6
Nurse and pharmacist prescribing	2
PCT reconfiguration - implications for LMCs	3
PMETB	5
Practice based commissioning (PBC)	2
Report on main negotiating issues	1
Reporting change of GP	5
Your health, your care, your say: Improving community health and care services - White paper consultation	1

GPC meeting

The GPC met on 17 November 2005 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.

Your Health, Your Care, Your Say : Improving Community Health and Care Services – White Paper consultation

The committee received a copy of the BMA's submission to the White Paper consultation, which had been written and coordinated by the GPC.

The consultation period has now officially ended and 998 people attended the culminating public event held in Birmingham on 29 October 2005. Regarding the four main themes identified as those which would have an impact on GPs, the Department of Health had already made announcements on

extended surgery opening hours, and the concept of health 'MOTs' via GP consultation was now understood as unlikely to feature as a Government priority. Proposals relating to the remaining two areas, dual registration and access, were yet to emerge.

There was some discussion on how the committee would respond to the publication of the White Paper and any Government demands in due course. It was agreed that to promote the interests of patients was ultimately to work towards improving the situation for GPs and that any new initiatives should be judged against a set of principles. These principles should include tackling health inequalities, providing services based on patient need, ensuring that investment in the NHS was cost-effective and maintaining continuity of care.

These ideas will be developed by the GPC negotiators, relevant subcommittees and the committee as a whole, following publication of the White Paper.

Nurse and pharmacist prescribing

The committee discussed the recent announcements from the Secretary of State for Health that nurse and pharmacist prescribing would be opened up to encompass the whole of the BNF. A meeting has been arranged with Ministers to discuss this. The committee recognised that there were a number of key issues that needed to be clarified, with regard to expanding nurse and pharmacist prescribing:

1. There were important responsibility and liability issues – the committee felt that the relevant nurses/pharmacists should take complete legal responsibility for their actions.
2. Who is going to pay to indemnify nurses/pharmacists – medication error is already a key medical indemnity issue.
3. Whose budget will they be prescribing from – it was felt that the relevant nurses/pharmacists should be working from their own budget.

It was agreed that there was a wide range of nursing competencies and in certain situations it might be more than appropriate they have the opportunity to prescribe where they were currently unable to.

Extended opening hours

The statement by the Secretary of State for Health in a speech to the NHS Alliance that she wishes to see more GP surgeries open for longer hours was discussed by the GPC. Although some felt many GPs may want to provide extended opening hours provided they were funded to do so, others did not share this view. Current mechanisms are available to do this, but very few primary care organisations have taken the opportunity to make use of them. The committee did not believe it was a satisfactory solution to close during weekdays in order to provide an evening or weekend service, as this risks disadvantaging some patients. The GPC would continue to discuss all access issues with the Department of Health and NHS Employers, but it would continue to press for resolution of the capacity and resourcing restraints that were a large part of the problem.

Practice based commissioning (PBC)

The committee commented on a draft plan of further GPC guidance on PBC as compiled following consultation with the GPC negotiators and the Commissioning and Service Development Subcommittee, also incorporating comments and suggestions made at the LMC Secretaries Conference on 10 November 2005. It is anticipated that the first round of this guidance will be available by the end of December. A further guidance note will be produced in 2006, following the publication of the White Paper and the Department of Health's own further guidance on PBC.

If any LMCs have access to locally agreed SLAs/contracts, either between a practice(s) and PCT, or between individual practices who have formed a PBC consortium, please send a copy to sal-zaidy@bma.org.uk.

PCT reconfigurations - implications for LMCs

We are aware that the current reconfiguration plans of many PCTs could impact on LMCs, as only one LMC can be recognised by any PCT. Please find attached some initial guidance on this issue (appendix 2). Further guidance will be produced in due course once the new reconfigurations are confirmed.

IT update

QOF and QMAS

An update to the QOF and QMAS qualifying code sets and business rule sets has been published to take account of critical analysis of the original sets and any updates to the national Read Codes. Seventy eight codes have been added to those that qualify for QOF and four removed. A couple of clinical indicators prescribing timing thresholds have been relaxed. These will be implemented by suppliers in December/January. They will then apply to the monthly QMAS reports and the final 2005/6 year end submission.

www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/PrimaryCareContracting/PrimaryCareContractingArticle/fs/en?CONTENT_ID=4078648&chk=/FWc3u

Electronic Transmission of Prescriptions (ETP)

ETP has now been renamed the Electronic Prescriptions Service. It continues to make steady progress.

Choose & Book (C&B)

At the time of publication approximately 20,000 bookings have been made. Five percent of these have been made with the fully integrated version of C&B. However PCTs have placed orders with suppliers for fully integrated versions on behalf of 80% of England's surgeries.

The National Audit Office has undertaken a survey *Knowledge of the Choose and Book Programme Amongst GPs in England* which was presented to the Public Accounts Committee of the House of Commons on 31 October 2005. The full report can be accessed at

www.nao.org.uk/publications/gp_survey_2005.pdf

The secretariat has received a number of enquiries regarding GPs' contractual obligations in relation to Choose & Book. There is no obligation under the GMS contract to undertake Choose & Book; it is entirely voluntary. This is also the case for PMS contracts, unless specific clauses have been negotiated and introduced locally between practices and PCTs.

