

## Content

2010/11 contract changes .....	2
BMA Employer Advisory Service .....	6
Cleanliness guidance .....	6
DDRB report .....	1
Extended hours access scheme DES 2010 .....	2
GP trainees conference .....	8
GPC meeting .....	1
GPC regional election results, 2010-2013 .....	7
In-practice fellowships .....	8
LMC conference motions – deadline .....	7
Locum GP pension contributions .....	5
Media coverage report .....	8
National Quality Board .....	4
Overseas doctors .....	5
PMS guidance .....	6
Practice boundaries .....	4
Revalidation .....	5
Summary Care Record .....	3
Tax health plan .....	5
Women doctors making a difference .....	6

## GPC meeting

The GPC met on 18 March 2010 and this newsletter provides a summary of the main items discussed.

## DDRB report

The DDRB report was published last week. Its recommendation to award GP contractors a 1.34% gross uplift reflected a formal acknowledgement of GPs' increasing expenses, though would have left nothing beyond that. The government's decision to override the Review Body's recommendation means that GP contractors will not have the full increase in their expenses met in 2010/11. This decision to override the DDRB recommendation has been mirrored in Scotland and Wales. We are still waiting to hear what will happen in Northern Ireland.

The 0.8% gross uplift imposed by the government has been designed to force practices to find 'efficiency savings' to cover rising expenses. The GPC negotiators have been at pains to secure the same treatment from the DDRB as for other doctors. The DDRB's award would have delivered this; the government's decision does not.

The next step will be for the GPC negotiators to meet NHS Employers next month to discuss how the 0.8% award will be distributed to practices. The DDRB had suggested that its recommended gross uplift be split with half being distributed to all practices across contractual funding streams and half being channelled into global sum, with any correction factor funding saved as a result being recycled into global sum. As the gross uplift is so small, very few practices would come off MPIG as a result of this approach. The Department of Health has indicated that this proposal is acceptable to them if no alternative arrangement is agreed in negotiation.

Other GP groups fared somewhat better and the government will honour the DDRB's 1% award recommendation for salaried GPs, trainees and educators. The GP registrar supplement has not been reduced again but held at 45%.

## 2010/11 contract changes

New Directed Enhanced Services Directions for 2010/11 and the associated SFE amendment are now available on the Department of Health website. These come into effect on 1 April.

- [The DES Directions are available online.](#)
- [The SFE is also available online.](#)

## Extended hours access scheme DES 2010

The GPC and NHS Employers have agreed that the extended hours access scheme will continue for a further year from 1 April 2010. The main change from the existing arrangements will be that **practices will be required to indicate by 30 June 2010 whether they are proposing to participate in the new extended hours access scheme** (or equivalent local arrangements) **in 2010/11**, so that PCTs are clear early in the financial year which practices will be involved.

PCTs must, before 30 April 2010, offer all existing GMS and PMS contractors in their areas the opportunity to enter into arrangements for extended hours access under the DES Directions. Contractors that wish to participate in these arrangements must submit a written proposal to the PCT within 28 days of the PCT's offer to enter into arrangements under the DES Directions.

Where possible, PCTs must enter into these arrangements with practices before 1 July 2010. PCTs will not normally be obligated to enter into extended hours access arrangements after 30 June 2010 (exceptions are set out in the Directions). However, PCTs retain the discretion to do this if they wish.

Any agreement made under these DES Directions will last until 31 March 2011.

Extended access to GP services remains a priority of the English government. The Department of Health has made it clear that PCTs should try to maximise the number of practices offering extended hours access and is keen that PCTs commission additional appointment times in line with patient preferences as expressed through the GP patient survey.

Once PCTs have established which practices will be involved in the scheme, they are expected to commission alternative arrangements for patients whose practices are not involved in the DES or equivalent local arrangements. PCTs will be advised to use the balance of the funding available for extended opening to commission these services from:

- other GP practices already participating in this initiative
- GP health centres
- out-of-hours providers.

There is obviously a risk in this policy of further fragmentation of routine patient care, especially as information sharing between practices is far from straightforward. The reality is that consultations taking place outside a patient's normal practice may be limited for practical reasons to treatment of minor illness.

## **Summary Care Record**

Following the concerns raised by LMCs, the GPC again debated the issue of the faster implementation of the Summary Care Record (SCR).

The following motion was passed nem con:

*"That the GPC deplores the recent fast roll-out of the SCR in England. We seek the halting of this roll-out, and that the DH and CfH discuss these issues urgently with the profession."*

Appendix 1 contains the letter sent by Hamish Meldrum (Chairman of BMA Council), Laurence Buckman and Dame Deirdre Hine (Chair of the BMA's Working Party on NHS IT) expressing the BMA's serious concern and requesting:

- Improved information so that patients can make informed choices about the upload of their medical information
- Additional support for practices to ensure the quality of records uploaded to the SCR are of the appropriate standard
- Additional support for practices to deal with returned mail relating to patient consent and FP69 procedures
- That roll-out of the SCR, where Public Information Campaigns (PIPs) have yet to commence, is halted until the UCL evaluation report into the project has been published and considered.

