

Content

2009-10 uplift	1
Election of regional representative 2009-2010	6
GPC guidance on referral letters from acute trusts to GP practices in England	4
GPC meeting	1
GPC regional election results, 2009-2012	5
LMC Conference - Deadline for motions	6
Media coverage report	7
Mental Capacity Act 2005 - Deprivation of liberty safeguards	4
Negotiations	2
New complaint procedure	2
Opting out of summary care records	3
Patient responsiveness consultation	2
Quality and Outcomes Framework	2
Revalidation	3

GPC meeting

The GPC met on 19 March 2009 and this newsletter provides a summary of the main items discussed.

2009-10 uplift

This week the GPC published a Focus On document to remind practices of the 2009-10 arrangements for contractual uplift. The negotiators will also be presenting explanatory slides at the forthcoming LMC roadshows. We are expecting the DDRB's report very soon and once we have heard from the DDRB we will, as usual, be writing to all GPs with as much information as we have available to us.

Obviously we hope that the DDRB's recommendations will be favourable to the profession but recognise the context of the current economic climate. We hope the ratio approach to contractual uplift agreed with the NHSE for 2009-10 will at least help to persuade the DDRB and government to implement some uplift.

Negotiations

The negotiators have a meeting with NHS Employers next week to continue our informal discussions about the arrangements for 2010-11.

Quality and Outcomes Framework

The government [published its response to the QOF consultation yesterday](#). The proposal for NICE to take over the arrangements for managing the new process for indicators is being implemented from April. With regard to local QOFs, a wide range of views were expressed in response to the proposal. The government recognises that the majority of indicators will be relevant at a national level. However, it also recognises that arrangements to support more local investment decision will need to develop carefully over time, including the balance between investment in the national QOF and locally commissioned services.

Patient responsiveness consultation

We hope to be able to launch the GPC consultation *Developing general practice, listening to patients* before the end of this month. This consultation will encourage GPs to discuss practice services with their patients and to feedback to the GPC examples of improvements they have made in their practices and barriers they encounter to making desired changes. At the end of the consultation process, the GPC will gather comments and case studies to inform our discussions with the UK governments and disseminate examples of innovative practice across the profession. Encouragement from LMCs for practice involvement in this consultation process would be very helpful. During the consultation and over the following months, we would particularly like to see practices engaging with patients to find out what patients value about the practice or would like to see improved. Many practices already do this on a regular basis, but others may benefit from GPC and LMC encouragement.

New complaints procedure

The new complaints procedure will start on 1 April 2009. From this date onwards, if any complainants are not satisfied with the way a local NHS body or practice has dealt with their complaint, they can ask the Parliamentary and Health Service Ombudsman to look into it. A complaint can still be submitted to the Healthcare Commission prior to 1 April 2009, but the Healthcare Commission will submit it to the Ombudsman to ensure it is dealt with appropriately.

The main differences between the old and new complaint procedure are:

- (1) Oral complaints made to the practice do not have to be dealt with under the legislation if they are resolved to the patient's satisfaction by the end of the next working day;
- (2) Practices must acknowledge receipt of a complaint within three days (via telephone is acceptable);

- (3) The complaints manager does not have to be a practice employee and can perform this role for more than one practice in the vicinity.

The GPC will be producing a FAQ document shortly.

Revalidation

Professor Mike Pringle, RCGP revalidation lead, attended the GPC meeting to present and discuss the RCGP's plans to date for revalidation.

RCGP proposals

The RCGP will be publicising its current vision for revalidation in early April 2009. This will be in the form of a 'living' document which will be [available on the College website](#). The RCGP is keen to receive feedback on this (which can be submitted via its website), and will be amending the document as necessary to reflect the comments received.

The RCGP document will provide an indication to GPs of the type of data that they will need to start collecting from April 2009 for the revalidation process.

GP appraisal

Given that PCO support for the enhanced GP appraisal process will be vital, the GPC is collecting information on those PCOs who currently fail to support the appraisal process adequately. Examples would include those PCOs who do not pay locum GPs for participating in NHS appraisal and those PCOs who do not offer annual NHS GP appraisals at present. An email from Julie Goodway has been sent to all LMCs requesting this data, and we urge LMCs to provide this at their earliest convenience.

