

Content

Appraisal and revalidation	3
BMA day of action - 21 June	1
CCG constitutions	2
Changes to group 1 and group 2 driving licensing standards for vision	8
Changes to practice boundaries from April 2012	4
Changes to the Community Pharmacy Medicines Use Review (MUR) Service	7
CQC registration - What you need to know	3
ePACT data for Quality and Productivity prescribing indicator achievement	6
GP trainees elections	9
GPC meeting	1
Indemnity for suspended GPs	3
Local education and training boards	4
Negotiations with NHS Employers	2
New BMA website	9
NHS Choices re-launch	8
Nurse and pharmacist independent prescribing of controlled drugs	5
Requests from PCOs for information about industrial action	2
Seasonal flu plan for England 2012	5
Smoking indicators in QOF business rules	5
Updated Focus on vaccines and immunisations	6

GPC meeting

The GPC held its meeting on 14 June 2012 and this newsletter provides a summary of the main items discussed.

BMA day of action - 21 June

To prepare for the day of action, we have made available to practices:

- detailed and up-to-date information, including FAQs, on industrial action and pensions, available on the BMA website at bma.org.uk/practical-support-at-work/pensions
- industrial action posters

- stickers, which will be sent out with the BMJ this week
- [a patient leaflet template](#), which they will be able to customise, print and add to their website. Practices should insert information into the leaflet about whether all or some of their GPs are participating in the action along with their opening hours.
- points for practice staff to use when dealing with patient queries on or before the day of action.

Practices can contact the BMA at pension-actionpack@bma.org.uk for additional posters, stickers and armbands.

Practices are reminded to let us know what action, if any, they will be taking on 21 June. We are asking practices to copy to us the [completed BMA template letter](#) sent to the PCO or send an email with the practice's name, address and postcode, saying whether all, some or none of the GPs in the practice are participating. Emails or copies of the template letter should be sent to inbox.gppractice@bma.org.uk.

Requests from PCOs for information about industrial action

Some PCOs are asking practices to fill in forms describing their action on the 21 June. We are advising practices to notify their PCOs of the changes to their service on the day of action using the template letter we have created. [This can be found on our website](#). We would also encourage GPs to cooperate with PCO requests for further information where the information requested seems reasonable. If practices or LMCs are concerned about any of the information requested or feel that the PCO is asking practices to do something they are not comfortable with, please contact the BMA.

If practices are being asked by the PCO to go further and provide a guarantee that they will fulfil their contract on the day we would advise them not to comply. In this case they should remind the PCO that taking industrial action is entirely lawful under trade union law, that they have already notified them of changes to their service on the day of action and that they are happy to answer further questions.

Negotiations with NHS Employers

Last week we met NHS Employers for the first negotiating meeting of the year. We used the meeting to introduce our own new priorities for the coming year. We also asked for additional clarity on how negotiations would be taken forward post Health and Social Care Act.

CCG constitutions

As the first wave of CCGs begin their application for authorisation - the process by which the CCG is judged ready and able to take statutory responsibility for commissioning from April 2013 – many CCGs are developing their constitutions. The CCG constitution will outline the structure and governance of the CCG. The GPC is concerned by reports that some CCGs are developing

inappropriate constitutions without the involvement of the Local Medical Committee (LMC) and that GPs and practices are being pressured to sign up to these documents. The CCG constitution should not contain any clauses placing contractual or performance requirements on practices. Practice contracts will be held by the NHS Commissioning Board and CCGs will have no role in formal performance management.

CCGs should be engaging with practices and their LMC to ensure that the member practices understand and are supportive of the content of their CCG constitution. All practices should consult with their LMC before signing up to their CCG constitution. GPC guidance on constitutions can be found on the [BMA website](#) and further guidance for practices, including a CCG constitution checklist will be released shortly.

CQC registration - What you need to know

We have published revised guidance on CQC registration. The purpose of the guidance is to provide a straightforward explanation of the registration process, to help providers determine whether they are compliant with the CQC's essential standards, and to explain what will happen once providers are registered.