Appendix 2 contains the guidance which was issued last week *The Summary Care Record – Guidance from the GPC of the BMA*.

We would particularly draw GPs' attention to the section on page 3 entitled *Should the GP practice play a role in informing patients about the SCR?*. A continuing concern is the lack of easy access and availability to the opt-out form for patients. *It is essential that patients who wish to opt-out have the opportunity to do so and we recommend that practices make opt-out forms available in their practices.*

The [opt-out form can be found online](#) and a PDF of the form is attached at appendix 3.

The consent model for the early adopters was an implied consent model for both upload and access. The BMA and GPC campaigned for an explicit consent model and following the publication of the UCL evaluation, NHS Connecting for Health agreed to change the consent model so patient information should only be accessed with explicit patient consent. This was accepted by the BMA, following consultation with members of the GPC, subject to an evaluation of the Public Information Programme and limited piloting of the revised consent model.

The BMA and GPC do not support, and have not been consulted about, the recent accelerated roll out particularly prior to the publication of the independent evaluation. We feel that this could jeopardise and counteract the preceding gradual implementation.

In addition, the GPC believes that practices need to be content with their local PCT/SHA SCR Public Information Campaign (PIP), the level and quality of training and information provided by their PCT/SHA and ensure that their data is fit for sharing before making a decision to proceed to upload to the SCR.

## **Practice boundaries**

The Department of Health has released a public consultation on its proposal to remove boundaries from general practice. [Responses can be submitted online.](#)

The GPC set out its views on practice boundaries in a position paper in January, which is [available online](#). The GPC will submit a response based on the ideas contained within this paper.

## **National Quality Board**

Lord Darzi's 'High Quality Care for All' report contained the commitment to create the National Quality Board (NQB) with the aim of providing strategic leadership and a framework to quality improvement to the NHS. The BMA has produced a summary of the National Quality Board's 2009 annual report as part of overall monitoring of the Darzi review and the quality agenda in England.

The summary is now [available on the BMA website](#).

## **Revalidation**

The committee discussed the GMC Consultation *Revalidation: The Way Ahead*, which was published on 1 March and is [available online](#). The consultation sets out the GMC's view on how revalidation will work in practice. The BMA will be responding to this consultation in due course.

## **Locum GP pension contributions**

We are aware of anecdotal evidence of PCOs increasingly enforcing the rule whereby locum GPs engaged by GP practices have a '10-week window' in which to pension their income. Practices not paying locum GPs within this timeframe can lead to locum GPs missing this contribution deadline. This is a reminder of the importance of practices paying locum GPs for their work as quickly as possible, thus enabling them to pension their income.

## **Tax health plan**

As previously reported, HMRC's campaign for the medical profession is currently in operation with a deadline for applications of 31 March, payment to be made by 30 June. Further details can be obtained from [HMRC's website](#).

The Tax Health Plan is a time limited HMRC scheme offering an opportunity for health professionals with undisclosed tax liabilities to come forward and settle their affairs.

## **Overseas doctors**

The GPC believes that doctors who have not completed their vocational training in the UK should be required to demonstrate that they meet the requirements to work as unsupervised GPs in the UK. Suitability includes being fluent in English and an understanding of NHS general practice.

At present, the GMC is required to register any doctor who meets the qualification requirements of being a GP; no further tests are used. We are working with the BMA's International Committee to ascertain whether the Medical Act can be amended to allow the GMC to require any further testing as may be required. PCOs, on the other hand, are able to require a doctor to demonstrate that they have the relevant skills to work as a GP before granting entry to their Performers List. As a result, many PCOs require overseas doctors to undertake language testing and/or a period of induction in order to have full list inclusion. However, at present there is no uniformity between PCOs, although this will hopefully be addressed through the current review of the Performers List Regulations that is currently underway.

In the meantime, we encourage all practices to ensure that the doctors they engage with are on a PCO Performers List, are on the GMC's GP Register, and that they are competent to undertake the work.

## **BMA Employer Advisory Service**

The [BMA Employer Advisory Service](#) provides GP partners with free comprehensive, impartial and authoritative advice on a range of employer-related matters. The service was designed to facilitate the BMA in representing both sides in a dispute between salaried and partner GPs

Advisers will be able to deal with your queries on issues such as recruiting and employing staff, contracts and terms and conditions of service, appraisals and performance management, disciplinary procedures and dismissals. They are also well versed in current employment legislation, discrimination, the development of appropriate HR policies, and how to implement best practice. Advisers have excellent knowledge of local issues and well-established contacts with Local and Strategic Health Authorities, Primary Care Trusts and Local Medical Committees.

