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GPC meeting

The GPC met on 15 November 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.

Contract negotiations and the DDRB

The GPC received a confidential update regarding ongoing contract negotiations. No firm offer has yet been made but outline proposals were discussed. The negotiators will feed back the committee's thoughts to NHS Employers in the near future.

GPC members also discussed evidence submitted to the DDRB by the BMA, the Department of Health and NHS Employers.

GPC Communications Working Group

The GPC Communications Working Group, set up to progress the GPC's strategy and tactics to both defend and promote general practice, met for the first time on Thursday 15 November. The group consists of eight members elected by the GPC, including a patient representative and an LMC representative. Dr Pritpal Buttar has been elected Chairman of the group. The group will support the work of the GPC and the BMA's Public Affairs Division by developing alternative ways of

promoting general practice, including exploring new forms of media. The group will also consider ways of encouraging grass root GPs to join in the campaign.

Patient charging

LMC Conference policy dictates that the GPC negotiates with the Department of Health a methodology to allow practices to charge those patients registered with them for certain services that are not available under the NHS. Private practice is currently significantly restricted for GP practices – GMS regulation 24, subsection 2, and the equivalent regulation for PMS and the Directions covering list based PCTMS and APMS, prevent contractors from charging their patients for most services. There are however instances, as set out in the GPC guidance note *Charges to NHS Patients*, where charges can be made.

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

The GPC is aware that the inability of practices to charge their own patients for certain routine non-NHS services, for example hepatitis B vaccinations on the grounds of occupational health, is frustrating for both the practice and the patient, who may be inconvenienced if made to visit another practice in the area for a service for which they would be happy to pay their own GP. The GPC is also aware, however, of the risks of seeking changes to the current system that would allow practices to charge patients for any service which the NHS chooses not to fund which may, in turn, disadvantage those patients in poorer areas and lead to greater health inequalities. The GPC is particularly conscious of the need to maintain the trust of patients and will be liaising with the BMA's Patient Liaison Group on these issues.

The GPC will form a specific proposal for change that serves to balance these views before seeking negotiations with the Department of Health on this matter.

Mental Health Act: Code of Practice

The revised Mental Health Act comes into force in November 2008 and there is a Code of Practice that gives guidance on how the Act should be applied. The consultation process, organised by the Department of Health, for the Code of Practice began on the 25th October 2007, and runs for 13 weeks. This is an important code that will have implications for the way that GPs work. This Code applies to England only, although the Welsh Assembly Government is conducting similar consultation exercises on a Code of Practice and secondary legislation for Wales.

It is important that all GPs familiarise themselves with the code and raise any concerns during the consultation period. The consultation on the code can be found at the link below.

www.dh.gov.uk/en/Consultations/Liveconsultations/DH_079842

The chapters which may have particular implications for GPs include:

- Chapter 1 – The statement of guiding principles
- Chapter 17 – Confidentiality and information sharing
- Chapter 25 – Treatment regulated by the Act
- Chapter 26 – Second Opinion Appointed Doctors (SOADs)
- Chapter 28 – Supervised Community Treatment

The Act could mean that GPs find themselves increasingly responsible for a greater number of mental health patients. Supervised Community Treatment (SCT) is an area that may impact on GP workload as there is likely be some role for the patient's GP (if they have one) in clinical oversight of the SCT. The Code of Practice does not set out precisely how GPs should be involved in this

treatment, nor does it set out the procedures that should be followed to ensure good communication between hospitals, out-of-hours services and GPs. These issues will be raised during the consultation period. GPs' views and opinions are therefore important as they will ensure that the Code of Practice is practical and effective.

The GPC will work to identify and resolve any resource impact with the Department of Health and keep the profession updated on progress. The Royal College of General Practitioners (RCGP) will ensure that training materials are available, and appropriate, for GPs. The RCGP, together with the GPC, will ensure that information about how the new law will work and its impact for GPs' working practice is developed as necessary.

The GPC urges as many GPs, or groups of GPs, as possible to respond to this consultation on this Code of Practice to ensure that your views are heard.

NHS Choices

The GPC was advised that there was a problem with the programme that generates passwords for the new website and a number of offensive passwords had been distributed to practices. The NHS choices team immediately telephoned all the affected practices and issued them with new passwords. While the GPC recognised that everything had been done to correct the problem, the Committee was concerned that it had been possible for this problem to arise and that the passwords may have caused offence or distress.

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.

Royal Medical Benevolent Fund

Please find attached (appendix 3) details of the Royal Medical Benevolent Fund Christmas appeal.

The GPC next meets on 20 December 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 11 December. 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