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

Indemnity for GPs suspended or under investigation by the GMC or who have been suspended after a hearing

Doctors who find themselves subject to investigation by the GMC would be well advised to discuss their continuing indemnity arrangements with their MDO/insurer. In the event that their registration is suspended they should discuss their future indemnity options with their current provider.

Appraisal and revalidation

GPC representatives are organising a meeting with key stakeholders in revalidation to discuss a number of ongoing concerns in relation to GP appraisal and revalidation.

We have been made aware of inconsistencies between PCTs in the evidence that they are requesting from GPs for appraisal. LMCs are reminded of the requirement in the GMS regulations for PCTs to consult with them about their appraisal systems. We would therefore encourage LMCs that have concerns about the appraisal system in their area to approach their PCT to discuss these concerns. We would also be grateful if LMCs could inform us of such developments so that we can gather information about how prevalent they are, and approach the relevant bodies. Please contact Joe Read at jread@bma.org.uk in order to let us know.

Local education and training boards

As a major part of the planned reforms to the education and training system in England, the Department of Health envisages local education and training boards (LETBs) as the vehicles for leading on planning and commissioning of education locally within the new education and training structure. They are currently being set up in shadow form across England as subcommittees within strategic health authorities, prior to their establishment in April 2013.

We are very concerned about shadow boards being set up without appropriate GP input or consideration of how GP education and training will operate in the future. Health Education England (HEE), which is being set up to provide national oversight to the new education and training system, is developing authorisation criteria for LETBs. The BMA is lobbying HEE about the content of these criteria, partly to ensure adequate input from different types of doctor. At a local level, we would ask that LMCs are aware of how LETBs are developing, consider whether GP input is at an appropriate level, and consider whether CCGs could be engaged further to ensure this input. LMCs should contact their local deaneries for information about local developments.

Changes to practice boundaries from April 2012

As part of the agreement negotiated between GPC and NHS Employers for 2012/13, changes are being made to regulations from this April to allow practices to create 'outer boundaries'.

These changes have been introduced to help improve patient choice of practice and to amend the closed list regulations, but they are unrelated to the piloting of remote registration and consultation. Changes to practice boundary arrangements and the relaxing of the closed list regulations, as described below, are **permanent and apply across England**.

What changes are being made to practice boundaries?

The changes being made to regulations regarding practice boundaries really only formalise what many practices already do. From the end of this April, PCTs will be expected to work collaboratively with practices to establish new 'outer boundary' areas to help patients who move a short distance outside the current practice boundary to stay with their existing practice.

Do all practices have to create outer boundaries?

Where a GP practice already has a large boundary area it may not be appropriate to establish an outer boundary. This is recognised in the new regulations. However we would expect most practices to work with PCTs to specify an outer boundary – in some cases this may only be a matter of a few streets larger than the existing practice boundary.

Practices' new outer boundaries will be specified in their GMS contract or PMS agreement and should be advertised in practice leaflets and on websites. The information will also be made available on the NHS Choices website.

What impact will the new boundaries have on patients?

Existing patients who move into the outer boundary area of a GP practice and remain registered with that practice will be eligible for the normal range of services, including clinically necessary home

visits. Practices will need to bear in mind the feasibility of home visits, and any possible impact on their patient population as a whole, when agreeing their outer boundary

Guidance will acknowledge that for patients requiring very frequent home visits, it may be in their interests to register with a practice nearer their home rather than remaining with their former practice simply because they live in its outer boundary area.

[The secondary guidance can be found on the Department of Health website.](#)

Nurse and pharmacist independent prescribing of controlled drugs

The government has agreed changes to the Misuse of Drugs Regulations 2001 relating to nurse and pharmacist independent prescribing of controlled drugs (Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012 (Statutory Instrument 2012/973)), which came into force on 23 April 2012.

The changes mean that nurses and pharmacists registered as independent prescribers will be able to prescribe controlled drugs where it is clinically appropriate and within their professional competence. They will also be able to mix a controlled drug with another medicine for patients who need drugs intravenously, as well as supply or administer morphine and diamorphine under Patient Group Directions (PGDs), for urgent treatment of very sick or critically injured groups of patients.

