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GPC meeting

The GPC met on 20 September 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.

Defending general practice

The GPC had a very constructive discussion about promoting and defending general practice to counter hostile media coverage. Committee members came up with a wide range of ideas, which will now be given further consideration by the negotiators. Many of the longer-term strategies

suggested will be developed over the coming year but we would hope that GPs will soon see the results of the new communications plan.

Lord Darzi's review of the NHS: Healthcare for London and Next Stage Review

Review of healthcare for London

Lord Darzi's report 'Healthcare for London: A framework for action' was published in July 2007. Although the report is not a formal consultation, the views of key stakeholders are being sought and a BMA-wide response has been produced, incorporating significant input from the GPC. This response will be sent to Lord Darzi and the review team in due course. In addition, the BMA has put together an online resource pack, which includes a link to and summary of the report: www.bma.org.uk/ap.nsf/Content/HealthcareforLondon210807

The committee received an update on the project plan being developed by Londonwide LMCs to respond to Lord Darzi's report. The GPC and Londonwide LMCs will be maintaining regular contact over the coming months in relation to the ongoing work on this project.

NHS 'Next Stage Review'

Lord Darzi has also been asked to undertake a wider review of the NHS; the terms of reference for the NHS 'Next Stage Review' can be found at appendix 2. An interim report is expected in October 2007 and the final report in June 2008. The review will consist of two main strands of work, one at a national level and the other at SHA level.

A dedicated review website has been launched: www.ournhs.nhs.uk/

National

At present, the information available on the national strand of work consists of a set of themes upon which discussions will focus. They are as follows:

- Quality and Safety
 - Access
 - Cleanliness
- Clinical leadership and engagement
- Education and training
- Innovation
- NHS constitution and local accountability

The first national event took place on 12 September 2007; six representatives of the BMA attended the event.

Regional

SHA clinical pathway groups

A letter from the Department of Health was sent to all SHAs in England on 17 August 2007 instructing them to set up eight clinical pathway groups, consisting of around twenty clinicians per group. The pathways/groups are as follows: maternity and newborn care; children's services; acute care; long-term conditions; staying healthy; planned care; mental health; and end of life care.

The expected output of the groups is to produce a report, which once brought together at SHA level will provide a 'local vision' for improved care pathways. It is intended that this vision will undergo local consultation from February to April 2008 and will be published in May 2008.

Lord Darzi suggested to a number of professional bodies, including the BMA, RCP, RCGP, RCN, RCM, RCS and Unison, that they may wish to nominate members to participate in the clinical pathway groups. [Note that a subsequent communication to SHAs from the Department of Health

made it clear that membership of groups was down to their discretion.] In response to this, the BMA sought nominations from all branches of practice, including GPs via LMCs, and forwarded these names to SHAs accordingly.

As a number of SHAs have yet to finalise membership of their groups, we do not yet know how many of the nominations put forward by the BMA will be/have been accepted by SHAs. However, once membership is finalised, the intention is to endeavour to stay up to date with their development via any BMA representatives on the groups, to seek regular feedback from BMA representatives on the groups, provide briefing material as necessary and, where possible, facilitate exchange of information between group members in the different SHAs.

Patient and public engagement

Two deliberative events for patients, public and staff are to be held in each SHA, the first took place on 18 September 2007 and the second will take place in December 2007. These events are intended to provide a forum for discussion on the national themes at a local level, as well providing some patient input into the work of the clinical pathway groups.

Staff engagement

The Department of Health has developed an 'interactive multimedia tool' which will seek the views of staff on the review; SHAs have been asked to disseminate this widely. The tool, in the form of an online film and questionnaire, can be found at the following website address:

www.ournhs.nhs.uk/2007/09/our-nhs-our-fut.html

Review of PMS contracts

The GPC continues to monitor developments of PCTs wishing to renegotiate aspects of PMS contracts. Following the discussion at the July GPC meeting, a letter was sent to Ben Bradshaw, Minister of State for Health Services, setting out specific concerns about the ongoing problems facing some LMCs following PCT decisions to review all PMS contracts in certain areas. This includes PCTs proposing unilateral changes with an ultimatum of terminating agreements, rather than taking a more constructive and appropriate approach of seeking true two-way negotiation and agreement.

The GPC firmly believes that a practice move from a PMS to GMS contract should be fair and equitable with regard to both contractual terms and financial resources and that, in particular, the entitlement of PMS practices to the equivalent of an MPIG, as set out in John Hutton's October 2003 letter to PMS practices, should be honoured. Offering PMS contractors contracts that are iniquitous and unfair in comparison with existing GMS contracts in the area is unacceptable.