Revalidation costs

The GPC wants to ensure that revalidation, appraisal and remediation are adequately supported. Work is currently underway to assess an estimate of the funding that will be required.

Outstanding issues

The GPC and RCGP are currently working together to try to remedy many of the outstanding issues, for example the need to ensure that revalidation meets the needs of peripatetic GP locums and to ensure that revalidation is not unnecessarily onerous. The RCGP hopes that GPs' concerns will be addressed by their document (see above), but also welcomes further ideas.

Opting out of summary care records

There have been recent media reports that patients who wished to opt out of having a summary care record (SCR) in NHS South Birmingham and NHS Stoke-on-Trent, which are early summary care record adopter sites, have been required to explain why they chose to do so in face-to-face interviews.

The GPC was extremely concerned about these reports as this practice was in contradiction to the Connecting for Health's (CfH) stated guidelines on asking patients for consent using the summary care record consent model.

The GPC Joint Chairman of the Joint GP IT Committee has received verbal assurances from CfH that they will tell all early adopter sites to remove reference to Section 10 of the Data Protection Act from their leaflets, cease any requirement for face-to-face interviews with patients that wish to opt out and provide leaflets that patients will be able to sign and send to practices to opt out easily, including an online downloadable version.

The GPC has carried a motion that condemned any PCT or government organisation which requires a patient to justify their wish to opt out of the SCR face to face. The motion also required that patients be able to opt out easily by using a provided leaflet, by writing to their practice, or by verbally advising their GP practice. The motion included that GP practices should record the fact and manner of a patient's request to opt out of the SCR.

The BMA's policy from 2006 was to support an opt-in model of consent and that patients should provide explicit consent for their data to be added to the spine. The evaluation of the SCR, by University College London in May 2008, recommended a 'consent to view model'; medication and allergies would be uploaded on an implied consent basis but would only be accessed with the permission of the patient. Further information, such as major diagnoses, would be added at the discretion of the GP. The BMA felt that this was an acceptable way forward on the basis that this model had worked in Scotland and Wales and that patients would be asked explicitly, at each episode of care, prior to access.

Further guidance on the SCR, including the use of 93C3 as a Read code [can be accessed online](#).

GPC guidance on referral letters from acute trusts to GP practices in England

The GPC has been informed of many occurrences across England where acute trusts have been sending all referral information/correspondence to senior partners, rather than the referring GP. Changes to acute trusts computer software in some parts of the country have resulted in all referral communications being sent solely to senior partners. The issue has been raised with Connecting for Health and the GPC has written guidance for practices on referral letters from acute trusts to GP practices in England. This guidance is attached in Appendix 1.

Mental Capacity Act 2005 - Deprivation of liberty safeguards

The aim of the deprivation of liberty safeguards is to provide legal protection for those vulnerable adults who are not detained under the Mental Health Act 1983, but are nevertheless restricted in their freedom owing to their inability to consent to care or accept treatment. The deprivation of liberty safeguards will come into effect from 1 April 2009 and will cover mentally incapacitated adults in hospitals as well as those in care homes registered under the Care Standards Act 2000. [More details are available on the Department of Health website.](#)

Doctors are eligible to undertake a mental health assessment as part of these procedures provided they are three years post-registration and they must have undertaken the deprivation of liberty safeguards Mental Health Assessors training programme made available by the Royal College of Psychiatrists. This is now available online, free of charge, to all NHS funded doctors in England. [Doctors can register online.](#)

This work is not part of essential services for GPs; the Department of Health is unwilling to agree to a national fee for this work and the BMA's Professional Fees Committee advises doctors only to undertake this work if they have agreed the level and payment arrangements for the work in advance. Responsibility for payment lies with the PCT or local social services authority according to whether the person is in hospital or a registered home at the time of the assessment. However, in some areas, PCTs and LSSAs may have made joint local arrangements. For further information please [contact askbma.](#)

GPC regional election results, 2009-2012

The following candidates have been elected unopposed to GPC for the period July 2009 - June 2012.

