GPC Newsletter

www.bma.org.uk

Friday 19 July 2012 **Issue 1**

Content

GPC meeting

The GPC held its meeting on 19 July 2012 and this newsletter provides a summary of the main items discussed.

Negotiating team 2012

Elections were held for the GPC negotiators and the team for 2012-2013 is as follows:

Laurence Buckman (Chairman)
Richard Vautrey (Deputy Chairman)
Peter Holden
Dean Marshall
Chaand Nagpaul
David Bailey (GPC Wales)
Tom Black (GPC Northern Ireland)
Alan McDevitt (GPC Scotland).

NHS pensions

Further to this week's meeting of BMA Council, the BMA is suspending plans for further industrial action and joining other health unions in talks with the government about the details of the changes to the NHS pension scheme. In particular, it wants to engage fully in a review of the impact of working longer, and in consideration of the proposed increases to contributions and how they relate to the system of tiering that exists in the scheme.

The day of action on 21 June enabled thousands of GPs and hospital doctors to send a clear and strong message to government that they are angry about what they see as the unnecessary and unfair changes, and the way in which they have been handled - while also enabling them to ensure patient safety was protected.

The public seems to have responded positively, despite much negative media coverage - an independent survey by Ipsos MORI immediately following 21 June showed high awareness of the action and significantly more support for doctors than the government in the dispute.

The BMA always said that it would review the action in order to determine next steps. Having done that, it is clear that only an escalation of industrial action would have had any possibility of causing the government to rethink its whole programme of changes. The BMA and the profession as a whole are unwilling to do that at this point because of the impact on patients.

Instead, the BMA will take part in discussions to explore opportunities for improvements to the plans during the implementation phase and no further industrial action by doctors will be planned at this stage. The BMA is also seeking to work with other health unions to campaign further, significant improvements to the plans in the longer term - especially around the increase in the retirement age and the unfair treatment of the NHS scheme in comparison with other public sector schemes.

Industrial action has not been ruled out but the BMA would always far prefer to seek changes through negotiation and lobbying.

Clinical commissioning groups and membership

Following recent queries from many different sources, this section clarifies some issues that have been raised relating to practice membership of CCGs and contractual obligations and the government's proposals for Local Enhanced Services in England. These come from our senior counsel.

The GPC has published a concise checklist to help practices to assess their CCG constitution. . The checklist includes the 'must haves' as well as things that definitely shouldn't be in the constitution. Feel free to cascade these documents as widely as possible and advise GPs that they do not have to sign anything that does not fit with this checklist however much CCGs or others tell them that the world will end if they do not sign at once.

Practice membership of CCGs

As you are aware, it was part of the negotiated settlement in 2011–12, that GP practices in England would, as part of their contract, be a member of a clinical commissioning group, in the context of the abolition of Primary Care Trusts**.** The wording in the negotiated letter of agreement last year was:

CCG Membership
NHS Employers and GPC negotiators have agreed in principle that subject to the successful passage of the Health and Social Care Bill all GP practices in England would be contractually required to be a member of a CCG.

The GPC negotiators were explicit and rejected any proposal to broaden this beyond the technical fact that GP practices will be members of a local CCG. This position was reiterated at the commencement of this year's negotiations.

The wording in the Act

The Health and Social Care Act stipulates that all practices in England must be a member of a CCG (Clause 28). Concerns have been raised in particular about Section (d) of Clause 128:

'*(d) for requiring a relevant contractor, in doing anything pursuant to the contract, to act with a view to enabling the clinical commissioning group to which it belongs to discharge its functions (including its obligation to act in accordance with its constitution).*'

