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GPC meeting

The GPC held its meeting on 18 October 2012 and this newsletter provides a summary of the main items discussed.

Primary care incentive schemes

The GPC discussed a number of primary care incentive schemes that have been brought to the attention the BMA in recent months. These schemes reward arbitrary reductions in clinical activity without evidence that this is in the best clinical interests of individual patients. There are also schemes with little or no restriction on the reward given to practices, for example, the stipulation that the money should be reinvested in patient services.

The GPC and the BMA Ethics Department have significant concerns about the professional and ethical implications of these schemes. In particular, the schemes may breach paragraph 74 of Good Medical Practice (GMP):

"You must act in your patients' best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat or refer patients. You must not offer such inducements to colleagues."

The BMA asked the GMC for its view of these incentive schemes. The GMC is clear that, in general, incentive schemes should specify that payments arising from the scheme should be used for improving patient services and not for the financial benefit of individual doctors.

The BMA urges any doctor making decisions about commissioning or participating in an incentive scheme to consider the schemes carefully. Any GP with concerns about a proposed incentive scheme should seek advice from their local medical committee. Doctors should, where possible, review the evidence base for the schemes and satisfy themselves that, in participating, they will not be compromising patient care.

Procurement guidance

The GPC has published new guidance explaining the basics of procurement law and policy. The guidance [is available on the BMA website](#).

General practice IT services from April 2013

From April 2013, the NHS Commissioning Board (NHSCB) will be accountable for the delivery of primary care IT, with funding and responsibility for hardware, practice networks and support services (including training) being delegated to CCGs (ie the services PCTs currently provide). CCGs as commissioners will need to own a locality informatics strategy.

The Local Service Provider contract and GP Systems of Choice programme will continue to be managed and funded at a national level.

Work is underway with PCTs to determine the current level of spending on GP IT before decisions on the funding to be devolved to CCGs in 2013-14 are finalised.

The GPC's IT Subcommittee will soon be writing to LMCs, urging practices to keep an inventory of the services currently funded or provided by their PCT. LMCs should also seek to confirm with their PCT their current spending on GP IT.

The NHS CB has provided the following update on arrangements for GP IT systems:

The following information is in support of the information released in [issue 20](#) of the CCG bulletin.

Primary care trusts (PCTs) have led on the provision and support of GP IT systems and therefore the safe transfer into the new commissioning system is highly

important to ensure that GPs continue to have a choice of quality solutions which meet local needs.

The future operating arrangements for GP IT, to apply from 1 April 2013, are due to be published in the autumn.

GP IT services comprise of IT support services for GP practices as set out in GMS and PMS contracts (plus APMS contracts that specifically include these IT services) plus implementation and support for all appropriate nationally mandated systems. They also include discretionary, locally determined IT support services. The NHS Commissioning Board (NHS CB) will be accountable for these services.

The NHS CB will continue to set overall direction, standards, strategy and budgets, such as the GPSoc contract and maintaining national infrastructure. Clinical commissioning groups (CCGs) are best placed to plan the use of IT systems to support service delivery and service change to enable better patient care across local health communities. The NHS CB will therefore discharge its operational responsibilities for GP IT services by arranging for CCGs to provide these services locally on its behalf and by devolving associated funding to CCGs.

IT support for other primary care contractors will be incorporated into the NHS CB's operating arrangements. The proposal is that the NHS CB, through its local area teams, will be the registration authority for all primary care contractors (administration of access to clinical and business systems) and will be responsible for clinical safety and assurance (adherence to dataset change notices). We anticipate that local area teams will arrange for commissioning support units or other IT providers to provide these services.

If you have any questions about these future arrangements please contact ccgdevelopment@nhs.net.

Door entry codes and the Patient Demographic Service

Practices are reminded that confidential door entry codes must be recorded correctly in patient electronic records.

Practices are sometimes provided with four-digit codes by their patients to allow them access to a door entry system, or to a box containing a key for the patient's front door.

Last year, Connecting for Health wrote to practices to alert them that door code details were being stored incorrectly in the address, telephone number or name fields of patient records, which were subsequently uploaded to the Patient Demographic Service. This creates a serious security risk with, for example, the codes being included as part of the address on letters sent to patients.

