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GPC meeting

The GPC met on 21 September 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 negotiations update

Since the July 2006 GPC news report, discussions with NHS Employers on stage 2 of the GMS contract review, intended for implementation in April 2007, remain at a difficult and delicate stage. Whilst the GPC and NHS Employers have worked to resolve their differences in objectives, this has not, thus far, proved possible and negotiations have not moved on.

In view of this fact the GPC is in the process of finalising its evidence to submit to the DDRB. Along with the evidence submitted on behalf of salaried GPs, GP registrars, GP trainers, GP educators and GPs working in community hospitals, the GPC is asking the DDRB to recommend an appropriate inflationary uplift to the overall present GMS contract price. The GPC evidence will be submitted at the end of the month and will be made public once evidence from all parties has been received by the DDRB.

The GPC has not used the DDRB for the main GMS contract for the last four years because direct negotiations have allowed joint evidence to be submitted by the GPC, NHS Employers and the Department of Health that has then effectively been rubber stamped by the DDRB. As this year it has not been possible to agree joint evidence, the GPC expects that the other parties will also submit evidence to the DDRB. Following submission of written evidence there is an opportunity to present oral evidence later in the year with the possibility of submitting supplementary evidence following that.

Information Management and Technology (IM&T) update

IM&T DES guidance

Please find attached the IM&T DES guidance at appendix 2.

PCT funding of IT equipment

We understand that some PCTs are still refusing to fund the purchase of IT equipment and upgrades. We would ask to be kept informed when this occurs so the JGPITC can assist. Details should be sent to arivett@bma.org.uk

Choose and Book

It has been brought to our attention that the Choose and Book website (www.chooseandbook.nhs.uk) now has a form where problems with the system can be raised with the team who will investigate accordingly.

CMO consultation

The GPC discussed its input to the consultation on the chief medical officer's document *Good doctors, safer patients* (which can be found online at www.dh.gov.uk/assetRoot/04/13/70/78/04137078.pdf). The potential implications of this document are critically important for the profession and it is vital that the government is made aware of the depth of feeling among GPs about this issue, particularly the extent of opposition to some of the document's 44 recommendations.

The GPC's detailed comments on the consultation document will form a part of a comprehensive BMA response. LMCs are also encouraged to discuss the document with their constituents and submit individual responses by **10 November 2006** to:

Professional Regulation Consultation Team
Department of Health
Room 2N35A
Quarry House
Quarry Hill
Leeds LS2 7UE.

Commissioning (England only)

As reported in July, the Department of Health published 'Health reform in England: update and commissioning framework' in July 2006, four sections of which are open for consultation.

The first section, 'Contracting for NHS care', sets out proposals for the introduction of a national model contract for PCTs to procure services from all hospital-based service providers – NHS Trusts, NHS Foundation Trusts, independent and third sector – as covered by PbR. The current timescale is to publish this model contract in the autumn in time for the 2007/08 contracting round. The second section makes a series of proposals for a 'Practice based commissioning governance and accountability framework'. Thirdly, the White Paper 'Our health, our care, our say: a new direction for community services' introduced public petitions as a 'trigger' for community action; this section of the consultation ('Triggering community action') seeks initial views on this approach in advance of the Department of Health doing further work to develop specific mechanisms and thresholds for such petitions, which will be subject to consultation later this year. Finally, the Department of Health is seeking to publish a framework in the autumn which will set out the next steps in extending choice in both elective care and other service areas. Responses to the 'Choice' section of the consultation will steer this policy development, as will work by a specific Reference Group co-chaired by Mayur Lakhani, Chairman of Council at the Royal College of GPs, and David Pink, Chief Executive of the Long-term Medical Conditions Alliance.

In addition to commenting on the specific proposals contained within the 'Practice based commissioning governance and accountability framework' section, the GPC has taken this opportunity to set out its views on the current state of PBC. This includes highlighting a number of the major obstacles preventing GPs from putting in place effective PBC arrangements with PCTs such as conflicting messages from the Department in terms of finances, use of freed up resources and budget setting. The committee discussed and welcomed the draft BMA response to the commissioning framework consultation, which had been coordinated by the GPC. Some amendments will be made following the meeting and a final response submitted to the Department of Health by 6 October 2006.

