

Content

GP IT subcommittee	4
GP patient survey	2
GPC meeting	1
GPC regional election 2009-2010	4
Media coverage report	5
Pandemic influenza update	1
Representation of sessional GPs	3
Safeguarding vulnerable adults	3
The commissioning of out-of-hours care	2
Workforce issues	3
Working in Partnership Programme workload analysis tool	4

GPC meeting

The GPC met on 21st May 2009 and this newsletter provides a summary of the main items discussed.

Pandemic influenza update

The GPC continues to meet regularly with the NHSE and RCGP to discuss outstanding issues of the joint DH - BMA - RCGP guidance: *Preparing for Pandemic Influenza - Guidance for GP practices, what to do now and in a pandemic*, which can be found on the [BMA website](#).

We will also be writing to GPs, LMCs and PCTs with an update on pandemic flu arrangements and the current progress of some of the issues that were raised in the joint pandemic flu guidance, in particular those relating to sessional GPs.

We would urge doctors regularly to check the latest guidance on the BMA website to keep updated of the latest developments; and this is particularly important for sessional GPs who may not routinely receive communications sent out to practices. The BMA's website also has links to other key websites, including the [Health Protection Agency](#).

GP patient survey

The GP patient survey was established in England in 2006/07 to support PCT assessment of general practices' achievements against national standards set out in DES agreements. These agreements linked results from the administered surveys with the rewards made to GP practices. The arrangements for this year's survey have been different from the past two years as the government decided to replace the previous arrangement with a national postal survey, payment for which is now through the QOF.

SGPC has already been dealing with some serious problems with the Scottish results, of which practices were notified a few weeks ago, in particular because they seemed to be based on small response rates. Practices in England are now receiving their own results, though the national-level data will not be published until late June. The GPC debated this yesterday, and is very concerned that problems similar to those in Scotland may be reported in England and in the other nations. If this does happen, some practices may have their results and therefore some QOF points and a significant amount of funding determined by a very small proportion of their total practice population. It is quite possible that practices will receive a good response rate to the survey as a whole, but low levels of response to one or both of the key access questions. It seems that this may be a particular problem with the PE8 questions on advanced booking.

The GPC is currently pursuing urgent discussions with the Department of Health and NHS Employers to seek to resolve this issue. In the meantime, however, we recognise that practices are being asked to sign off their QOF results by PCOs and will need to know what to do if they believe that their survey results do not reflect the reality of what they are providing. We have therefore produced the attached (appendix 1) guidance for practices. This will be supplemented shortly with more detailed guidance including a template letter. We are also investigating other options and will advise practices further as soon as possible.

The commissioning of out-of-hours care

Following a resolution passed at the 2008 LMCs conference, the GPC was asked to consider whether GPs should resume responsibility for the commissioning of out-of-hours (OOH) services. After much deliberation, it was concluded that practice based commissioning already enabled those GPs that wished to commission out-of-hours services, to do so. However, it was agreed that to recommend any change to the statutory framework of OOH commissioning would be inappropriate while funding remained inadequate in many places and inequitable across the country. There was also a considerable risk that if GPs were to resume the commissioning of OOH services, this would be confused with a responsibility to provide these services. Lastly, it was noted that different political parties have different intentions regarding the involvement of GPs in the commissioning of OOH care, and thus any change in government would require a detailed review of these considerations.

Safeguarding vulnerable adults

In October 2008 the Department of Health (DH) launched the national consultation on the review of the No Secrets guidance. The *Safeguarding Adults: A Consultation on the Review of the 'No Secrets' Guidance* document can be viewed via the [Department of Health website](#).

The Community Care Committee coordinated the BMA's response with significant input from the GPC and the Patient Liaison Group (PLG). The response was sent in January 2009.

In conjunction with the formal consultation, in October 2008 the DH invited a representative from the BMA to attend the NHS 'No Secrets' Advisory Group meetings. The DH set up the steering group to provide a communication channel between the DH and the NHS to ensure full engagement is achieved to develop safeguarding in the NHS during the next phase of the development and implementation of the No Secrets guidance in 2010.

On 6 May 2009 the chairman met with Anna Morgan, National Programme Manager No Secrets, Department of Health, to discuss the safeguarding of vulnerable adults and the DH's draft practical guidance for GPs being developed.

