GPC Newsletter

BMA

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GPC meeting

The GPC met on 19 January 2012 and this newsletter provides a summary of the main items discussed.

Pensions

BMA Council met on Wednesday to consider the results of the BMA's recent survey of members on the government's proposed pension offer. Following an overwhelming response from 46,000 doctors (a response rate of 36%) to reject the offer and a willingness by a clear majority to undertake some form of industrial action, the Chairman of Council wrote to the government calling

on them urgently to reconsider their plans. An emergency meeting of Council will be held on 25 February to decide on the options for balloting on industrial action, should there not be a significant change in the Government's position.

Over the next few weeks we will be continuing to do our utmost to ensure members are aware what the government's pensions changes would mean and that they keep us informed of their place-of-work details.   Your support in helping us to reach as many doctors as possible will be crucial. In particular, please urge all doctors to make sure that their BMA details are up-to-date.

The press statement issued following Council's decision can be found on the BMA website.

Commissioning update

The GPC discussed recent developments affecting Clinical Commissioning Groups (CCGs), in particular the need to CCGs to develop clear and comprehensive constitutions. It was strongly reiterated that local medical committee (LMC) involvement and engagement would be imperative to the success of successful clinical commissioning. The authorisation process will require CCGs to demonstrate that they have good relationships and engagement with member practices and local GPs (principal and sessional). CCGs will be accountable to member practices for the decisions that the CCG takes on their behalf. LMCs, as statutory representatives of the profession, should work with their CCGs to ensure that the local profession is consulted in the development of their CCG.

The GPC has published guidance which highlights essential elements that should be included in a CCG constitution. This guidance is now available on the BMA website. The second edition of 'Commissioning Update' is also now available on the website.

General advice on commissioning developments

The situation is developing very quickly and we are also conscious that GPs bombarded with lengthy guidance will not make it easy to take it all in. GPs who are concerned about any commissioning developments in their area or need advice, should get in touch with their LMC or the BMA. If the LMC needs advice, they should contact their local GPC representative or the GPC secretariat. The GPC also continues to stress that LMC engagement in the reforms is absolutely imperative.

Pace of change

Further to the recent messages from the GPC, we have been pleased to hear examples of GPs feeling empowered to resist pressure locally for their CCG to reach rapid and unacceptable agreement on commissioning support or CCGs 'clustering'. We hope other GPs will take heart from this and feel similarly empowered to resist such pressure.

Commissioning support

Potential commissioning support organisations (CSOs) should currently be finalising prospectuses setting out what they can offer. We advise LMCs to ensure that they obtain copies of the prospectuses for the CSOs being considered in their area.

Extending GP training

GP trainees and trainers may recently have seen a document produced by the Committee of General Practice Education Directors (COGPED) outlining proposals for extending GP training to four years. The GPC does not believe that these proposals are sufficiently focused on educational benefit for GP trainees, nor do they outline a suitable implementation process, particularly sufficient funding. The GPC has written to COGPED and the RCGP outlining our views on these proposals and urgently seeking further discussion to establish a suitable way forward.

How to set up and develop a sessional GP group

Sessional GPs may experience professional isolation and reduced access to education, clinical information and career opportunities. Newly qualified GPs and GPs new to an area are particularly vulnerable to this. Sessional GP groups have the advantage of putting younger GPs in contact with more experienced GPs.

Sessional GPs groups have been recognised as providing invaluable peer support for sessional GPs, with groups offering a range of services and benefits, including educational and social meetings, electronic mailings systems for vacancies and educational events. Models differ but there are some common themes and challenges.

This recently published BMA guidance aims to share some of the models of good practice, and successful ideas and raise awareness about pitfalls and is available on the BMA website.

Retainer scheme

Despite a decrease in the number of participants in recent years, the retainer scheme remains a good option for those GPs who, for a variety of reasons, such as family commitments, need to undertake a reduced number of hours. It allows GPs to retain their skills and keep in touch with general practice.

GPs who are interested in the scheme should contact their Deanery.

Injury benefits review

The NHS has conducted a review of its injury benefits scheme, which currently provides benefits to GPs who suffer injuries and a resultant loss of earnings as part of their employment.

The outcome of the review is that the current Injury Benefit Regulations are to be replaced by contractual provision held within a new section of the Agenda for Change (A4C) Terms and Conditions Handbook. Future injury benefit provision would be limited to the period of the employment contract only.

Full details of what is covered as part of the benefits can be found on the BMA website.

Following this news, the GPC's legal advice on this matter is that GPs should consider getting their own injury benefits insurance.

Revalidation

Remediation

The DH steering group on remediation has published its report and is available online.