The GPC continues to advise LMCs how to raise this with the press and MPs in their local areas and to highlight that this move is likely to have the effect of destabilising patient services. We have also advised LMCs of the need to ensure total unity among affected practices with the approach proposed by the LMC, and to get a mandate for the LMC to continue with negotiations on this basis on behalf of all the practices.

In terms of developments in specific areas, in Suffolk, the LMC has continued to meet with the PCT to discuss the views raised by the practices on a number of proposed changes and the PCT has agreed to consider these points, and agreed an extension to the termination notice to 31 March 2008. In Walthamstow, following discussions with the PCT, a review has been successfully resisted by the LMC. Reviews of contracts continue to take place in other areas throughout England, and support continues to be given to all those affected.

Publication of earnings figures for 2005/06

The information centre intends to publish earnings figures for 2005/06 in late October. As always, we expect these figures to attract media attention. The GPC will produce a briefing note for LMCs on the results for release on the day to help counter any adverse publicity. It will be important to stress that the 2005/06 results are now historic data and do not reflect current earnings.

Equality and diversity monitoring

The BMA is at present undertaking work on equality and diversity monitoring, and the committee considered a report from the Science and Education Department on the results of a survey which had been undertaken among the main BMA committees and national councils to examine their composition according to gender, age, ethnicity, disability and religion and sexual orientation. All branch of practice committees had been asked to consider work around implementation of the recommendations in the report which endeavoured to encourage representation from under-represented groups, and the importance of high level support for equality and diversity within the BMA. The GPC received a paper which outlined work already undertaken by the committee, and were supportive of further proposals around the recommendations. This will be reported back to BMA Council, and work will be taken forward by the Representation Subcommittee this session.

GP Systems of Choice (GPSoC)

NHS Connecting for Health has launched a new web site giving useful information and guidance to SHAs, PCTs and GPs on GP Systems of Choice at:

www.connectingforhealth.co.uk/gpsoc

The web site has been developed as a guide to help understanding of the activities needed to progress, and the reasons behind, GP Systems of Choice and a full guide can be downloaded in pdf format.

CfH anticipate that this will be the first point of contact for any guidance or questions, as the site will be updated regularly with the most up-to-date information as the programme commences. NHS Connecting for Health will be signing contracts with suppliers over the next few weeks.

We will send you further updates when this happens and issue detailed GPC guidance on the core PCT/practice agreement.

Personal Demographic Service E-learning

A new version of the Personal Demographics Service (PDS) has been released, which takes into account Primary Care, as you will see from the addition of a sixth menu item on the main screen. The course is a fully interactive elearning module and is currently being made available to all National Application Service Providers, Local Service Providers and NHS Care Records Service deployments. It is anticipated that the course will be used across all sectors of the NHS. The course will also be useful to support the rollout of the Clinical Spine Application to the NHS.

It is available on:

<http://www.connectingforhealth.nhs.uk/etd-nasp-learning-material/spine-applications/pds-elearning>

<http://www.connectingforhealth.nhs.uk/etd-nasp-learning-material/spine-applications/pds-elearning>

Spine E-Knowledge Module

A new eknowledge module has been launched which gives a high level view of the interaction with the Spine Application in various scenarios. This module may be helpful for non-technical NHS staff and other users of the National Programme for IT, and potentially suppliers or students-in-training. It could also be used for:

- Providing an introduction for training courses
- Providing an overview for external parties when required
- Providing a stand-alone module for familiarisation by multiple user types

This can be found on

<http://nww.connectingforhealth.nhs.uk/spine/index.html>

<http://nww.connectingforhealth.nhs.uk/spine/index.html>

Fitness to practise

The GMC has launched a consultation on the standard of proof used at Fitness to Practise panel hearings when panellists are making decisions on disputed facts. The purpose of the consultation is to seek views on how the move to the civil standard of proof can best be implemented. This consultation was launched in response to the White paper – *Trust, assurance and safety: the regulation of health professionals in the 21st century*.

There was a significant amount of concern expressed by the GPC in response to this consultation. Whilst the protection of patients has to be the prime concern, the GPC does not believe that a change to the civil standard of proof has merit, nor do they believe that it commands the support or confidence of GPs across the UK. The need for clear guidance on the decision making process, and the need to find alternative and realistic ways to support and manage GP performance were supported. The decision to move to a civil standard of proof will be implemented from 1 April 2008

The BMA as a whole remains determined to keep professionally-led regulation and is undertaking continual work to influence the government and the GMC on this and other matters relating to the White paper.