[Further information is available on the Department of Health website.](#)

Smoking indicators in QOF business rules

We have been informed that there is an error in the current business rules (v22) regarding the QOF indicators Smoking6 and Smoking8. The business rules currently state that there has to be a referral date AND a delivery of pharmacological agent date for a patient to belong to the numerator (ie a code is needed both from the REFERSSA codeset AND a code from the PHARM dataset). We queried this with NICE who confirmed that the intention of the indicator is to get practices to offer support and treatment with the emphasis on 'offer' not the patient 'accepting'. They have therefore agreed to merge the two code clusters for PHARM_COD and REFERSSA_COD, which means only one code will be required to cover both 'referral and treatment'. This was changed in the April READ code release.

Seasonal flu plan for England 2012

The [annual seasonal flu plan letter](#) from the England Chief Medical Officer, along with the [2012/13 flu plan](#) have been published on the Department of Health website.

As in 2011, the plan for 2012 includes an ambition significantly to increase uptake among under 65 patients with an underlying clinical condition, as well as to push for a higher uptake among pregnant

women and health care workers. Annex B of the letter includes a ten point good practice checklist commissioned to help GP practices ensure high uptake of flu vaccinations locally.

Annex B (the GP check list) on page 9 says:

Robust call and recall arrangements

1. Patients recommended to receive the flu vaccine will be sent a letter, inviting them to a flu vaccination clinic or to make an appointment.

The GPC was concerned that the checklist does not reflect the requirements of the DES, and that it is up to practices to decide how they advertise to and follow up patients. We brought this issue up in a recent helpful meeting with the CMO, who noted that it was less specific in the DES. Our advice remains that the DES is followed and that the important point is that robust systems should be used to notify patients, although there may be local variations. It is up to the practice, not the PCO, to decide what these are.

For ordering flu vaccines, the system remains the same as last year with GPs responsible for ordering adequate stock for all eligible patients, recognising the increase in size of the target population.

Updated Focus on vaccines and immunisations

The [Focus on vaccines and immunisations](#) guidance, which was originally published in 2004, has now been updated following the publication of the amendments to the Additional Services section of the NHS Regulations 2004 (Annex BA of the Statement of Financial Entitlements) on 30 April 2012.

In 2004, everything in the Red Book was transferred unchanged and carried into the new GMS contract as an additional service. These regulations became out of date because of changes in the vaccines themselves and continued to contain inappropriate references, such as smallpox. This did not prevent their being carried over into the new contract. The amendments to the SFE now reflect current practice and attempts to clarify the previous regulations to make them fully up to date, and are not intended to introduce any new work.

The Amendments to the SFE are also available on the [Department of Health website](#).

ePACT data for Quality and Productivity prescribing indicator achievement

In England, ePACT data to measure achievement was made available on 17 May 2012. PCTs have been advised to use the ready reckoner (or formula on page 166 of the [2011/12 QOF guidance](#)) to calculate the points achieved for each of their practices.

Due to the additional time required by PCTs to calculate achievement for a number of practices, practices should not delay signing off QMAS (approving and declaring achievement), as a PCT could withhold an achievement payment if QMAS has not been signed off. Early sign off will enable PCTs to complete pre-verification checks before payment is due. In particular practices do not have to wait

until they receive their QP3 – QP5 results to sign off QMAS, as signing off QMAS does not prevent a practice from appealing their QP3 – QP5 results or raising a dispute.

Step by step process:

1. Practice signs off QOF achievement (approves and declares achievement) for QOF 2011/12 on QMAS minus the QP3,4 and 5 results which only PCTs can input. This enables PCTs to carry out pre-payment verification checks.
2. In order to make sure that QOF payments are made by end June, PCTs may need to generate advance payments for QOF achievement on Exeter (not through QMAS) based on rest of QOF achievement plus an estimate of the QP3, 4 and 5.
3. PCTs await the ePACT results, calculate the actual prescribing achievement using the ready reckoner and input final results in QMAS.
4. QMAS calculates the final achievement payment and this generates the correct payment through QMAS. If the PCTs made an advance payment on Exeter, they need to recover the amount through an equivalent negative ad-hoc variance.