From the consultation and these meetings, the GPC is anticipating that this initiative could have a significant effect on GP as employers in addition to GPs themselves. The GPC will be working closely with relevant stakeholders to produce guidance for GPs in the near future.

Workforce issues

The BMA's Health Policy and Economic Research Unit is working with all branch of practice committees on a coherent BMA-wide medical workforce policy. The GPC proposed that any expansion or extension to GP training must be properly resourced, as well as support for career progression across the range of different contractual arrangements for GPs.

Alongside this work, the GPC has set up a workforce sub-group to examine GP-specific workforce issues. The sub-group is working on an agreed GPC workforce policy in the context of a number of issues, including the current lack of career choices and partnership opportunities for newly qualified and other GPs, the trend towards the recruitment of salaried GPs, the expansion of GP trainee numbers, and the increased demand for primary care services. The GPC supports the need for concrete action in this area, and the workforce sub-group will be meeting again to determine and prioritise its proposals for further action.

Representation of sessional GPs

Representatives of the Sessional GPs subcommittee and the Representation subcommittee will be meeting in the forthcoming session to consider the representation of sessional GPs on GPC

and within the wider BMA. The group will consider the possibility of seeking views from the wider body of sessional GPs.

GPC IT Subcommittee

The GPC currently directly elects five representatives to sit on a Joint GP IT Committee, which comprises representatives from the Royal College of GPs, the Chairmen of the National GP Systems User Groups and one representative of the British Computer Society.

As well as their work on the Joint GP IT Committee, the GPC members also undertake a significant amount of work without reference to the Joint GP IT Committee and have found that the lack of a formal IT subcommittee within GPC has made it more difficult to undertake that work, and has led to confusion and a lack of clarity when dealing with organisations outside of GPC.

Therefore, it was agreed that a GPC IT subcommittee should be piloted during the 2009/10 session. Five GPC members will be elected to this subcommittee, and all five members will also be appointed, ex-officio, as the GPC's representatives on the Joint GP IT Committee.

This decision will be reviewed at the end of the 2009/10 session.

Working in Partnership Programme Workload Analysis Tool

The GPC received an announcement about the Workload Analysis Tool developed by the NHS Working in Partnership Programme to help general practice manage workload demands more effectively. The marketing rights and intellectual property rights to the Tool have been awarded to Informatica Systems Ltd. [Further information is available online.](#)

GPC regional election 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

- S & W Devon/Cornwall & Isles of Scilly

* 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 (7 August 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 6610; 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: Joe Read, General Practitioners Committee, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP by no later than 5pm on Friday 12 June 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 17 July 2009.

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 16 July 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 7 July 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

PATIENT SURVEY 2009 – Interim Information to all GPs from GPC

Background

The GP patient survey was established in England in 2006/07 to support PCT assessment of general practices' achievements against national standards set out in DES agreements. These agreements linked results from the administered surveys with the rewards made to GP practices.

As of this year, payment became linked to QOF rather than to a DES and the survey was extended to comprise 49 questions in England and Northern Ireland encompassing all-round patient experience rather than just access. The surveys in Scotland and Wales are much shorter but the questions on which payment is based are broadly the same. From 2009 in England the survey will run quarterly with payment made at the end of each year. Ipsos MORI intends to invite 5.7 million adults in England to participate in the survey, breaking down into 1.4 million adults quarterly.

Despite the extension of the survey, payment to practices is based on just two sets of questions which support assessment of the access indicators in QOF covering rapid access and advance booking. PE7 varies slightly across the four countries reflecting national standards:

PE 7 Patient Experience of Access (1)

Q6. In the past 6 months, have you tried to see a doctor fairly quickly?

By 'fairly quickly' we mean on the same day or in the next 2 days the GP surgery or health centre was open.

Yes Please go to Q7

No Please go to Q9

Can't remember Please go to Q9

Q7. Think about the last time you tried to see a doctor fairly quickly. Were you able to see a doctor on the same day or in the next 2 days the GP surgery or health centre was open?

Yes Please go to Q9

No Please go to Q8

Can't remember Please go to Q9

PE 8 Patient Experience of Access (2)

Q9. In the past 6 months, have you tried to book ahead for an appointment with a doctor?

By 'booking ahead' we mean booking an appointment more than 2 full days in advance.

Yes Please go to Q10

No Please go to Q11

Can't remember Please go to Q11

Q10. Last time you tried to, were you able to get an appointment with a doctor more than 2 full days in advance?