Practices should instead add the information to the patient record using Read Code 915L 'Patient door access via key code', and then record the code using free text.

BMA contract checking service

The attached leaflet (appendix 1) highlights the benefits for salaried GPs of using the BMA's contract checking service.

Stamp Duty Land Tax

The GPC is currently seeking specialist advice on the subject of Stamp Duty Land Tax (SDLT), a tax on land transactions that, in the context of general practice, is liable on any lease of a GP practice or acquisition of freehold. The issue is complicated and further advice will be forthcoming once representatives of GPC have met with the Department for Health and received legal advice. In the meantime, GPs who are about to acquire land for a new practice, enter a new lease, or whose leases are up for renewal, are urged to seek advice from a specialist property lawyer.

Please note that if your practice has a Licence to Occupy then there is no SDLT liability.

Pertussis (whooping cough) vaccination programme for pregnant women

Following on from advice from the JCVI, the CMO (England) has asked that commissioners urgently put in place a pertussis (whooping cough) vaccination programme for pregnant women to respond to the outbreak of infection. The GPC and the Department of Health have agreed a National Enhanced Service (NES) for practices to undertake the vaccination of pregnant women from 1 October 2012.

Please note that although Infanrix is licensed for Pertussis vaccination, it does not provide the same protection as provided by Repevax. As such, JCVI has only recommended Repevax for this programme, which practices can order via ImmForm.

The NES specification and further information is [available on the BMA website](#).

Crucell/Inflexal flu vaccines

A further announcement from the pharmaceutical company, Crucell, is anticipated shortly on the problems it has experienced in certain batches of flu vaccines. Any GP practices currently affected by problems with the supply of flu vaccines are advised to contact alternative suppliers in the first instance.

To help to respond to queries from concerned patients who may have already received a Crucell/Inflexal vaccine this flu season, it is worth noting that no batches already distributed have been recalled. The batches with reported irregularities have all been withheld by Crucell and were not dispatched for administration to the public.

Zostavax vaccine update

Following reports during the summer that, due to a shortage in supply, the Zostavax vaccine would only be available privately for patients, the GPC wrote to the Department of Health detailing its concerns over this arrangement.

The Department of Health has subsequently confirmed that if a GP makes a judgment that vaccination against shingles would be clinically indicated and beneficial for an individual patient, Zostavax can be prescribed on the NHS. The DH is also planning to make a statement about the possible introduction of a shingles vaccination programme for those people aged 70-79 years, as recommended by the JCVI.

Their position on this issue has also been published in the [current edition of 'Vaccine update'](#).

GP trainee skills day

This year's GP trainee skills day will take place at BMA House on Wednesday 21 November 2012. This conference is designed for junior doctors considering general practice as a career as well as those who have already started GP training. The conference includes both plenary and breakout sessions, enabling you to choose a personalised programme to meet your needs.

Further details, including the conference programme and information on how to register, [can be found on the BMA website](#).

Please pass this message on to anyone who may be interested.

LMC secretaries conference 2012

Letters of confirmation have now been sent out to all the representatives attending the LMC Secretaries Conference in BMA House, on **Friday 30 November 2012**. The confirmed speaker is Lord Hunt of Kings Heath, OBE, Lords Opposition Health Spokesperson. The deadline for preferences for morning and afternoon workshops is Friday 9 November. For any queries, please contact Karen Day (kday@bma.org.uk).

LMC conference 2013

The 2013 LMC Conference will be held on **Thursday 23 and Friday 24 May 2013** at Logan Hall, Institute of Education, London. A letter will soon be sent to LMCs confirming how many seats they will be allocated and the deadline for receipt of motions. Information about the venue, nearby hotels, dinner venue and expenses will also be included.

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 2. We would be grateful if LMCs would direct all enquiries to their liaison officer. A copy of the LMC regional structure is also attached at appendix 3.

Royal Medical Benevolent Fund

Please find attached (appendix 4) details of the Royal Medical Benevolent Fund Christmas appeal.

The GPC next meets on 15 November 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 7 November 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