Choice

We have received reports that PCTs are encouraging practices to sign up to provide the government's choice of five hospitals when referring to the secondary sector. This is entirely voluntary and we would advise GPs that they should continue to refer, where clinically appropriate, as they always have done, offering choice where local circumstances permit and if it is in the best interests of the patient.

Freedom of Information Act

GPC members were given a very comprehensive presentation on the Freedom of Information Act by Alex Ganotis of the Information Commissioner's Office. Several important points emerged from this presentation:

- All members of practice staff should have a basic understanding of the Freedom of Information Act as the time limit for responding to a request for information is counted from receipt of the request by the public authority (i.e. the practice).
- All practices should have a publication scheme outlining the type of information available, how it will be made available and the cost of the information. It makes good sense to keep the publication scheme up-to-date, including frequently requested information, because items listed in the publication scheme can command a reasonable charge. Model publication schemes for GPs in England, Wales and Northern Ireland are available on the Information Commissioner's website: www.informationcommissioner.gov.uk/eventual.aspx?id=8279
- The Information Commissioner recommends that an internal complaints procedure relating to the Act should be included in the publication scheme. Wherever possible, disputes that cannot be solved by the practice will be resolved by the Information Commissioner. In these circumstances, the Information Commissioner can request the information needed to make a judgement but will never pass this on to the applicant. The Information Commissioner's decision can be taken to appeal.
- The Information Commissioner's Office website contains lots of procedural and exemptions guidance to help practices make decisions about implementation of the Act and requests received for information under it. www.informationcommissioner.gov.uk/eventual.aspx?id=74

There is also a helpline available on **01625 545745**. GPs can use this helpline to obtain help in making decisions, though the Information Commissioner will not be able to make decisions on a GP's behalf.

- The Information Commissioner's Office will provide speakers to explain the Act to sufficiently large groups. Practices could also consider approaching their PCT for further information.

Flu vaccine shortage

If there are any practices or local areas where there is a flu vaccine shortage with neither suppliers, pharmacists, nor any other source being able to supply the vaccine, please could you forward details to sblass@bma.org.uk. We have a contact in the Department of Health who has informed us that they are monitoring the situation and we will pass on any information we receive.

Avian Flu

The GPC Chairman attended a recent meeting with the CMO to discuss the UK Influenza Contingency Plan, and raised a number of points about ensuring adequate preparations for a flu pandemic. It is clear a lot of work is being done by the Department of Health and Health Protection Agency in planning for a pandemic, however it may be difficult taking the principles in the Contingency Plan guidance and applying it at PCT and practice level.

The GPC agreed that the GPC and RCGP did have a role to play in terms of professional leadership on this matter, and it was suggested that the GPC and RCGP have a working party to take forward work on advice specific to practices.

PMETB

We have received assurances from the Postgraduate Medical Education Training Board (PMETB) that all CCT applications, as well as SER (Article 11) applications where the applicant had completed all necessary training, previously submitted to the Joint Committee of Postgraduate Training in General Practice (JCPTGP), have now been finalised. If there are any outstanding problems, please ensure that these are brought to the attention of the GPC secretariat.

Flexible Careers Scheme: funding problems

Unfortunately the responsibility for funding the flexible careers scheme has been devolved by the Department of Health to deaneries but without the necessary funding. This means that all deaneries throughout the UK have had to postpone the appointment of new FCS GPs. However, practices that already have an FCS GP in post should be unaffected since the payment to practices is contained in the Statement of Financial Entitlements (SFE).

The GPC has written to the Department of Health with its grave concerns over the current funding crisis. We hope that this will be resolved in the near future, as the FCS is a highly valued scheme.

Firearms and shotgun certificates

We have been asked to remind GPs that the BMA ethics department has guidance on firearms applications available at:

www.bma.org.uk/ap.nsf/Content/Firearms

In exceptional circumstances a doctor may have good reason to believe that an individual either applying for a firearms certificate, or already in possession of one, may represent a danger either to themselves or to others. In these circumstances doctors should strongly encourage the applicant to reconsider or revoke their application. If the applicant refuses, the doctor should consider breaching confidentiality and telling a senior police officer – usually the Chief Constable of the County or the Commissioner of the Metropolitan Police – of their concerns. Consent should initially be sought from the applicant for contacting the police, but if it is not possible to obtain consent, the doctor should consider making his or her concerns known without consent wherever feasible. It is good practice to discuss the reasons for this with the applicant beforehand.

Reporting change of GP

In some areas there have been problems with a lack of co-ordination in the transfer of patient's records when they transfer to a different GP practice. Consultants' clinical letters regarding patients who have left a practice should be forward to the PCO, and not returned to the consultant.

Health Professions Council

We are aware that GPs are often approached by health professionals for certification of fitness to practise. This is owing to a Health Professions Council requirement that health professionals obtain a medical report from a GP, for which the individual is expected to pay.

GPs are under no obligation to undertake this work and, although it is not a contract issue, they should be very wary of doing so. GPs should not sign any forms indicating fitness to practise unless they are completely satisfied about the accuracy of the report. The GPC is working with the Cabinet Office's Better Regulation Executive to try to resolve these issues.

LMC conference representation and ARM seats

Conference has been allocated 65 ARM seats. LMCs will receive an email with more detail in the next few days and further guidance will be issued as necessary in due course. Nominations for the LMC conference and for the ARM must be made by **15 December**.

The GPC next meets on 15 December 2005, 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 8 December. 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