White Paper: update on 'care closer to home' activity

The committee received a report outlining ongoing activity within the GPC and BMA in relation to the 'care closer to home' aspects of the White Paper.

As reported earlier in the year, a BMA cross-craft working group was set up in March 2006 in order to advise the Chairman of Council in his role as the BMA representative on the Lord Warner 'Care Closer to Home Demonstration Group'. The 'Incentives and changing services' working group has met twice so far and is due to meet another two times before the end of the year. Two small projects groups have been set up from the wider membership of the group to look at commissioning and unbundling the national tariff. The group is jointly co-ordinated by the GPC secretariat and HPERU.

The Lord Warner 'Care Closer to Home Demonstration Group' has so far met three times. Six subgroups have been set up; these are dermatology, ENT, general surgery, gynaecology, orthopaedics and urology. Jim Johnson is a member of the general surgery subgroup. Each subgroup/specialty has identified five demonstration sites for services which have shifted care into community settings. All sites have been running since at least February 2006 and were identified by a combination of subgroup members trawling their own networks and the Department of Health contacting primary care SHA leads for potential sites. A list of the evaluation sites can be found at appendix 3; we would be grateful to receive feedback from LMCs and GPs who have any experience of or contact with these particular services.

The evaluation of the thirty sites will be completed by March 2006 and this work is being carried out by National Primary Care Research and Development Centre (NPCRDC) at the University of Manchester.

United Healthcare Europe (UHE)

The Appeal Court recently ruled against North East Derbyshire PCT as they failed in their statutory duty to consult when awarding a tendering contract to UHE to provide general practitioner services. The process was in contravention of section 11 of the Health and Social Care Act 2001. The procurement process will now be re-run and bids are currently being prepared.

The GPC secretariat would ask to be informed of any tendering processes which seem unfair and are a cause for concern so that they can be discussed further. Details should be sent to the GPC secretariat.

The Disability Rights Commission (DRC) Formal Investigation 'Equal Treatment: Closing the Gap'

The GPC discussed the recommendations put to the BMA in the recent DRC Formal Investigation 'Equal Treatment: Closing the Gap' which probed the experience of people with mental health problems and/or learning disabilities of primary care services in England and Wales. The investigation showed that those with learning disabilities and mental health problems were more likely to experience major illness, to develop serious health conditions at an earlier age and to die of them sooner than other people. The investigation also identified serious weaknesses in addressing these groups' healthcare needs. 'Diagnostic overshadowing' was a problem where reports of physical ill health were viewed as part of the mental health problem or learning disability. Despite high levels of ill health, over 50% of people with mental health problems and/or people with learning disabilities said they experienced difficulties when trying to see their GPs.

Three members of GPC were most involved in providing evidence and discussing the issues with the DRC, David Bailey, Laurence Buckman and John Chisholm. They all pointed out that there were important educational and learning lessons that GPs needed to take on board. Although it was easy for GPs to feel defensive about this, there were changes that could be made in aiding access to services from the attitudes of receptionists, to the timetabling of appointments, to taking physical health problems at face value as physical health problems.

It was also acknowledged that from December 2006 the NHS will come under the Disability Equality Duty which places them under an obligation to ensure that their policies and practices do not discriminate and promote equal opportunities for disabled people. The GPC concluded: that guidance should be written for LMC/GP practices on the implications of the Disability Equality Duty; that the GPC must continue to talk to the DRC about these important issues; and that the GPC should seek to discuss these matters with the Department of Health to influence its response to the DRC report.

The full report can be accessed at: www.drc-gb.org/healthinvestigation

The All Party Pharmacy Group Inquiry into The Future of Pharmacy

The GPC discussed a draft response to the All Party Pharmacy Group Inquiry into The Future of Pharmacy. There was general agreement with the response which supported the development of pharmacy services, particularly in areas that would complement GP services, such as advising on self-limiting illnesses, aiding medicines compliance and watching and working with GP colleagues on errors. Pharmacists clearly are a key part of primary health care team; however, there should be

clear funding boundaries in terms of GP and pharmacy enhanced services to resolve tensions that can come between the two professions.

Brian Dunn, the negotiator for the Clinical and Prescribing subcommittee will give oral evidence to the All Party Pharmacy Group on October 25.