We have sought legal advice on this section. The CCG's main function is to provide or commission secondary care in a particular locality. Our legal advice is that this section merely ensures that when a commissioning decision has been made - as is currently the case with PCTs - it is adhered to by practices in a spirit of cooperation and so as not to prevent or thwart a CCG from performing its functions. In the view of the GPC lawyer, this is entirely reasonable and is consistent with the current relationship between practices and PCTs. The 'obligation to act in accordance with its constitution' (in brackets) refers to the CCG's obligation to act in accordance with its constitution. The GPC has repeatedly reiterated that CCGs should have no role in the commissioning or administration of primary care contracts and will not be able to interfere in the contractual duties of practices. The latest information from the NHS Commissioning Board 'Securing Excellence in Primary Care' does state that the NHSCB's Local Area Teams (LATs) will liaise with CCGs regarding practice

performance, but CCGs will have no role in performance management or have any contractual sanctions to apply to practices.

The Act also states that CCGs are accountable to practices. The constitution is an important lever for practices to use to hold their CCG to account. If a practice is to enable a CCG to act in accordance with its constitution, then it is vital that practices to ensure that they are happy with the content of that constitution. The GPC has serious concerns that some CCG constitutions have included clauses relating to performance management of practices and penalties to impose on practices. Practices have a responsibility to engage with the LMC and make a stand against these types of clauses, as otherwise they will be bound by them going forward. The GPC has repeatedly emphasised this point to GPs and LMCs, in communications and guidance.

The secondary legislation, which will include regulations governing commissioning and procurement processes and the commissioning responsibilities of the NHSCB, is expected shortly (Parliament rises on 18 July and it had been indicated that some secondary legislation would appear before then). The GPC, along with other BMA representatives, has been feeding into discussions with the DH and NHSCB in advance of secondary legislation, and has consistently reiterated our position that the NHSCB should have sole responsibility for contract management. The BMA will be lobbying on the secondary legislation when it appears.

Local enhanced services
The NHSCB's proposal is that from April 2013 the NHSCB and CCGs will be able to commission services currently commissioned as Local Enhanced Services. These will be commissioned via the standard NHS contract. This does not necessarily require an AQP approach. The negotiators reported to the committee that they were aware of this proposal and that this has not formed part of any negotiations. This has been raised with the NHSCB.

QOF FAQs

Joint BMA and NHS Employers guidance on QOF frequently asked questions for 2012/13 has been published on the BMA and NHS Employers websites at the following webpages:

- QOF FAQs available on the BMA website.
- QOF FAQs available on the NHS Employers website.

These FAQs are for primary care organisations and general practices and apply across all four countries, covering a number of historical issues and commonly asked questions.

QOF smoking indicator business rule update

The business rules for SMOKING6 and SMOKING8 have now been published on the NHS PCC website.

This is to reflect the aim of the indicator so that patients are *offered* 'support and treatment',

whether this means a referral to a smoking cessation service, drug treatment or follow up appointments with the practice (GP/nurse etc) and not for a patient to *accept* 'support and treatment'. If a patient declines support and/or treatment, then suitable codes have been included in the relevant clusters to accommodate this.

NHS 111 services – Strategic health authority (SHA) leads

The Secretary of State for Health announced in July that he recognises that an extension of up to six months is required before local NHS 111 Services can be implemented in certain regions of England.

Further to that announcement, the Department of Health (DH) NHS 111 Team has sent the GPC office the contact details for the regional 111 leads for each SHA in England. Whilst we recognise that LMCs will already be working to influence decision making with regard to local services and may already have this information, the DH is keen for the list below to be circulated to LMCs:

North East SHA	Berenice Groves	berenice.groves@nhs.net
North West SHA	Jane Higgs	Jane.Higgs@northwest.nhs.uk
Yorkshire & The Humber SHA	Eleri de Gilbert	eleri.degilbert@rotherham.nhs.uk
East Midlands SHA	Jackson Jonathan	jonathan.jackson@nhs.net
West Midlands SHA	Wayne Bartlett	Wayne.Bartlett@warwickshire.nhs.uk
East of England SHA	Deborah Knight	deborah.knight@eoe.nhs.uk
London SHA	Eileen Sutton	Eileen.sutton@london.nhs.uk
South Central SHA	Simon Cook Stephanie Clark	Simon.Cook@southcentral.nhs.uk / Stephanie.Clark@southcentral.nhs.uk
South West SHA	Julia Chisnell	Julia.chisnell@southwest.nhs.uk
South East Coast SHA	Rachel Harrington	Rachel.Harrington@southeastcoast.nhs.uk

