

GPC News

Friday 21 November 2008

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GPC meeting

The GPC met on 20 November 2008 and this newsletter provides a summary of the main items discussed.

Prevalence

The profession is already aware that the GPC has agreed with NHS Employers that current prevalence arrangements used in determining QOF payments will move to true prevalence. As a reminder, this will take place over the next two financial years:

- on 1 April 2009, the square rooting component of the current arrangements will be discontinued
- on 1 April 2010, the current cut off arrangements will be discontinued, and true prevalence will be used to determine QOF payments.

The move to true prevalence is regarded as a fairer system than the square rooting mechanism, and this change is in line with LMC Conference policy. These changes are necessarily cash-neutral, and will redistribute funding between GP practices. We recognise that there will be a small number of GP practices who will see a significant loss to their current QOF income as a result of these

changes. We agreed with NHS Employers that affected practices would be dealt with locally and sympathetically by PCOs. We would strongly encourage LMCs to make contact with these practices, and work closely with them to ensure that they are supported by PCOs in finding different arrangements for supporting service provision.

The following guidance has been issued by health departments to PCOs:

“PCOs should work with practices which identify themselves as experiencing a significant loss in their income to understand the impact of the changed arrangements on their current service provision.

PCOs will also wish to use the opportunity to consider the local health needs of populations and, working with LMCs and practices to identify whether new services or improvements in care should be commissioned to address these local needs.”

Badly affected practices (the vast majority will find their QOF payments will not change much either way) are urged to contact their LMC and to work closely with them, whether GMS or PMS, to sort this out in the 18 months before the 5% cut-off disappears.

We have stressed to the NHSE that all four Health Departments should urge PCOs to begin the process of identifying and contacting practices that are adversely affected and to advise the practices themselves to contact LMCs if they need assistance.

Paul Roblin from Berkshire, Buckinghamshire and Oxfordshire LMCs developed a spreadsheet in conjunction with the BMA's Health Policy and Economic Research Unit (HPERU) to enable practices and LMCs to use to calculate the impact of the changes on individual practices. This is now available on the BMA website at: www.bma.org.uk/ap.nsf/Content/QOFFPrevalence.

Changes are being made to the spreadsheet to allow it to be used in Wales and Northern Ireland, however the Information Services Division (ISD) has carried out the calculations for Scottish practices and will be passing this information on to Health Boards next week. Scottish practices will be able to request their details from the Health Board and will not require the spreadsheet.

MPIG

Continuing investigations are taking place into the inexplicable reductions apparently experienced by some practices last month. Initially it was thought that there might be a problem with the way in which the calculations had been made through the Exeter system but further analysis has shown that the system is operating correctly. HPERU has been analysing specific individual practice data to ensure that we have understood the process, and we believe we have now come up with the explanation for this. We are confident that the SFE is working appropriately and we will issue a written explanation to LMCs shortly.

DDRB evidence

The BMA has published the evidence it has submitted to the DDRB requesting a pay rise for doctors of at least 4% in 2009 to protect the value of existing contracts relative to inflation. It highlighted that most GPs had a significant pay cut for the second year running as practice expenses rose considerably. In the last week we have also submitted supplementary evidence which includes reference to the 2006/07 GP Earnings and Expenses Enquiry figures. The BMA's evidence is available at www.bma.org.uk/ap.nsf/content/ddrb2009. The supplementary evidence will be on the BMA website shortly.

This is separate to the joint GPC-NHSE letter requesting that the DDRB make a recommendation on the level of overall uplift to be applied to GMS contract payments for 2009-10 and outlining the agreed ratio mechanism for how this uplift would be differentially applied across the contract.

DES directions

There has been some confusion in relation to the stage of play regarding the Directions for the new clinical DESs. The health departments are currently consulting us on these and discussions are taking place between the lawyers. It appears that some PCOs are equally unaware that the Directions have not yet been finalised.

Patient Survey

The GP Patient Survey for the first part of 2009 has now been finalised and will be available to patients soon. As in previous years, practices will be sent posters to advertise the survey. While the GPC has been represented on the stakeholder group set up to advise on the content of the survey, not all of our concerns have been addressed, though it is possible that we will be able to have more influence over this as the government plans to make the survey quarterly in future. Different versions of the survey will be used in the four nations, with those in England and Northern Ireland being considerably longer than those that will be used in Scotland and Wales. The length of the English/NI survey is one of the key issues on which we have expressed concerns.

The GPC will as usual produce a response and guidance when the survey is released.

Quality and Outcomes Framework

The committee discussed the recently published DH consultation *Developing the Quality and Outcomes Framework: Proposals for a new, independent process*, which proposes that the National Institute for Clinical Excellence (NICE) lead a new process overseeing the review and development of health and clinical indicators from April 2009, and that in addition to the nationally GPC-NHS Employers agreed indicators, PCTs are able to select additional indicators to reflect local priorities.