Dispensing Quality Payments Scheme – SFE Directions

The SFE Directions for the Dispensing Quality Payments scheme will come into force during the week beginning 25 September and be available on the Department of Health website on 29 September; the url will be e-mailed on the listserver when it becomes available.

Details of the scheme have been available to practices since July and can be accessed on the BMA website www.bma.org.uk/ap.nsf/Content/dispensescheme010806

Section 4.1 - Review with patients of compliance and concordance with use of medicines (page 6 of the specification) of the Dispensing Quality Payments Scheme stipulates that there shall be:

“A face-to-face review with patients (and, where appropriate, their carers) of compliance and concordance should be carried out and recorded in the patient’s medical record at least once every 12 months for at least 10% of the contractor’s dispensing patients. The practice should agree with their PCT the types of patients that should be targeted for the review as part of their undertaking to carry out the services specified.”

The GPC has secured agreement from the NHS Employers and Department of Health that, *for this financial year only*, the **10% check** referred to above will be scaled back by 25%, to **7.5%**. This is in recognition of the fact that details of the scheme only became available to practices in July and has **been written into the SFE Directions**.

VAT: A review of the scope of the VAT exemption for medical services – D’Ambrumenil

Following a number of enquiries received recently, we would like to reiterate the BMA’s guidance that doctors and health professionals should continue as before and note that there is *no requirement* to take any action to register for VAT or to charge VAT on services that may be affected by the ruling.

HM Revenue and Customs (HMRC) confirmed earlier this year that the proposed changes to UK law to bring it in line with the European Court of Justice (ECJ) judgment on the case of Dr D’Ambrumenil, *would not* be taking effect from 1 April 2006. HMRC recognised that implementing the changes by 1 April 2006 would impose considerable compliance difficulties on the medical profession.

The Dr D’Ambrumenil case states that if the principal purpose of a medical service is for the protection, maintenance or restoration of the health of an individual then the services provided will continue to be exempt from VAT. As such, primary health care provided through either the NHS or the private sector is unaffected. However, the ECJ ruled that if the purpose of a medical examination or report is to enable a third party to decide on a course of action, the medical service will not be exempt, but subject to VAT.

Having It All? CPD and the Sessional GP Fifth National Conference

We are delighted once again to be able to offer a unique opportunity for you to become more involved in continuing medical education for Sessional GPs by attending our conference “*Having It All? CPD and the Sessional GP*” on Friday 6 October 2006 at BMA House, London.

The conference has been organised by the General Practitioners Committee of the British Medical Association, the London and KSS Deaneries and is supported by the London Deanery. It offers the chance for those interested in continuing medical education and professional development for Sessional GPs (salaried and locums) to come together and share research, ideas and examples of good practice.

The conference will cover topics such as revalidation, appraisal, GP returners, GP retainers, issues specific to locums, recruitment, retention, as well as lessons learned from HPE and the flexible careers scheme. A variety of workshops offering information on specific educational techniques have been scheduled which offers a prime opportunity to share information and experience.

For further information, please telephone BMA Conferences on 020 7383 6137/6605 or email them at confunit@bma.org.uk. You can also register by completing the online booking form at www.bma.org.uk/conferences. Please see appendix 4 for more details.

Family Health Services Appeal Unit

We would like to gain a good overview of how decisions made by the FHSAU are being enforced across the country. If you come across examples of implementation problems following FHSAU decisions or would like to share your experiences of going through the FHSAU, please contact fnielsen@bma.org.uk.

Helping to prevent violence against GPs and their staff

The NHS Security Management Service (SMS) for England want to ensure that all violent behaviour by patients against NHS staff is recorded so that they can ensure that further appropriate action can be taken. For example, the SMS Legal Protection Unit is able, and is already involved in considering prosecutions against violent patients, as appropriate, where these are not undertaken by the Crown Prosecution Service. GPs and their staff are therefore encouraged to report all violent assaults to their Local Security Management Specialist (LSMS) in their PCT.

If it proves difficult to identify your local LSMS, you should:

- (a) in the first instance, contact the Security Management Director within the health body
- (b) should it prove difficult to contact both the LSMS or the SMD and you wish to report a physical assault, - please download and complete a PARS (Physical Assault Reporting System) form available at: www.cfsms.nhs.uk/doc/sms.general/pars.form.doc. The form can be e-mailed to NHS SMS at pars@cfsms.nhs.uk. It is essential that the form is completed fully, including the full contact details of the person submitting the PARS form
- (c) for any other security management queries, please e-mail securitymanagement@cfsms.nhs.uk.