LMCs are invited to get in touch with their regional 111 lead. These are the people responsible for coordinating the work and engagement with their CCGs in order to get local 111 services in place. The DH is keen to get as much clinical input as possible, so if LMCs wish to share their concerns and suggestions, the GPC encourages you to do so.

Agency Workers Regulations guidance

Guidance on the Agency Workers Regulations is now available on the BMA website. The guidance will be useful for all locums who are engaged by agencies, as well as practices who hire them.

GMC guidance: Continuing professional development

The GMC has launched new guidance: *Continuing professional development: guidance for all doctors*.

This new GMC guidance has been developed in co-operation with doctors, medical Royal Colleges, employers, patients and the public, and follows widespread public consultation earlier this year.

It is hoped doctors will use it to reflect on how their learning and development improves the quality of care they provide to patients and for the service in which they work.

The guidance describes:

- How doctors should plan, carry out and evaluate their CPD activities;
- The importance of taking account of the needs of patients and of the healthcare team when doctors consider their own learning needs;
- How doctors should reflect on the *Good Medical Practice* domains when evaluating their CPD needs;
- The relationship between CPD and revalidation;
- The use of appraisal, job planning and personal development plans in managing CPD and how to record CPD activities;
- The responsibilities of others, such as employers and Colleges, in supporting doctors' CPD.

You can find out more about the GMC's professional development support on the GMC's website.

Guidance on identifying services that should not be provided by GPs

On several occasions over a number of years, we have been made aware of GPs being asked to provide services to patients residing in institutions or homes where the types of services expected do not fall under the responsibility of primary care. There appears to have been an increase in the numbers of such cases recently. With this in mind, we have put together revised guidance to help GPs decide whether or not the treatment they are providing in institutions and residential homes falls within the remit of standard primary medical services contracts.

The guidance is available on the BMA website.

Control of asbestos regulations

The Health and Safety Executive has revised the Control of Asbestos Regulations. A short guidance note on the implications of this is available on the BMA website.

CQC registration

The CQC is sending out letters to primary medical services providers registering with them by April 2013, inviting providers to set up an online account on their website. As part of this process, providers will be asked to pick a 28 day window between September and December 2012 for submitting their application form. Providers who have not received a letter by the end of July, and who they think they should register, should contact the CQC at 2012registration@cqc.org.uk.

Further information about the registration process is available in our guidance on the BMA website.

Reimbursement of GP trainee travel expenses

The following guidance is currently England-specific, but further guidance will be published shortly to reflect nuances in the reimbursement processes in Scotland, Wales and Northern Ireland.

GP trainees who use their cars to conduct home visits during their placements are entitled to claim mileage expenses. The journey to and from work (up to 10 miles in each direction) can also be claimed, but only if a home visit is made that day.

Travel expenses can be reimbursed for deanery-organised educational events or programmed teaching, but this does not seem to apply to all deanery areas. Training practices and trainees are advised to check this with their deanery.

Trainees are either able to claim this allowance through the training practice, which in turn claims reimbursement from the regional Deanery, or directly though the Primary Care Organisation (PCO). The training practice is expected to signpost the trainee to the correct person at the PCO if necessary.

The rates at which they can claim are set nationally by the Directions to Strategic Health Authorities Concerning GP Registrars (see Annex 3 of Schedule 1 attached below). The amounts they can claim vary according to the cc of their car and it can be up to a rate of 58.3p per mile for certain cars. This is over the rate permitted for the purposes of tax (45p per mile) and so any amount above the 45p per mile rate is seen as a benefit and should be taxed as such.