The report sets out the following recommendations:

- performance problems, including clinical competence and capability issues, should normally be managed locally wherever possible;
- local processes need to be strengthened to avoid performance problems whenever possible, and to reduce their severity at the point of identification;
- the capacity of staff within organisations to deal with performance concerns needs to be increased with access to necessary external expertise as required;
- a single organisation is required to advise and, when necessary, to co-ordinate the remediation process and case management so as to improve consistency across the service;
- the medical royal colleges should produce guidance and also provide assessment and specialist input into remediation programmes;
- postgraduate deaneries and all those involved in training and assessment need to assure their assessment processes so that any problems arising during training are fully addressed.

Although the issue of funding fell outwith the remit of the group, a range of options were developed on the assumption that there was unlikely to be any additional money in the system:

- doctor meets all or part of the costs of their own remediation
- employer funds remediation
- doctor joins an insurance scheme/extension of indemnity provided by a medical defence organisation
- linking remediation to clinical negligence schemes
- mutuals or subscription clubs.

The BMA's view is that remediation must be fully funded to ensure equality across the different branches of practice, and we will continue to lobby the Department of Health for this to occur.

Appraisal

As stated in November GPC News, we have heard reports of some PCTs using the planned introduction of revalidation to justify implementing more stringent appraisal frameworks. Revalidation is currently due to be introduced from late 2012 and the evidence requirements have not yet been confirmed or agreed. PCTs therefore should not be implementing new appraisal frameworks on this basis.

We would be grateful if LMCs could inform us if this is happening in their area so that we can gather information about how prevalent this is, and approach the relevant bodies with this information. Please contact Joe Read at jread@bma.org.uk with any examples.

CQC registration

GPC representatives are holding regular meetings with the CQC about the implementation of CQC registration for primary medical services providers, in the context of the delayed registration of the majority of providers to April 2013. We continue to lobby for the implementation of the CQC's essential standards in primary care to be proportionate and appropriate, with bureaucracy at a minimum.

NHS 111

The GPC has concerns that the new NHS 111 service has not been properly piloted or evaluated. Furthermore, shadow CCGs are already being asked to make procurement decisions, despite the fact they have not been properly established themselves.

Procurement decisions are also being driven at excessive speed and influenced by the Stocktake, Stabilise and Shift project that PCTs have been asked to undertake in preparation for the handover to CCGs. It appears that the exercise may be being used to bring forward reviews of or renegotiate existing out of hours provider contracts. There is a serious risk of a potentially costly, ill-conceived and unalterable urgent, emergency and unscheduled care solution being imposed upon / inherited by CCGs, with consequent detriment to GPs and their practices.

GPC representatives are taking forward these concerns with those responsible for the project.

Ambulatory care pathways

The Map of Medicine is a nationally defined initiative, but comprises areas where local primary care organisations (PCOs) are able to introduce their own pathway. The GPC office has been notified of some new local pathways of care, also known as ambulatory care pathways, which have been established by a Clinical Commissioning Group (CCG) in collaboration with the PCT and the foundation trust (FT) in one particular region. This sets a worrying precedent where patients will be expected to be discharged early and require GP consultations within 48 hours.

The GPC is clear that just because a pathway has been introduced does not mean it becomes part of core services, or that it should be carried out without appropriate resource. Consequently, LMCs should continue to advise CCGs / PCOs that they do not have an obligation to take on additional work unless there is additional funding to do so (i.e. via a negotiated local enhanced service). **Please can we urge LMCs to clarify whether other PCOs are planning to follow suit and let Alex Ottley (aottley@bma.org.uk) in the GPC secretariat know if this is the case.**

Revised Focus on travel immunisations

The recently published *Focus on travel immunisations* has had some minor amendments, in particular adding to which countries the immunisations refer, and has therefore been republished on the website.

Cervical cytology training update

Earlier this year, we were made aware of a number of PCTs insisting that all GPs working in their areas undertake either a half day or a full day's update training in taking cervical smears. As a result of our joint letter with RCGP to Ben Dyson (DH Director of Policy, Commissioning and Primary Care) and subsequent meetings, the DH wrote to all PCTs on 15 December 2011 confirming that there is no contractual requirement for GPs to have cervical cytology update training.

Our view was this also applied to nurses, and the DH has now confirmed that they agree with our interpretation as the letter is about the principles which apply to services provided as part of the contract, whether these services are provided by GPs or others employed by practices such as practice nurses.

Patient access to medical records

Providing patients with online access to their medical records is high on the government's agenda. Although the government's Information Strategy is still awaited, it is expected that patient access to their records online will be a core part. Recommendations on how access should be approached were published on 10 January 2012 by the NHS Future Forum in their information report.