Yes

No

Can't remember

Practices will receive payment if they achieve the following thresholds in the two patient experience indicators (PE7, PE8). The higher the percentage score achieved within the designated thresholds the higher the points achieved and the greater the achievement payment to the practice.

Indicator	Points	Threshold
PE7 – The percentage of patients who, in the patient experience survey, indicate that they were able to obtain a consultation with a GP within 2 working days.	23.5	70-90%
PE8 – The percentage of patients who, in the patient experience survey, indicate that were able to book an appointment with a GP more than 2 days ahead.	35	60-90%

QOF points are worth £126.77 each so these indicators PE7 and PE8 are potentially worth £2979 and £4437 respectively to average practices.

What appears to have happened

Enough questionnaires were sent out to elicit a statistically valid number of responses based on previous survey experience. However, because this is such a long survey, respondents appear not to have completed all of the questions. When it comes to the two questions which determine practice funding (PE 7 & PE 8) it appears that they have not always been answered. In some cases more patients have answered PE 7 than PE 8. This has had a big impact on the results of those practices where this has been particularly pronounced.

While the majority of practices should end up being rewarded based on statistically significant responses from a reasonable number of patients, some may have their results determined by a tiny proportion of their total practice population. In theory, an average practice with around 5800 patients could end up losing almost £7500 on the basis of responses from only a few dozen patients. This is appalling, unfair and will have a devastating effect on these practices. It should be noted in this context that the best possible result for practices is that they retain their existing QOF funding. If practices score less than 90% on either of these two questions, they receive a cut in QOF income.

According to the information that is coming in from LMCs and individual practices it appears that the same thing is happening in England, Wales and NI as has happened in Scotland, where we now have the complete national picture.

GPC position on the survey

We think it is extremely important to get patient feedback and surveys are a good way of doing this. However we have long had problems with this survey. In particular the length, which we always said would put people off replying, the change in process (from practice-based to postal survey), and the exorbitant cost.

We raised concerns with Alan Johnson and Ministers in the other nations and we had been voicing them long before that to officials from the Health Departments. Despite this, the government went ahead and essentially imposed a fundamentally flawed survey on the profession.

The resultant impact on some practices will be extremely unfair and it could have a knock-on effect on the services they provide to their patients. It is ironic that this survey is supposed to improve access, yet these practices will unfairly lose money making it harder for them to do just that. It is sad that the taxpayer will be putting money into a survey that will result in potential reductions in funding to the very practices that need the funding to improve services to patients.

What has GPC done since we learned of the situation, what are going to do & what is our advice to GPs?

There have already been meetings between GPC, NHSE and senior officials in the Departments of Health. We have stressed to all of them that this situation

needs to be resolved as a matter of utmost urgency. They have said they are going to consider what they will do next. We will continue to press the Departments of Health on this. Depending on the outcome of these negotiations we will consider what further action we might take.

We offer our full support to any practices that feel they may have lost out unfairly because their results are statistically insignificant, the sample size is too small, or the result is inaccurate in any other way.

If a practice feels that their results do not reflect the reality of what they offer patients then they should put in a QOF appeal to their PCO. We will provide them with a template letter so they can be happy that the wording they use is legally watertight. This letter will be up on our website as soon as possible and will also be sent to all LMCs.

Further information will follow as soon as we have it.

20.5.09

Appendix 2

GPC Media Coverage Report – April 2009

The main GP stories in the media during April were:

BMA Partners in Care: This new BMA publication demonstrated the range of positive changes doctors can make to people's lives and the new services being developed to benefit their patients. It included nine GP case studies. Two large features appeared in the health supplements of the Daily Mail and Daily Express, both were positive about doctors and the BMA. A further case study has also featured on BBC Health Online and there has been a significant amount of regional coverage. In each case the patient perspective was key to their publication.

King's Fund inquiry into general practice: The launch of this inquiry was carried only by the Telegraph and the trade press.

RCGP Guide to Revalidation: This was published on April 1st. The national media reported it as a way for patients to be able to rate their GP.

GP – led health centres: The opening of new centres, including the first 'polyclinic' in London, continues to draw regional media coverage.