For free comprehensive, impartial, authoritative advice you can trust call the BMA Employer Advisory Service on 0300 123 123 3 anytime between 8.30am and 6pm (Monday to Friday, except UK-wide bank holidays) and you'll be connected directly to one of our expert advisers. Or you can email your query to [support@bma.org.uk](mailto:support@bma.org.uk)

To access the service at least one partner needs to be a BMA member, although we would recommend all doctors to be members of the BMA.

## **PMS guidance**

The GPC has updated its guidance on PMS reviews which can be [found on the BMA website](#).

## **Cleanliness guidance**

The National Patient Safety Agency (NPSA) is drafting guidance on cleanliness in the NHS for primary care providers. The guidance is aimed at helping primary care providers to set up simple, easy-to-follow processes to ensure that their premises are clean and safe. The GPC's Practice Finance subcommittee has been consulted on this guidance, which is in its final draft but has not yet been published. Members and LMCs will be informed when the guidance has been published and is available on the NPSA website.

Please note that advice on the manner in which cleaning is undertaken already exists in the *Revised Healthcare Cleaning Manual* on [the NPSA website](#).

## **Women doctors making a difference**

In August 2008, the Chief Medical Officer (CMO) asked Baroness Deech to chair an independent National Working Group to look at the position of women in the medical profession. The Working Group published in October 2009 their *Women Doctors: Making a Difference* report that can be viewed on the [Department of Health website](#). The report considered the situation for women doctors, reviewed the existing work and recommended a programme of action to improve

opportunities for women in medicine. The recommendations of the report include improving access childcare in NHS trusts and encouraging women to leadership positions within the NHS.

A BMA cross branch of practice project group will be taking forward the recommendations in the report that require discussion or negotiation with employers and educational organisations. If you have any suggestions on possible actions or any queries then please email William Jones at [wjones@bma.org.uk](mailto:wjones@bma.org.uk).

## **GPC regional election results, 2010 - 2013**

The following candidates have been elected unopposed to GPC for the period July 2010 - June 2013.

- William McAlpine - Ayrshire & Arran / Borders / Dumfries & Galloway / Lanarkshire
- Terry John - Barking, Dagenham & Havering / Redbridge / Waltham Forest / City & East London
- Richard Vautrey - Calderdale / Kirklees / Leeds / Wakefield
- Simon Poole - Cambridgeshire / Bedfordshire
- David Wrigley - Cumbria & Lancashire
- Andrew Green - East Yorkshire / North Lincolnshire / Lincolnshire
- Nigel Watson - Hampshire & Isle of Wight
- Joanne Bailey - Hertfordshire
- Gary Calver - Kent
- Anand Deshpande - North & South Essex
- Brian Dunn - Northern Ireland
- Mark McCartney - South & West Devon / Cornwall & Isles of Scilly
- Julius Parker - Surrey & Croydon

Two candidates were nominated in the following constituency, and an election will therefore be held.

- Alan Dow / Mohammed Jiva – Wigan and Bolton / Bury & Rochdale / W Pennine

Electoral Reform Services will distribute ballot papers on Thursday 15 April 2010. The closing date for receipt of ballot papers by ERS is noon, Thursday 6 May 2010, and we anticipate announcing the results on Friday 7 May 2010.

## **LMC conference motions - deadline**

The closing date for motions to amend Standing Orders of LMC Conference is **Thursday 8 April**.

The deadline for motions for the LMC conference main agenda is **12 noon on Monday 12 April**. 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 12 April 2010 cannot be accepted.

If you have forgotten your password for inputting motions through the LMC Conference motions database or wish to see a copy of the instructions again, please contact Karen Day on [kday@bma.org.uk](mailto:kday@bma.org.uk) as soon as possible.

## **GP trainees conference**

**'Get Ahead: The essential GP trainee skills day' - place on Friday 16 April at BMA House.**

This one-stop essential skills day aims to help you make the very most out of your training and preparation for life as a GP, from expert advice on presenting yourself to employers through your CV and interview to managing your finances in the early years of practice. There will be sessions on how to make the most out of your career choices and helping you to avoid the pitfalls of the journey ahead. This conference will equip you with vital know-how that you cannot afford to be without, and that you won't find anywhere else.

You can find out more on the [BMA website](#).

## **In-practice fellowships**

Are you a GP with an academic interest? The National Institute for Health Research (NIHR) has recently launched in-practice fellowships which aim to offer academic training to fully qualified general practitioners and general dental practitioners who may have already spent some time in NHS practice and who have had little formal academic training at this point in their careers. For further information [visit the NIHR website](#).

## **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 15 April 2010, 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 6 April 2010. It would be helpful if items could be emailed to Julie Goodway at [jgoodway@bma.org.uk](mailto:jgoodway@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](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 the GP trainees subcommittee
- Members of the sessional GPs subcommittee