- Robert Morley - Birmingham/Solihull
- Peter Holden - Derbys/Notts
- Bill Beeby - Durham/Cleveland
- Clarissa Fabre - E Sussex/W Sussex
- Eleanor Scott - Enfield & Haringey/Camden & Islington/Barnet/Kensington & Chelsea/Westminster
- David Bell - Grampian/Highland/Orkney/Shetland/Western Isles
- Charlotte Jones - Gwent/Bro Taf/Morgannwg
- Grant Ingrams - Herefordshire/Worcs/Warks/Coventry
- Paul Cundy - Merton, Sutton & Wandsworth/Kingston & Richmond
- Rob Barnett - Sefton/Liverpool/Wirral
- Roger Bulley - Somerset /N & E Devon

Two candidates were nominated in each of the following constituencies, and elections will therefore be held.

- Andrew Buist / Andrew Thomson - Forth Valley / Fife / Lothian / Tayside
- Ian Hume / Richard West - Norfolk / Suffolk / Great Yarmouth & Waveney
- Ravi Mene / John Hughes - Salford & Trafford / Manchester / Stockport

Electoral Reform Services will distribute ballot papers on Thursday 16 April 2009. The closing date for receipt of ballot papers by ERS is 5pm, Thursday 7 May 2009, and we anticipate announcing the results on Friday 8 May 2009.

Election of regional representative 2009-2010

Nomination of members

Nominations are sought in the election of a voting member of the General Practitioners Committee of the British Medical Association as regional representative for the constituency detailed below.

Local medical committees covered

- Surrey & Croydon*

* Please note that this election is for a one year term of office. A further election will be held in this constituency in 2010.

Candidates must be:

- GPs who contribute to the voluntary levy of an LMC in the constituency and who provide personally or perform NHS primary medical services for a minimum of 52 sessions distributed evenly over six months in the year immediately before election (5 June 2009); or
- GPs who are on the doctors retainer scheme and who contribute to the voluntary levy of an LMC in the constituency; or
- Medically qualified officers of a local medical committee in the constituency.

Nominations should be made on forms available from the General Practitioners Committee at the British Medical Association. BMA House, Tavistock Square, London WC1H 9JP (tel: 020 7383 6621; fax: 020 7383 6406) and [on the BMA website](#).

Each nomination form must be signed by the candidate, five proposers and a representative of the local medical committee who can confirm that the candidate and proposers contribute to the voluntary levy.

Nomination forms and statements in support of candidature should be returned to: Andrew Young, General Practitioners Committee, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP by no later than **5pm on Tuesday 14 April 2009**. Please note that it is the candidate's responsibility to ensure that GPC have received their completed nomination forms and statements.

In the event of a contested election, ballot papers will be issued by Electoral Reform Ballot Services on 15 May 2009.

LMC Conference - Deadline for motions

This is a reminder that the closing date for motions to amend Standing Orders of LMC Conference is **Thursday 9 April**.

The deadline for motions for the LMC Conference main agenda is **12 noon on Tuesday 14 April**. Please note that this date immediately follows the Easter break and LMCs are encouraged to

plan accordingly to take this into account. We would be very grateful to any LMCs which assist the GPC secretariat by submitting their motions (one copy of the final version only please) as early as possible. Please do not leave the submission of motions until the final morning if at all possible as it potentially risks slowing down the electronic system and your motions may fail to be received by the noon deadline. Motions received after the noon deadline on 14 April 2009 cannot be accepted.

If you have forgotten your password for inputting motions through the LMC Conference motions database, please contact Karen Day on kday@bma.org.uk as soon as possible.

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.

The GPC next meets on 23 April 2009, 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 14 April 2009. 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

Appendix 1

Referral letters from acute trusts to GP practices in England

The GPC has received a series of complaints in recent months from GPs and LMCs concerning the procedures adopted by acute trusts when dealing with referrals letters from GPs. The most common complaint is that trusts address all referral correspondence to the senior partner of a practice, rather than the referring GP.

This policy impedes administration within practices and can, potentially, compromise clinical safety. In addition, it would appear to run counter to the government's policy of improving services and putting patients first.

The Department of Health's guidance below is explicit:

Hospital letters to referring clinicians.

This is to remind relevant provider trusts and agencies of recommendations endorsed by the Department of Health, NHS Connecting for Health and the General Medical Council in respect of addressing return letters to GP Practices and referring Clinicians.