BMA mentions in the national and regional media for April

	National	Regional	Total
Print:	9	44	53
Broadcasts:	8	6	14

SUBJECT	National broadcast	National print
Polyclinics / super-surgeries	6	-
Obesity	1	-
Swine Flu	1	-
Dangers of buying drugs over the internet	-	4
Casualty reforms / introduction of medical centres	-	1
'Partners in care' coverage	-	2
Obesity / 'Fat tests'	-	1
Patients to rate GPs	-	1
TOTAL	8	9

SUBJECT	Regional media
PinC	15
Internet drugs	6
Polyclinics	6
Coroner	5
Swine flu	4
NHS Admin	3
Rated by patients	2
Extended hours	2

Award	2
Fees	1
Hospital referrals	1
Prescription charges	1
IT	1
Social security	1

Press releases issued

7/4/09 NHS patients tell their stories in new BMA publication
(BMA publication 'Partners in Care')

Scotland

General Practice in Scotland: the way ahead:

We continue to work on generating interest and support for our consultation document, submitting articles for publication in the national press as well as encouraging LMCs to submit articles in their own local media.

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
Use of prescription drugs to tackle obesity & smoking	1	2
Alcohol Misuse – BMA report	10	6
Dispensing Doctors	3	1
Tobacco Legislation	4	1
Childhood Obesity		3
First Response (emergency care)	1	
Whole body scans	1	
Physician Assisted Suicide	2	
Drinking during pregnancy	1	

Press Releases issued:

2 April The human cost of alcohol – doctors speak out (Peter Terry & Andrew Thomson)
6 April BMA Scotland calls for halt on community pharmacy applications (Dr Dean Marshall)
8 April BMA Scotland urges politicians to be bold on tobacco control in face of 'scaremongering' tactics of cigarette producers and retailers (Peter Terry & Dean Marshall)

Articles:

Date	Author	Publication	Title
14 April	John Garner	Scotsman	Hats off to nurses' headgear: they were uniformly good.
29 April	Dean Marshall	Scotsman	If you think you are at risk, it's

			wise to phone your doctor.
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Wales

Press releases issued

Second anniversary of ban on smoking in enclosed public space – BMA Cymru Wales calls for extension to include hospital grounds

Hospital bed closures risks patient safety

Doctors leaders shine spotlight on hidden crime of domestic abuse

Budget – BMA Cymru’s response to increase taxation on alcohol

GP media work

Issues Welsh GPs have commented on in the media in April include; increased use of anti-depressants; swine flu, dangers of using online medications; rise in teenage abortions in Wales.

Blog

The Public Affairs team has used BMA Cymru Wales’ blog to highlight the following issues and BMA policy; the Budget (increase taxation on alcohol), better stroke services needed in Wales, violence and aggression against NHS staff, binge drinking, smoking ban to include hospital grounds.

Media coverage

Subject	Welsh Press	Welsh Broadcast
Extend smoking ban to include hospital grounds	7	5
Rise in teenage abortions	2	1
GPs call on WAG to lift suspension on new surgery developments	1	
Increased use of anti-depressants in Wales	3	1
NPHS report – alcohol mis-use	2	
GPs urge WAG to close loophole forcing some North Wales hospital patients to pay for NHS prescriptions	2	
Rise in measles cases		1
GPs call for North Wales’ new health trust to get its own commissioning powers to safeguard services	2	
Warnings over safety of online medications		3
Bed closures risk patient safety	2	2
Swine flu	2	1
BMA domestic abuse seminar	1	1
TOTAL	24	15

GPC Parliamentary and Assembly Activity Report

WESTMINSTER

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

MP-GP practice visit scheme

More than 200 MPs have contacted the BMA's Parliamentary Unit since the MP-GP practice visit scheme was introduced in October 2008. So far, the BMA has helped organised 129 MP visits to GP practices in their constituency with many more being planned. Feedback has been positive with the majority of MPs reporting a better understanding of general practice following their practice visit.