PCTs refusing to register patients

The GPC is aware that some PCTs are refusing to accept registrations from practices if they consider demographic data to be incomplete, even where practices have provided with them all the information they have been able to obtain from patients. The concern is that this problem arises when temporary NHS numbers are no longer issued. For practices with high turnovers and large immigrant numbers seeking to register, the implications are enormous as large numbers of patients will be denied the right to primary medical services. We have raised this issue with NHS Connecting for Health to clarify the issue and to find a solution which enables patients still to be accepted onto practice lists whilst awaiting full NHS number allocation.

GPC survey

HPERU is in the final stages of analysing responses to the GPC's survey of GP opinion. We hope to be able to share the full results with GPC in October.

Sickness certification

In 2007, LMC Conference passed the following resolution *“That conference believes that the time has come for a revision of the medical certification system, such that patients seen by other healthcare clinicians may be issued medical certificates without recourse to a GP.”*

The Department of Work and Pensions (DWP) rule that only a ‘registered medical practitioner’ can issue official statements of a person’s incapacity for work. A sickness statement is not mandatory for either a claim for statutory sick pay (SSP) or incapacity benefit (IB), but is part of the evidence required to support such a claim. The DWP is aware that other practitioners do provide non statutory certificates and that these are accepted by employers and the DWP.

The GPC has continued to work with the Cabinet Office with regard to reducing bureaucracy and has been involved over the past year with the DWP initiative *Health, work and well-being*, but there has been no movement to change the rules about who can issue sickness certification.

It is imperative that delegation of this function by a GP to a non-doctor member of the practice team must benefit both patients and the profession, and that the responsibility should be kept within the practice team. GPs continue to play a key role as patient advocates, and this relationship should not be weakened, however appropriate delegation and the ability of the person who is managing and treating the patient to issue an appropriate statement can only be beneficial to patients.

The GPC will continue discussions with DWP and related organisations to implement this policy. The long-term aim to improve sickness absence management will also require further investment in good occupational health services.

Self-care and patient participation

Following initial discussions at the GPC meeting in March 2007, the GPC and the BMA's Patient Liaison Group (PLG) have issued a policy paper entitled 'Improved self care by people with long term conditions through self management education programmes'. The paper, which looks at self care for people with long term conditions with a particular emphasis on self management education programmes, is available through the following link:

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

The GPC and the PLG have also launched a web resource which, coupled with the policy paper, aims to support doctors in helping patients to self-manage their health and improve their condition. The resource will be updated as further material becomes available and can be accessed through the following link.

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

GPC task-oriented subcommittee election results

The election results for the GPC task oriented subcommittees have been returned. Those elected to chair the subcommittees include:

Clinical and Prescribing subcommittee - Bill Beeby
Contracts and Performance subcommittee - John Canning
Commissioning and Service Development subcommittee - Nigel Watson
Practice Finance subcommittee - Eric Rose
Joint GPC-RCGP GP IT Committee - Paul Cundy

Representation subcommittee - Rob Barnett
Education, Training and Workforce subcommittee - Terry John.

Local GP performance procedures

We have a number of copies of "Local GP Performance Procedures" from the National Patient Safety Agency, which was published in December. If any LMC would like a copy, please contact the GPC secretariat at info.gpc@bma.org.uk.

Appointment of up to three members to the Independent Scientific Advisory Committee (ISAC) for MHRA database research

The Appointments Commission is to carry out a recruitment exercise to appoint up to three professional members to the Independent Scientific Advisory Committee (ISAC).

The Commission is looking for people who are eminent in their field with a track record in public health research and who have recent experience in one or more of the following areas:

- Clinical pharmacology
- General practice
- Paediatrics
- Epidemiology
- Biostatistics.

I enclose a copy of the advertisement (appendix 3) which appeared in the British Medical Journal on 8th September 2007 and on the Appointments Commission website.

Anyone who is interested can obtain an information pack and an application form by telephoning 0870 240 3802 or by going to www.appointments.org.uk/vacancies quoting reference DH7064.
Please note that the closing date for receipt of completed applications is 5th October 2007.

Dates for the diary

The Annual Conference of Local Medical Committees next year will be held on 12 - 13 June 2008. Application forms will be sent out to LMCs in October.

The LMC Secretaries Conference is on 22 November 2007 at The Holiday Inn, Bloomsbury. More details will be sent to those LMCs who have indicated they wish to attend in the coming weeks.

Media coverage report

Please find attached (appendix 4) 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 18 October 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 10 October. 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 GP registrars subcommittee
- Members of the sessional GPs subcommittee