*It is currently viewed as 'best practice' for hospital and provider organisations to ensure that **internal systems address return correspondence to the referring clinician**. This will ensure patient safety, patient choice and continuity of care, together with the recognition of custom and practice in Primary Care to appropriately process incoming communications with maximum efficiency and safety¹.*

Further information can be found in the Data Set Change Notice DSC 3/2008, issued by the Information Standards Board for Health & Social Care, at the URL below. Please see the annex to this guidance for specific details.

www.connectingforhealth.nhs.uk/dscn/dscn-2008/data-set-change-1/dscn03-2008.pdf

In addition, legal advice received by the GPC indicates that if a hospital deliberately writes only to a senior partner who may not be involved in a patient's care, this will result in making the patient's personal data available to someone who is not entitled to see it in a manner that the patient will not have expected, or consented to. This would constitute unfair processing under the terms of the Data Protection Act. In the event that a trust does not comply with requests to

¹ Reference

address letters to the referring GP, practices should formally complain in writing to the trust's CEO and Medical Director with copies to the CEO of their PCO. If there is still no appropriate response, practices should consider making a complaint to the Information Commissioner.

Annex

DSC 3/2008, General Practice and General Medical Practitioner (GMP) - changes resulting from the introduction of the General Medical Services (GMS) Contract.

Page 18, Paragraph 2.1

General Medical Practitioner (Specified)

It is a mandatory requirement that this data item is available to be recorded, if required, so as to maintain the above GMC position and continuity of patient care. By definition, General Medical Practitioner (Specified) is restricted to a member of the General Medical Practice Code (Patient Registration).

The guidance for completion of the data item “General Medical Practitioner (Specified)”, if required to be completed for local processing, is as follows:

4. Where a patient is referred to secondary services by an identifiable GMP from within the Registered GP Practice then that GMP should be recorded as General Medical Practitioner (Specified) appropriate for the current patient contact event
5. Otherwise, if the patient - or the patient's representative – offers the name of an identifiable GMP then that GMP should be recorded as the General Medical Practitioner (Specified) appropriate for the current patient contact event
6. If neither of the above points applies, and a named GMP is required (ie for downstream systems), then the General Medical Practitioner (Specified) can be derived by a standardised algorithm until such time as the patient can offer a named GMP.

A suggested standardised algorithm is as follows:

- I. The referring GP (as above).
- II. The GP nominated by the patient (as above).
- III. The GP previously nominated as “Registered” in a local system, provided that the GP is still at the General Medical Practice Code (Patient Registration).

IV. The GP nominated as the pooled list holder, if applicable, and recorded by local agreement between primary and secondary care.

V. The lead GP in the Practice (available from NACS).

VI. Any GP in the Practice (available from NACS and SDS)

The above algorithm is provided for guidance only and system suppliers should agree with their system users the best way to implement this to fit with local business needs. Please note that, as stated in the exclusions section, the use of this data item does not affect in any way the data elements, definitions and requirements currently in place to record GMP Referrer.

March 2009

Appendix 2

GPC Media Coverage Report – February 2009

No one story dominated the headlines in February with concerns being raised on a number of issues, including pharmacists being given access to patient data and cuts in health visitor numbers leading to more new mothers seeking advice from their GP. An hour long special on Radio 4 on Shipman ten years on, which the BMA took part in, provoked a number of follow-up stories in the media. The press office spent a considerable amount of time seeking clarifications and changes in the GP trade press after a number of inaccuracies were reported concerning this year's pay deal.

BMA mentions in the national and regional media for February

	National	Regional	Total
Print:	11	20	31
Broadcasts:	3	4	7

SUBJECT	National broadcast	National print
Shortage of health visitors	-	1
GP out-of-hours service	-	1
GP survey – GPs support calls to legalise euthanasia	-	1
Polyclinics / super clinics	-	1
Pharmacists having access to medical records	-	2
Revalidation / Shipman	1	1
GP practice funding / John Cormack's surgery	-	1
'Telemedicine' / GPs to diagnose more by phone	-	1
Cash rewards to prescribe less	-	1
Advice on buying thermometers	-	1
Pharmaceutical companies offering gifts to doctors	2	-
TOTAL	3	11

SUBJECT	Regional media
Shipman	4
Health visitors	4
NHS Funding	3
Clause 152	2
Infectious Disease	2
Walk in centre	2
Practice visit scheme	2
Prescription	2
Antibiotics	1
Transplant	1
Social Security	1