The GPC response to the consultation will be drafted and finalised at the December GPC meeting. The DH deadline for all responses is **2 February 2008**. All LMCs are encouraged to consider the consultation and respond to the DH, the full consultation can be accessed here: www.dh.gov.uk/en/Consultations/Liveconsultations/DH_089778

As part of the consultation process, NHS Primary Care Contracting are organising five national events to gather views and feedback. These will take place at the following locations, please see the links below for further information:

London – Thursday 4 December - www.primarycarecontracting.nhs.uk/events/all/1029

Leeds – Tuesday 9 December - www.primarycarecontracting.nhs.uk/events/all/1031

Birmingham – Tuesday 6 January - www.primarycarecontracting.nhs.uk/events/all/1032

Taunton – Wednesday 7 January - www.primarycarecontracting.nhs.uk/events/all/1033

London – Tuesday 13 January - www.primarycarecontracting.nhs.uk/events/all/1034

NHS online health information

Since the end of October, the public have been able to access all NHS online health information from one website, www.nhs.uk. The NHS's two primary national websites, NHS Choices (www.nhs.uk) and NHS Direct (www.nhsdirect.nhs.uk) have joined forces to provide a comprehensive 'front door' to all available online health information and services. All NHS Direct online health content will now be available on www.nhs.uk including popular features such as the Self Help Guide, Health Encyclopaedia and the Online Enquiry Service. These will appear on NHS Choices, which already contains directories of services, comparative hospital performance data and guides to common long-term conditions.

Introduction of verbal consent for Employment and Support Allowance (ESA) claims

Assurances have been sought from the DWP regarding the introduction of verbal consent for the release of medical information from GPs in claims to the new Employment and Support Allowance. The DWP responded with information about the safeguards that will be in place to protect patients and GPs when verbal consent is given. We also have written confirmation from the Information Commissioner and the GMC that they find the proposals and safeguards acceptable. GPs should continue to accept the assurances from the DWP officer that consent has been given.

The introduction of the Employment and Support Allowance will mean:

- GPs will still be asked to provide **statements of incapacity for work** (usually on form Med 3) until the Work Capability Assessment is carried out, which is usually within the first 13 weeks of a patient's claim.
- GPs may also be asked to complete form **ESA113**. This is similar to form IB113. Form ESA113 can be completed from medical records and GPs are not required to carry out a separate examination of their patient.
- GPs may also be asked to complete form **DS1500** to provide information about patients who are terminally ill or who are not expected to live longer than 6 months. This is a factual report in which GPs provide details of their condition and any current, planned or future treatment. GPs are not expected to give an opinion on prognosis or life expectancy. Doctors may claim a fee of £17 for completion of a DS1500; VAT registered practices should also charge VAT

At present there has been no change to the arrangements whereby the DWP obtain information for Disability Living and Attendance Allowances on DBD series forms for which the DWP pay £13.50 and, where appropriate VAT.

Further information about the Employment and Support Allowance can be found at www.dwp.gov.uk/esa/

Focus on how your practice is funded

The GPC published guidance on practice funding to help GPs, practice managers and LMC staff understand how individual practices receive funding under the GMS contract. The guidance is applicable UK-wide and can be found at www.bma.org.uk/ap.nsf/Content/focuspracticefundOct08

The Academy of Medical Sciences conference Research in general practice: 'Bringing innovation into patient care'

The Academy of Medical Sciences is running a workshop on research in general practice on Friday 12 December. Visit the Academy of Medical Sciences events page for details of the programme and further information: www.acmedsci.ac.uk/p43.html. The event is 'by invitation only'; to reserve a place please contact Laura Boothman (Laura.Boothman@acmedsci.ac.uk, +44 (0)20 7969 5284) to reserve a place.

Pharmacy White Paper Consultation on Dispensing Doctors - Toolkit for LMCs and all practices in England

The GPC has produced a toolkit for LMCs and practices designed to assist them in responding to the English Department of Health's consultation on the future of GP dispensing. The toolkit explains the White Paper proposals and advises LMCs and practices on how to submit a formal response to the consultation.

This is available on the BMA website at: www.bma.org.uk/ap.nsf/Content/dispentoolkit1108

GP trainers' e-bulletin, November 2008

The latest edition of the GP trainers e-bulletin was sent out this week and is available on the BMA website at the following link - www.bma.org.uk/ap.nsf/Content/gptrainersebulletinNov2008

Changes to Cremation Regulations

The Ministry of Justice Coroners Unit have sent information on the new cremation regulations which will be coming into effect on 1 January. They have sent the attached guidance for medical practitioners and medical referees and the new regulations are available to download on - www.opsi.gov.uk/si/si2008/pdf/uksi_20082841_en.pdf

The main policy changes to the regulations are that they now allow bereaved families to inspect the medical forms of a deceased family member before cremation takes place. Families will also be able to draw the medical referee's attention to any concerns about unexpected symptoms or discrepancies in the case.

There have been some changes to the forms, most notably, cremation forms B and C (which two separate medical practitioners have to complete) are now called cremation forms 4 and 5.

The Regulations are expected to come into force in January 2009. They are an interim measure and will precede longer-term Department of Health plans to create the role of a Medical Examiner, who will deal with all deaths.