This means that the employer (practice) should then either:

- complete a P11D form for the Inland Revenue detailing any of this and any tax owing will be taken out of the trainees National Insurance contributions the following year; or,

- some practices may have pay roll software that can do the tax calculations for them as they go along.

Trainees and practices should ensure that they keep a record of any mileage claims for up to six years for tax purposes.

The BMA is working with NHS Employers to see if the GP Registrar directions can be changed to come in line to reflect taxable allowances.

More information on the P11D can be found online.

Request for patient information by PCTs - risk stratification

We are aware that LMCs are increasingly receiving requests for advice from practices about sharing patient information, particularly with regard to risk stratification. The BMA has produced guidance to support LMCs in dealing with requests for data for secondary purposes. We consider risk stratification as a secondary use of data and therefore any release of patient identifiable must be subject to existing legal and ethical principles. Patient identifiable information should remain within the practice unless explicit patient consent is obtained or there is another legal basis for the disclosure such as approval under section 251 of the NHS Act 2006. Identifiable patient information should not be accessible to other staff, including clinicians, unless they are providing direct care for that particular patient. The guidance 'Requests for disclosing data for secondary purposes' is available on the BMA website.

The General Practice Extraction Service (GPES) - England only

GPES is a new service, delivered by the Health and Social Care Information Centre (HSCIC). From April 2013, GPES will make data available from GP clinical systems with the intention of improving the health and wellbeing of patients in England. The first request from GPES will be the data required for the Quality and Outcomes Framework for 2013/14. It is important that you are aware of GPES because each GP practice will be asked to consider whether to participate in the service.

The BMA has been involved in advising on GPES from the outset, particularly in relation to information governance and ensuring that the confidentiality of patient data is protected. This included agreeing GPES information governance (IG) principles which recognise the role of GPs as data controllers. One fundamental IG principle is that general practices, as data controllers, decide whether data should be extracted. Another is that anonymised data will be extracted wherever possible. Identifiable data can only be extracted if there is a legal basis, for example with explicit patient consent or approval by the Ethics and Confidentiality Committee (ECC) of the National Information Governance Board. New Read codes have been developed to allow patients to opt out of appropriate identifiable data extracts. Customers of GPES must be approved by the DH and/or the NHS Commissioning Board. The GPES Independent Advisory Group (GPES IAG), which includes BMA representation, considers each data extract request ensuring GPES IG principles are met and there are sufficient benefits for patients.

From January 2013, HSCIC will be asking all GP practices about their preferences for participation in GPES data requests. For effectively anonymised data requests, practices can either choose to automatically opt in to all requests, or alternatively make a decision on a case by case basis upon receiving details of each request. For identifiable data requests, practices will NOT be able to make a general choice to opt in to all requests but will be asked to opt in to each individual request. The GPES software is being designed to minimise the workload for GP practice staff. Extractions of data will be undertaken by your GP system supplier and sent on to HSCIC. The data will be held in a secure environment and then sent to the customer in the required format. The data held in the HSCIC secure environment will then be destroyed.

Further information on GPES will be provided shortly, but you may wish to access the current GPES information, including the GPES IG principles agreed with the GPC, on the HSCIC website.

GPs are rightly cautious about the information they hold on behalf of their patients, we believe GPES strikes the right balance between their individual rights to privacy and the need to share for the greater good.

Flu immunisation programme - patient leaflets

The letter from the CMO about the flu immunisations programme (published in May) stated that a patient leaflet would be available from the Department of Health (DH) website before the start of the flu immunisation programme. As the GPC was not of the view that GPs should be expected to produce and print such leaflets at their own expense, we subsequently asked the DH to clarify what arrangements they were making for the production and distribution of flu leaflets. The DH has now confirmed that they do not intend to fund any distribution of communication media for the flu immunisation programme and that the leaflets are available for practices to use should they wish to. We would therefore advise GPs not print such leaflets as there is no funding available for doing so.