Extended hours	1
TOTAL	25

Press releases issued:

04/02/09 GPs should not be rewarded for cutting referral rates, says BMA
12/02/09 BMA launches new handbook for Salaried GPs

Letters to Press from GPs include the following:

24/2/09	Dr Laurence Buckman	GP	QOF prevalence changes
25/2/09	Dr Brian Dunn	Pulse	Local QOFs
27/2/09	Dr Laurence Buckman	GP	GPC and GPs' interests
27/2/09	Dr Laurence Buckman	Pulse	QOF prevalence changes

Scotland

January – February 2009

General Practice in Scotland: the way ahead: Much of our activity on GP issues this year has centred on the development and production of the SGPC consultation document on the way ahead for general practice. This is the first phase of a longer term project to develop recommendations for government policy on general practice. This consultation will seek views from individual GPs, LMCs, patient representatives, stakeholder organisations, NHS managers and the wider healthcare profession.

BMA Mentions in the Scottish Press

We do not currently have a monitoring service to pick up on broadcast mentions. The following includes BMA quotes or interviews relating to GP and public health issues.

Subject	Scottish Press	Scottish Broadcast
Teen smoking	1	
Drink Driving	1	
NHS funding	2	
Direct elections to NHS boards		3 (John Garner)
Out of Hours	1	
Relationships with patients	1	
Violent patients	2	
HPV	7	
Alcohol Misuse	18	
Closing 'GP loophole'	4	
Tobacco legislation	3	
Unused prescription drugs	1	
GMC guidance on wishes of dying patients	1	
GP in Scotland: the way ahead	15	
QOF – preventative medicine and the elderly		1 (Dean Marshall)

Press Releases issued:

3 March	BMA Scotland launches ground-breaking consultation on the way ahead for general practice (Dean Marshall)
2 March	Doctors support tough action to address Scotland's destructive relationship with alcohol (Peter Terry & Sally Winning)
26 Feb	Doctors in Scotland welcome new Bill that protects NHS general practice and tackles tobacco sales. (Dean Marshall & Peter Terry)
24 Feb	Tackling human cost of alcohol misuse requires tough action, says doctors' leader (Peter Terry)

Articles:

Date	Author	Publication	Title
20/01/09	John Garner	Scotsman	Health visitors deliver a service, let's not lose it.
17/02/09	John Garner	Scotsman	Medical tourism could be good for India's health

Wales**Press releases issued**

BMA Cymru Wales urges the WAG not to leave doctors out in the cold
GPs and hospital consultants need to work closer together for the greater good of the Welsh NHS

GP media work

Issues Welsh GPs have commented on in the media in January and February include; the rise in diabetes cases in Wales, cervical cancer (link to Jade Goody), rise in patients seeing GPs about the recession, survey about GPs good public trust rating.

Blog

The Public Affairs team has used BMA Cymru Wales' blog to highlight the following issues and BMA policy; NHS reorganisation, free prescriptions, NHS staff sickness levels, domestic abuse, diabetes, violence against NHS staff.

Media coverage

Subject	Welsh Press	Welsh Broadcast
GP work/life balance	1	
Mumps outbreak	1	
Public survey of trust in doctors		2
Recession linked to stress and anxiety	1	2
Cervical cancer – Jade Goody	1	1
GP out of hours service at Morriston hospital	1	
Rise in diabetes	1	2
Buying medicines online		1
TOTAL	6	8

GPC Parliamentary and Assembly Activity Report

WESTMINSTER

The Parliamentary Unit in London keeps in contact with MPs across all the political parties.

Meetings with key MPs

On February 25th, the GPC Negotiators met the primary care leads of the Conservative Health Team (Andrew Lansley MP, Mark Simmonds MP and Earl Howe) to have further in-depth discussions on Conservative health policy. A wide range of topics were covered including quality, the QOF, the GP contract, workforce, premises, OOHs and unscheduled care, NHS IT and commissioning.

A dinner between the MPs on the Health Select Committee and various BMA chairs of committee took place on 17th March.