In Wales, it has been agreed that full achievement of the prescribing indicators will be paid on 30 June and any overpayments would be recovered at end of July/August.

In Scotland, practices and PCOs have been informed that the last quarter data will be available at the end of May/early June 2012, as such they will work towards an aspirational payment for the end June 2012 with top up/claw back in the next quarter once finalised data is available. For full details, please see the [October 2011 QOF update](#).

In Northern Ireland, there are currently no issues relating to the availability of the data required to calculate the achievement for QP3 – QP5.

Changes to the Community Pharmacy Medicines Use Review (MUR) Service

From 1 July 2012 changes will be made to the community pharmacy Medicines Use Review (MUR) service. The main changes that will affect GPs are the introduction of a feedback form which will be used by pharmacists to inform GPs of any issues that arise during the MUR consultation and the removal of the requirement for pharmacists to inform GPs that an MUR has taken place when no recommendation has been made by the pharmacist to the GP. These new requirements are subject to a change of directions in due course. [Further information on the changes can be found on the NHS Employers website.](#)

Changes to group 1 and group 2 driver licensing standards for vision

The DVLA driver licensing standards for vision have now changed. In summary:

Group 1 (cars and motorcycles): applicants and licence holders will need to have a visual acuity of 6/12 (0.5 decimal) as well as being able to read the number plate from the prescribed distance.

Visual field: the present standard of a total field width of 120 degrees remains but in addition, there will need to be a field of at least 50 degrees on each side.

Group 2 (buses and lorries): applicants and licence holders must have a visual acuity, using corrective lenses if necessary, of at least 6/7.5 (0.8 decimal) in the better eye and at least 6/12 (0.5 decimal) in the other eye. If corrective lenses are worn, an uncorrected acuity in each eye of at least 3/60 (0.05 decimal) is needed. All Group 2 drivers must also meet all the Group 1 visual acuity standards as outlined above. Where glasses are worn to meet the minimum standard for driving, they should have a corrective power of no more than plus eight (+8) dioptries.

The full standards are [available on the DVLA website](#) in the Medical Information section at this link:

Diabetes UK also has [information about the recent changes available on their website](#).

NHS Choices re-launch

There are close to one million visits per month made to NHS Choices for information about GP practices. To assist practices to publish the information they need as easily as possible, NHS Choices is re-launching its GP service profiles on nhs.uk in the last week of June. These improved profiles will give practices an opportunity to present details of their services in a more flexible and efficient manner.

While all of the information in GPs' current profiles will be transferred automatically to the new format, its introduction provides an opportunity to check and update the profile. The new service has been created in response to feedback from GPs and practice managers, and is greatly improved. The most significant change is the ability to change your practice information on the page as you see it in much the same way you would edit a Facebook or LinkedIn profile.

A briefing detailing how rights will be transferred from NHS Choices' current GP editing system or how rights can be obtained for the new users to the website can be found at appendix 1. Along with an overview of how to make the most of your practice's profile, the briefing also gives an insight into how to respond to patient feedback and contains a section of questions and answers related to NHS Choices' profiles.

New BMA website

A new improved BMA website has now been launched.

The new website is the beginning of a digital communications strategy focused on giving our members and stakeholders a more responsive and engaging online experience.

This will continue to evolve as we work on adding new content and functionality.

GP trainees elections

The GP Trainees Subcommittee is holding elections for each of its 19 regional constituencies this summer. Nominations are now open to all those on, or about to begin, a GP training programme, whether they are BMA members or not. Full details, including nomination forms are available on the BMA website. Please note that all nominations must be received by the GPC office by **5pm on Friday 22 June 2012**:

Please spread the word to all GP trainees – even if they are not considering standing for election. They should visit the site to make sure they are registered to vote.

The GPC next meets on 19 July 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 10 July 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