Patient access to records is not new and patients are already legally entitled to receive a print out of their records. Whilst the GPC agrees with and welcomes the principle of patients having easier access to their records, there are some practical concerns, which need to be considered including withholding third party information, understanding the record and security/confidentiality. There are further concerns around the proposed speed of implementation given that records access presents a significant cultural change. A sound evidence base of both demand and cost benefits is needed before implementation.

The GPC's views on the support needed to gain genuine benefit from online patient access to GP records, and how the Department of Health Informatics Services can best support them, will be fed back to Connecting for Health.

NMS and MURs guidance for hospital and community pharmacists

In addition to the New Medicines Services (NMS) guidance recently published, a number of documents to aid engagement between community pharmacy and hospital colleagues to help the transfer of care for patients have now also been published on the NHS Employers website, including:

- guidance for hospital pharmacists, doctors, nurses and NHS managers working in secondary care about community pharmacy services, especially the value of the New Medicine Service and post-discharge Medicines Use Review for patients who have had a change to their medicines while they were in hospital
- guidance for community pharmacists about how to engage with hospital colleagues
- a standardised referral form that hospital pharmacists and others can complete when a patient is discharged
- a leaflet for patients who are leaving hospital which outlines the services that they can receive from their community pharmacy.

Sessional GPs newsletter, January 2012

The Sessional GPs newsletter draws together information about new and ongoing issues affecting sessional GPs and the work of the Sessional GPs Subcommittee and General Practitioners Committee (GPC) on their behalf.

This issue covers the following topics and is available on the BMA website.

- pensions reform
- NHS reforms update
- guidance on setting up and developing sessional GP groups
- locum agreement guidance
- devolved administration updates
- information cascades
- revalidation
- retainer and returned schemes
- sessional GP conferences.

We encourage members to forward this newsletter to any locum and salaried GP colleagues.

Sessional GPs: All you want to know, all you want to ask

When and where?
Friday 23 March 2012
BMA House, Tavistock Square, London, WC1H 9JP

Who should attend?
The conference will be of interest to any salaried or locum GP.

Why should you attend?
Working as a sessional GP has its particular challenges, and this one-day conference aims to offer expert advice, practical information and guidance to support all sessional GPs in making the most of their careers. The conference will address the issues that matter to you, including:

- employment rights,

- pensions,
- appraisal and revalidation,
- making successful career choices.

You will also be able to personalise the programme by selecting from a choice of breakout groups and have the chance to meet colleagues from around the country, discuss shared issues and concerns, develop networks and cascade information.

How to book
For further information and to book your place, visit our website.

Questions?
If you have any questions, please contact BMA Conferences on 020 7383 6137 or 6923 or by email at confunit@bma.org.uk.

NEW! GP employment law courses 2012

Managing the employment contract
Managing absence and performance
Managing disciplinary and dismissal

Keeping track of employment legislation, best practice and other human resource issues can be a real headache. With the best will in the world, you know you cannot be an expert on everything: that is why you have the BMA right behind you to give expert advice and support. However, it is important to understand the principles of employment legislation and practical management of people issues to ensure a good working environment and that you do not find yourselves facing a legal challenge.

The BMA is offering three one-day courses introducing GP practices to key issues in employment law: managing the employment contract; managing absence and performance and managing disciplinary issues and dismissal.

Cost to attend
Registration is open to GP Partners or their Practice Managers and the registration fees are as below:

BMA members:	£130.00 including VAT
Non-members:	£190.00 including VAT

Any practice manager wishing to attend will pay the same registration fee as their GP partner, depending on whether they are a member or non-member of the BMA.

When and where
Courses are available throughout the year at different locations and full details are available on our website, where you can also book your place.

Questions?
If you have any questions, please contact BMA Conferences on 020 7383 6137 or 6923 or by email at confunit@bma.org.uk.

Eric Gambrill Travelling Fellowships

The Eric Gambrill Memorial Fund is seeking applications for up to two Travelling Fellowships, to be awarded in Spring 2012. The value of each Award is £3,000.

Those eligible for the Award will be fully trained and practising UK general medical practitioners.

In recognition of Dr. Eric Gambrill's interest in general practice, education and travel, the successful applicants will be expected to undertake a study or project as part of his/her professional career development.

For more information, see the Fund's website..

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 1. We would be grateful if LMCs would direct all enquiries to their liaison officer. A copy of the LMC regional structure is also attached at appendix 2.

The GPC next meets on 28 February 2012, 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 21 February 2012. It would be helpful if items could be emailed to Christopher Scott at cscott@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