MP-GP practise visit scheme

In October 2008, the BMA's Parliamentary Unit sent an invitation to every MP in the House of Commons inviting them to visit a GP practice in their constituency. So far, 214 MPs have contacted the BMA expressing an interest in the initiative. The Parliamentary Unit has helped set up more than 100 MP visits to local GP practices and many more are underway. Feedback has been very good with many MPs expressing a greater understanding of general practice as a result of the practice visit.

Practices interested in hosting a MP visit should contact Susan Solanki, BMA Parliamentary Liaison Officer at ssolanki@bma.org.uk

Health Bill

The Health Bill contains a number of measures on a NHS constitution, quality accounts, direct payments, innovation prizes, tobacco control, pharmaceutical services and disclosure of information by HMRC in relation to GP and dentists' income. The BMA has been briefing MPs on the Bill and the BMA's briefing can be viewed at: www.bma.org.uk/news/lobbying_campaigning/Healthbilllob.jsp

Coroners and Justice Bill

The BMA is extremely concerned by measures to allow unprecedented levels of information sharing. This Bill as originally drafted would have stripped patients and doctors of any rights in relation to the control of sensitive health information. The BMA welcomes the Government's recent decision to remove Clause 154 from the Bill (the clause was previously known as 'Clause 152'). There was opposition to this proposal from all sides and the Ministry of Justice is right to allow for further analysis of the provisions outside of the confines of this Bill. The BMA's briefing on this issue can be viewed at: www.bma.org.uk/news/lobbying_campaigning/Coronbilllob.jsp

Parliamentary debates

A number of health debates took place in the House of Commons this week (w/c Monday 16th March 2009), which may be of interest to GPs. These include debates on 'Residential and nursing care homes', 'Health inequalities and PCT funding', 'Use of NHS resources', and 'City and Hackney PCT and Tuberculosis'. To read the full text of these debates, please go to: www.publications.parliament.uk/pa/pahansard.htm

Health Select Committee inquiry on health inequalities

The Committee published its final report on 15th March. It concluded that the Government needs to implement proven and effective policies to address health inequalities. Among

the recommendations the Committee made, it said that smoking needed to be reduced and this could be done by reinstating tough targets to tackle tobacco smuggling (tobacco smuggling has a disproportionate impact on the poor); and by awarding more points in the QOF for success with smoking cessation, rather than the current system which gives points for simply identifying smokers. The Committee's full report can be viewed at: www.publications.parliament.uk/pa/cm200809/cmselect/cmhealth/286/28602.htm

Government response to Health Select Committee inquiry on the Next Stage Review
The Government has responded to the Health Select Committee's report on the NHS Next Stage Review. The report contains specific responses to the Health Select Committee's criticisms of polyclinics/GP-led health centres. The Government's response can be viewed at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_096081

Health Select Committee inquiry on the NHS Operating Framework
The Health Secretary, Alan Johnson, gave evidence to the Health Select Committee on Thursday 12th March as part of its inquiry into the NHS Operating Framework. Mr Johnson answered questions on a wide range of issues including the Electronic Patient Record, the Government's plans to roll out a psychological therapies programme for people coping with unemployment and personal health budgets.

Health Select Committee inquiry on Patient Safety
On Thursday 5th March 2009, the Health Select Committee heard evidence from the Care Quality Commission, the Healthcare Commission, Monitor, the GMC and the NHS Litigation Authority as part of its ongoing inquiry into Patient Safety. A wide range of issues were covered, including the Care Quality Commission's proposals to bring GPs within its remit, annual health checks, complaints handling, mis-diagnosis and delayed diagnosis in general practice, and medical error.

House of Lords EU sub-Committee G report on cross-border healthcare
The Lords EU Subcommittee G published its final report on the European Commission's proposal to increase patients' rights to treatment in other EU states. The subcommittee welcomed the proposal but called for improvements and warned that, as the impact of the provisions were unpredictable, they must be carefully monitored. The report says that providing information to patients on cross-border healthcare is likely to fall on doctors, and any directive should avoid making the process too bureaucratic. The BMA contributed substantially to the inquiry and welcomes the final report. The Committee's full report can be viewed at:
www.publications.parliament.uk/pa/ld200809/ldselect/ldeucom/30/9780104014356.pdf

BMA Parliamentary Unit
March 2009

SCOTTISH PARLIAMENT

The BMA Scotland public affairs officers keep in regular contact with key MSPs from all of the political parties.