If you would like to get involved with the MP-GP practice visit scheme, please contact Susan Solanki, Parliamentary Liaison Officer at ssolanki@bma.org.uk

Legislation

The BMA continues to brief on:

Health Bill: This Bill contains various measures including the introduction of an NHS constitution; a duty for NHS bodies to provide quality accounts; the introduction of direct payments; creation innovation prizes; and the creation of 'trust special administrators' to deal with failing trusts. A cross party amendment was agreed to that would allow the Government to make changes to the rules governing the private patient income cap at a time of its choosing. The Bill has now completed its Lords Stages and is due to enter the Commons. The BMA has been briefing on various aspects of the Bill – the BMA's briefing can be viewed at: www.bma.org.uk/news/lobbying_campaigning/Healthbilllob.jsp

Coroners and Justice Bill: This Bill introduces reforms to coroners and death certification. There were other measures in the Bill to allow unprecedented levels of information sharing but these proposals have been dropped from the Bill following extensive lobbying from the BMA and other organisations. The Bill is currently in the Lords – the BMA's briefing for MPs can be viewed at: www.bma.org.uk/news/lobbying_campaigning/Coronbilllob.jsp

Equality Bill: The Bill aims to streamline the various strands of equality legislation into a single piece of legislation. The BMA believes that the Bill will help lead to greater consistency and clarity within the law and will help, through mechanisms such as public sector equality duties, to ensure that healthcare organisations fulfil their responsibility to eliminate discrimination and promote equality in all aspects of healthcare. The Bill is in the Commons – the BMA's briefing paper can be viewed at: www.bma.org.uk/employmentandcontracts/equality_diversity/equalbill.jsp

Welfare Reform Bill: The BMA supports moves to help those dependent on drugs to access treatment and to facilitate their entry into the workforce. However, the BMA is concerned that proposals in the Bill relating to the collection of information on a claimant are too far-reaching. The Bill is currently in the Lords – the BMA's briefing paper can be viewed at: www.bma.org.uk/healthcare_policy/community_care/welfarebill.jsp

Parliamentary Debates

Swine Flu

The Government has periodically updated MPs in the Commons on its response to Swine Flu. Furthermore, a substantial debate on Swine Flu took place on 14th May, which the BMA briefed MPs for. To read the debate, please go to:

www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090514/debtext/90514-0010.htm#09051460000002

NHS Next Stage Review

MPs debated the NHS Next Stage Review in the House of Commons on Thursday 14th May 2009. The BMA briefed MPs ahead of the debate to raise awareness of our position on a number of issues including GP-led health centres, the NHS Constitution, personal health budgets and integrated care organisations. To read the debate, please go to:

www.publications.parliament.uk/pa/pahansard.htm

Health Questions

Health Questions were held in the House of Commons on 12th May 2009. During the session, Ministers from the Department of Health were asked about a wide range of issues including preparedness for a flu pandemic, swine flu, Choose and Book and OOHs. The full exchange can be viewed at:

www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090512/debtext/90512-0001.htm#09051228000015

Health Select Committee

The Health Select Committee is currently holding an inquiry on alcohol. The inquiry is exploring a wide range of issues including the scale of ill-health related to alcohol misuse, and the consequences for the NHS. During recent oral evidence sessions, the Committee has raised a number of queries about GPs' ability to diagnose alcohol-related conditions and access to alcohol treatment services.

BMA Parliamentary Unit
May 2009

SCOTTISH PARLIAMENT

During April much of our activity centred around promoting the consultation document "General Practice in Scotland: the way ahead". This month we also published our report "The Human Cost of Alcohol Misuse: doctors speak out" and continued our efforts to generate support for key elements of the Scottish Government's alcohol strategy.

We also submitted our evidence for the Tobacco and Primary Medical Services (Scotland) Bill which is due for consideration by the Health Committee.

QOF

As part of our 'promoting GPs' campaign we have organised a series of meetings with patient interest groups to discuss QOF. This is an effort to generate support for evidence based/nationally implemented standards for care. In April Dean Marshall met with representatives from:

- Asthma UK (Scotland)
- Cancer Research UK
- Alzheimer Scotland
- Chest Heart and Stroke
- Patients' Association Scotland

These meetings also provided an opportunity to discuss the consultation document.

The Way Ahead

Dean has also met with the key health spokespeople from the Political Parties to discuss the consultation:

- Mary Scanlon (Conservatives)
- Cathy Jamieson (Labour)
- Ross Finnie (Lib Dem)
- A meeting with Nicola Sturgeon, Cabinet Secretary for Health has been organised for June.

Alcohol Misuse

We hosted a Parliamentary event to brief MSPs on our new report "The Human Cost of Alcohol: doctors speak out". This event was well attended by MSPs and grassroots doctors who spoke of their own experiences of seeing patients who misused alcohol. This document has been circulated to all MSPs highlighting the impact in their own constituencies. We have also circulated this to all Licensing Board Chairs in Local Councils and our colleagues in the BMA Parliamentary Unit in London have sent copies to all Scottish MPs.