GP retainers and care homes

In September 2008, the English Community Care Association (ECCA) produced a report 'Can we afford the doctor? GP retainers and care homes'. This paper surveyed ECCA members and

explored the perceived lack of clarity and consistency in the services and fees that GPs offer care homes as GP retainers.

The ECCA is seeking to working more closely with the profession to improve mutual understanding and potentially develop a standard specification for the care that GP retainers provide in care homes.

The GPC, in conjunction with the BMA Community Care Committee intends to explore the essential GMS services, enhanced services and private care services that GPs provide in care homes. Guidance will be produced accordingly, potentially in partnership with the ECCA.

Choice and competition in primary care

The Health Services Management Centre at the University of Birmingham has produced a report 'Choice and competition in primary care: Much ado about nothing?'. This paper examines the development of the primary care market in the NHS in England, with a specific focus on general practice. The GPC will discuss this paper in detail in the near future. In the mean time, we are asking LMCs for factual information about the agreed locations of the new Darzi health centres and practices in their PCTs. We would also like to know about the location of existing APMS practices. Please send any firm data you have to Richard Stebbings in the GPC secretariat: rstebbing@bma.org.uk

Communications

Members reviewed GPC communications over the past year. The Support Your Surgery campaign was highlighted as a particular success, although it was noted that reactions to the campaign among some groups - especially some MPs - had been mixed.

Members then considered the challenges that the profession will face over the coming year and how these should be addressed in communication with patients, the public, MPs, the media, and other key influencers. Particular emphasis was given to the role of local media, and the importance of building relationships with MPs at a local level.

A wide-ranging communications strategy was agreed and will now be implemented by the BMA's Public Affairs Division.

GP appraisers

The GPC has previously highlighted the need for GP appraisers to check whether their PCO indemnifies their appraiser work. This is because we know that some (and possibly all) of the medical defence organisations do not cover such work. It has recently come to our attention that there is a wide variation in the cover provided by PCOs - with some providing indemnity cover and others not. We therefore advise LMCs and/or appraisers to double-check the situation with their PCO.

Furthermore we advise GP locums who work as appraisers to ensure that they are employed by the PCO for their appraiser work. This is to ensure that this work will be NHS pensionable. For more details, see www.bma.org.uk/ap.nsf/Content/locumsasappraisers0805.

BMA Business Support

BMA Business Support offers members a one-stop-shop for specialist business services. The expert information, guidance tools, networking seminars and training workshops we provide will help you gain the business acumen you need to compete and survive in a changing health service.

Reforms in primary and secondary provision are presenting GPs and hospital consultants with new ways of delivering health services to patients. BMA Business Support can guide you through the new ways of working in the NHS and help you develop the business skills you will need:

- set up and structure your own business
- create effective business plans to manage your business effectively
- tender for contracts and write winning bids
- manage people effectively.

Whether you are simply looking for further information or you have already decided to kick start the process, as a BMA member, you have exclusive access to a wide range of Business Support services.

Get a head start – access free expert information

Access our online guides to find out more about how to set up your own business, produce business plans, tender for contracts and write bids, and recruit and manage people at www.bma.org.uk/ap.nsf/Content/BusinessSupportinformation.

Guidance at your fingertips – from peers and business experts

Access the Business Top Tips given by our healthcare business experts on some of the business issues doctors face. Use the online discussion forum to share and get advice from your peers at www.bma.org.uk/ap.nsf/Content/BusinessSupportguidance.

Keep your ear to the ground – Business networking seminars

Attend our business networking seminars to get an insight from experts into the business skills you need to survive the new ways of working in the NHS and also network with like-minded doctors. www.bma.org.uk/ap.nsf/Content/HubBMABusinessSupport

Get ready, get set, go – Business training workshops

If you want more detailed practical training on specific **business** areas, such as setting up your own **business**, preparing **business** plans and/or bidding and tendering, attend our training workshops.

In developing this service, the BMA is not making any political statement about the merits of any particular system of provision or endorsing any specific government policies, however, the BMA is recognising that in order to survive in this increasingly competitive environment, doctors are having to become more **business** savvy. If you don't know where to start, BMA **Business Support** can help you at www.bma.org.uk/ap.nsf/Content/BusinessSupporttraining.

Related services - Partnership Agreement Drafting Service

Designed to meet the **business** needs of general medical practices, BMA Legal offer expert advice on how to ensure partnership agreements are thorough and robust. This service can be found at www.bma.org.uk/ap.nsf/Content/Partnershipagreementdrafting.

Follow the link to access the information on the website.

www.bma.org.uk/ap.nsf/Content/HubBMABusinessSupport?OpenDocument&Highlight=2,business,support Members can log in to access and download these guides online or order print copies from our advisers 0870 60 60 828.

Media coverage report

Please find attached (appendix 1) 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 2) details of the Royal Medical Benevolent Fund Christmas appeal.

The GPC next meets on 18 December 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 December. It would be helpful if items could be emailed to Catharina Ohman-Smith at cohman-smith@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: 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