Health Board Elections
We have provided written and oral evidence to the Health Committee outlining our opposition to the Health Board (Membership and Elections) (Scotland) Bill. WE also briefed in advance of the Stages 1 & 3 debates. The Bill has now been passed by parliament and elections will be piloted in 2010. These will be independently evaluated

and any subsequent roll out will be subject to parliamentary procedure – measures that we had called for during the legislative process.

Primary Medical Service & Tobacco Bill

The BMA has welcomed plans to ‘close the loophole’ which allows private companies to provide NHS GMS services in Scotland – in line with ARM policy. This Bill also includes measures to ban tobacco vending machines outright and to restrict the promotion and display of tobacco products. Both measures are supported by the BMA and we will be submitting evidence and lobbying for support during the legislative process

Criminal Justice and Licensing Bill

The Scottish Government has introduced primary legislation as part of its measures to tackle alcohol misuse. Plans to introduce minimum pricing will be introduced via regulations to the Licensing Act of 2005 – as yet these have not been tabled.

The Scottish Government’s framework for action on alcohol is broadly in line with existing BMA policy and we are supporting their position.

We plan to publish a new report “The Human Cost of Alcohol – doctors speak out” later this month and will be hosting a parliamentary briefing event on 1 April.

Sexual Offences (Scotland) Bill

The BMA has raised concerns of the unforeseen consequences of certain aspects of the Sexual Offences Bill. The BMA is concerned by the sections of the Bill that criminalise some consensual sexual activities between older children and fears that the threat of criminal prosecution is likely to deter young people from seeking the advice of health professionals on sexual health matters.

Other activities

The BMA has also submitted evidence to a Health Committee inquiry on Child and Adolescent Mental Health Services which is due to consider evidence in coming weeks.

The Petitions Committee is currently considering a petition regarding dispensing doctors. The BMA has submitted evidence to this inquiry and has also used this as an opportunity to encourage dispensing doctors to raise this issue with their local MSPs and generate more interest in the petition. A toolkit has been prepared and distributed to GPs.

Party Conferences

The BMA has hosted its usual pre-party conference dinners for Labour and Liberal Democrat MSPs. These have been productive meetings which have offered an opportunity to discuss issues on an informal basis.

We have attended Labour and Lib Dem party conferences. We successfully lobbied in support of a motion to ban tobacco vending machines – writing to councillors as well as MSPs in advance of conference.

We have also used the conference as an opportunity to meet individually with a number of MSPs to discuss the SGPC – ‘Way Ahead’ document and to discuss forthcoming legislation.

General Practice in Scotland: the way ahead

Dean Marshall briefed key MSPs from each party in advance of publication of this report and we are now in the process of arranging more formal meetings to discuss the consultation document.

We are in the process of organising a parliamentary briefing event on this in May.

QOF

Following the publication of a briefing paper on QOF in December, we have arranged a series of meetings with patient groups and special interest organisations to discuss the evidence supporting QOF, to hear their views on the framework and to raise awareness of the DoH consultation and its potential consequences for Scotland.

For more information on this or any other political activities in Scotland, please contact:

Gail Grant
Senior Public Affairs Officer
March 2009

WELSH ASSEMBLY

AM/MP meetings

Dr Richard Lewis, John Jenkins, Andrew Dearden (Chair of Welsh Council) and David Bailey continue their regular meetings with AMs and MPs about a variety of issues. Andrew Dearden and Tony Calland gave evidence to the Assembly's European and External Affairs Committee on cross border healthcare. Andrew Dearden and John Jenkins met with the Presiding Officer of the Assembly to discuss the future of the role of Wales' Chief Medical Officer.

BMA Cymru consultation responses

We submitted responses to the following consultations in February:

NHS reorganisation

Paying for care

GMC consultation

Student finance changes consultation

Conferences

In February John and Lucy attended the Bevan Foundation 'Patient Voice' Conference.

Blog

The Public Affairs team has used BMA Cymru Wales' blog to highlight various issues including diabetes and obesity, the WAG setting up a free advice line for GPs who may be seeing more patients' dealing with the health effects of the recession, better regulation of the sunbed industry in Wales.

BMA Wales
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