The Liberal Democrats and SNP parties both issued supportive press releases following publication of this report on 2 April 2009.

Following publication of our report, a motion was tabled in the Scottish parliament:

Ian McKee: The Human Cost of Alcohol Misuse—That the Parliament acknowledges BMA Scotland's recent report, *The human cost of alcohol misuse: Doctors speak out*, which highlights the local and national statistics on alcohol and its impact on people's health, showing that between 2007 and 2008, 42,430 acute general discharges from hospital with an alcohol-related diagnosis were registered in Scotland and that 1,687 alcohol-related deaths were registered in 2007 alone; considers that these are worrying figures that demonstrate that Scotland's relationship with alcohol is in need of radical change, and welcomes BMA Scotland's recommendations, which very much reflect the Scottish Government's proposals for tackling alcohol misuse, including the introduction of minimum retail pricing, improved product labelling and the regulation of irresponsible promotions.

The SNP also tabled a motion at Westminster:

Mason, John

That this House notes the recent publication of *The Human Cost of Alcohol - Doctors Speak Out* by the British Medical Association Scotland; recognises that those in the medical profession have a far greater understanding than most of the true extent and cost of alcohol misuse in the UK; further notes the range of recommendations made in the report to reduce excessive drinking, including steps to control price and availability and increase awareness of the amount of alcohol in drinks; further notes that, 10 years after the drinks industry introduced a voluntary code of practice for alcoholic labelling, only 3 per cent of products were found to contain all the information required, and 43 per cent of products contained no information at all; acknowledges previous research from the USA which found that mandatory labels on alcoholic beverages increased knowledge regarding the risks of drink-driving and drinking during pregnancy; and therefore calls on the Government to introduce legislation to make clear and consistent labelling of alcoholic products a legal requirement.

Peter Terry, Chairman of BMA Scotland was invited to meet with Labour Leader Iain Gray and Labour Health Spokesperson Cathy Jamieson to discuss our policies on alcohol misuse raised in the BMA Scotland report.

The BMA is working in coalition with Alcohol Focus Scotland and Scottish Health Action on Alcohol Problems to lobby MSPs on our policies.

Conservative Party Dinner

We hosted an incredibly well attended dinner for the Scottish Conservatives (9 out of 15 MSPs attended). This provided an opportunity for an informal discussion on a whole range of issues however General Practice dominated the discussion in light of the current proposals to remove the ability for commercial companies to provide GMS services.

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

WELSH ASSEMBLY

AM/MP meetings

Dr Richard Lewis met with the Deputy Chief Medical Officer about workforce planning

John and Dr Richard Lewis met with Peter Black AM (Lib Dem health spokesman) about occupational health and NLIAH

Dr Richard Lewis met with Sheila Lloyd-Jones, HR Director NHS Wales, regarding Consultants contract

John and Dr Richard Lewis met with Kirsty Williams – leader of the Welsh Lib Dems

John and Dr Richard Lewis met with Dafydd Ellis-Thomas, Presiding Officer of the Assembly and Dr Andrew Dearden

Briefing AMs

Lucy briefed Jonathan Morgan, AM and Chair of the Assembly's Audit Committee on implications for junior doctors surrounding the implementation of EWTD.

Conferences

Party Political conferences

In April John and Lucy attended Welsh Labour and the Welsh Liberal Democrats Spring Conferences. John spoke at the Lib Dems conference on free prescriptions and minimum pricing for alcohol.

IWA Conference

John and Lucy also attended the Institute of Welsh Affairs conference on a decade of Devolution in Wales.

BMA Domestic abuse seminar

Policy and Public Affairs held a Domestic Abuse seminar, where the Social Justice Minister was a guest speaker.

BMA EWTD Policy Day

BMA Cymru Wales held a policy day to discuss issues around the implementation of EWTD in Wales

BMA responses to Welsh Assembly Government consultations

BMA Cymru Wales submitted responses to WAG consultations on the future of Community Health Councils in Wales and a Unified Public Health organisation for Wales.

Blog

The Public Affairs team has used BMA Cymru Wales' blog to highlight various issues including domestic abuse, EWTD, the GMC's Licence to Practice scheme, improvements needed for strokes services in Wales, pressures on NHS beds risking patient safety.