PIP silicone breast implants

The expert group on PIP implants chaired by Sir Bruce Keogh published its report at the end of June, the full analysis of which can be seen on the DH website. The criteria for referral remains as outlined in the expert group interim report published in January.

Vaccine Update - June 2012

The Department of Health published its vaccine update for June, which can be accessed via the Department of Health website.

This update contains useful information on:

- HPV immunisation programme - change of supply from Cervarix to Gardasil from 1 September 2012;
- Flu vaccination uptake reports for Winter 2011/12;

- Deliveries of vaccines during Olympic and Paralympic games; and
- Process of ordering of vaccines through ImmForm.

NAO report on the management of adult diabetes service in the NHS

At the end of May, the National Audit Office (NAO) published a report on the management of adult diabetes services which highlighted the differences in reported achievement between QOF and the National Diabetes Audit (NDA). NICE has subsequently been asked by the Department of Health to consider the issues raised in the report and have initiated a review of DM13 which is the QOF indicator for micro-albuminuria. The GPC had several concerns with the recommendations set out in the report, in particular Recommendation b.

> **Recommendation b.**
> Payment mechanisms currently available to GPs are failing to ensure sustained improvements in outcomes for people with diabetes. The current system of incentives needs to be reviewed and renegotiated to improve outcomes for people with diabetes in accordance with clinical practice recommended by the Framework and, more recently, by NICE. GPs should only be paid for diabetes care if they ensure all nine care processes are delivered to people with diabetes. The threshold at which GPs are remunerated for achievement of treatment standards should also be reviewed and increased at regular intervals.

The GPC disagrees with both parts of this recommendation. The suggestion that GPs should only be paid for diabetes care if they ensure all nine processes are delivered would have unintended consequences where patients did not wish to engage in some checks or continue to attend. We also believe that payment thresholds are outside NICE's remit. We have therefore written to Professor Sir Bruce Keogh, NHS Medical Director, to highlight our concerns over this report.

London 2012 medicines supply chain communications pack

To minimise the impact of hosting the London 2012 Games on the delivery of medicines, the British Association of Pharmaceutical Wholesalers (BAPW) has been working with stakeholders in the medicines supply chain to agree a special delivery service to around 1,500 pharmacies and hospitals, which will be in place from 23 July until 11 September.

Accordingly BAPW has prepared a London 2012 medicines supply chain communications pack, to explain what preparation has been made over the last nine months and what delivery service can be expected during the Games. This pack is available on the BAPW website.

Focus on hepatitis B immunisations

The *Focus on hepatitis B immunisations*, which aims to clarify the circumstances where charges can be made and where active attempts to encourage hepatitis B immunisation ought to be made, has now been published on the BMA website.

Note that the occupational health section replaces and updates the former guidance *Hepatitis B vaccination for employees at risk*.

Locum GP handbook

The BMA GP locum handbook has now been published online. Members can access this link by logging into the BMA website and visiting the sessional GP section.

The locum handbook is a benefit for BMA members and provides useful advice on a range of issues to consider when working as a locum GP. The handbook includes specific sections on starting out as a locum GP, as well as others sections on setting up a business and agreeing contracts for services with different employers. It will also be a useful guide for practices that engage locums.

The official launch of the handbook will take place at **Sessional GPs: Redefining Success,** a one day conference to be held at BMA House on Thursday 11 October 2012. Attendees will be the first to receive hard copies of the handbook. Details of the conference are available on the BMA website.

LMC Conference 2013

The LMC Conference 2013 will be held on 23-24 May at Logan Hall, Institute of Education, London. A letter will soon be sent out to LMCs asking them to confirm how many GPs they represent, to establish the how many representative seats each LMC will be allocated at the conference. The deadline for submission of motions is yet to be decided, but LMC will be informed of this some time in the autumn.

GPC news index

The GPC news index for the 2011-2012 session is enclosed (appendix 1).

The GPC next meets on 20 September 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 11 September 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