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 (Chairman Peter Fellows),

Contracts and Performance subcommittee (Chairman John Canning),
Commissioning and Service Development subcommittee (Chairman Chaand Nagpaul),
Practice Finance subcommittee (Chairman Eric Rose),
Joint GPC-RCGP GP IT Committee (Chairman Paul Cundy),
Representation subcommittee (Chairman Rob Barnett),
Education, Training and Workforce subcommittee (Chairman Terry John).

Health information from DPP

Developing Patient Partnerships (DPP) is a charity partly funded by the Department of Health. Specialising in health information, the DPP produces a growing range of unbiased high quality, user-tested leaflets, booklets and posters designed to meet the needs of patients and nurses.

Covering a wide range of topics - from heart health to minor ailments, missed appointments to COPD - DPP provides health information packages to GP surgeries, primary care organisations, hospital trusts, walk-in-centres, minor injury units and other interested organisations. All the health information resources are road tested by members of the public, go through a rigorous consultation process with an expert medical panel and translations are available in key languages.

To find out more, visit: www.dpp.org.uk or call: 020 7383 6824.

HIV in primary care

Copies of *HIV in primary care - an essential guide to HIV for GPs, practice nurses and other members of the primary healthcare team* are still available. The Department of Health has funded free distribution of the booklet in England to GPs, practice nurses etc. For the rest of the UK copies are £5 including P&P.

Published by the Medical Foundation for AIDS & Sexual Health (MedFASH) in December 2004 and updated in March 2005, the full-colour booklet was developed with encouragement from the BMA's General Practitioners Committee and contains a foreword by Dr John Chisholm, CBE. In an easy-to-use format for primary care, it covers –

- the main HIV-related conditions and their symptoms (with photographs)
- how to offer an HIV test and give results
- the side-effects of antiretroviral therapy and how to complement specialist care
- primary healthcare for people with HIV
- practice policies and systems to ensure optimal patient care and staff safety
- basic information on meeting routine needs such as reproductive health, travel immunisation and cervical screening for people with HIV

“All general practitioners should spend an hour reading this excellent little book, which could alter practice and save lives. Written by and for British GPs, it neither assumes knowledge nor patronises, yet addresses most of the primary care questions about HIV.” (Bryony Kendall, *GP* and Mike Abbott, *consultant genitourinary physician*. Review in *British Medical Journal*, 2005;330:851-9 April <http://bmj.bmjournals.com/cgi/content/full/330/7495/851-a>)

To order copies of *HIV in primary care*, please email enquiries.medfash@medfash.bma.org.uk or write to MedFASH, BMA House, Tavistock Sq, LONDON, WC1H 9JP. Tel: 020 7383 6345. The booklet can also be downloaded from www.medfash.org.uk. (MedFASH is a charity supported by the BMA).

Quality Improvement Fellowships from the Health Foundation

The Health Foundation believes that effective skilled leaders lie at the heart of the most lasting improvements in healthcare. The aim of its Quality Improvement Fellowships is to build a cadre of clinical leaders with the enthusiasm, experience and skills to promote quality improvement nationally and to build organisational capability to drive quality improvement to dramatically higher levels of performance.

The Foundation is looking for applications from senior NHS leaders, who are clinically qualified and have a proven track record of achievement in the field of quality improvement. Fellows benefit from personal and professional development and the opportunity to spend a year in the USA working with The Institute for Healthcare Improvement (IHI).

Please find attached at appendix 5 a flyer with more information; additional details are also available on our website www.health.org.uk. Enquiries can be sent to QIFellows@health.org.uk or the Foundation can be contacted on 020 7257 8000 to discuss the fellowships further.

Please note that the deadline for applications is **9 November 2006**.

LMC conference 2007

The annual conference of representatives of LMCs will be held on **Thursday 14 and Friday 15 June 2007** at Logan Hall in London. A letter with full details will be sent to all LMCs in mid-October.

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 6. We would be grateful if LMCs would direct all enquires to their liaison officer. A copy of the LMC regional structure is also attached at appendix 7.

<p>The GPC next meets on 19 October 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 October. 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.</p>

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