GPC Newsletter

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Friday 16 November 2012 **Issue 4**

Content

GPC meeting

The GPC held its meeting on 15 November 2012 and this newsletter provides a summary of the main items discussed.

GPC negotiations update

In Scotland, discussions between SGPC and the Scottish government on the 2013/14 contract are ongoing.

The GPC is waiting for further details of the English, Welsh and Northern Irish health departments' proposed imposition of changes to the GMS contract for 2013/14. We expect to receive these before the end of this month.

Laurence wrote to GPs in England last Friday (9 November) to remind them of the English governments' headline proposals and to provide reassurance that the GPC will deliver tools and guidance as soon as possible to help GPs to understand what the changes mean for their practice. All four national chairs are keeping their constituents up to date with progress.

At its meeting GPC heard the negotiators' proposed strategy for the coming weeks and contributed additional ideas for further consideration. The negotiators, working with the BMA press and communications experts, will continue to develop our communications plan building on GPC's ideas.

The GPC will write to the profession as soon as possible after it receives further details of the health departments' proposals. Full and detailed analysis of each one of the proposals will follow.

CCG constitution guidance

The decisions on authorisation of the first wave of CCGs are expected at the beginning of December. The fourth wave process is just starting, with the second and third currently at an intermediate stage. This is a crucial time in CCG development as many CCGs are finalising their constitutions.

CCG constitutions should be drafted with the involvement and support of GP practices and LMCs. Practices should ensure they have read and understood their constitution. CCGs will be statutory bodies and practices are required by legislation to be members so it is important that practices are content with this important legal document. The months until April 2013 before CCGs become statutory bodies are a crucial opportunity for practices to raise any concerns they have about the contents of their constitution and seek amendments where necessary.

The GPC is publishing practical FAQs on CCG constitutions and the implications for practices. This guidance should be read in conjunction with the GPC constitutions 'checklist' and guidance on the contents of CCG constitutions. This guidance can be found on the BMA website.

Patient online access to GP records and transactional services

The GPC discussed government proposals to provide patients with online access to their personal GP record and transactional services.

The government has committed to provide all NHS patients with secure online access to their personal GP record and transactional services (electronic booking and cancelling of appointments, ordering of repeat prescriptions and communication with the practice) by 2015.

The NHS Mandate from the government to the NHS Commissioning Board, published 13 November 2012, reiterates this commitment and goes a step further by saying that e-consultations should become more widely available by 2015, and that people with long-term conditions should be able to benefit from telehealth and telecare by 2017.

The RCGP was asked by the government to work in partnership with patient groups and other professional organisations to lead on the development of a plan, policy and procedures to support patient access and engagement with their GP records. GPC representatives have attended meetings of this project.

While the GPC is supportive of the principle of patients having easier access to their record, and also support some of the transactional services being proposed as long as they are adequately resourced

and straightforward to deliver (such as electronic ordering of repeat prescriptions), there are a number of outstanding concerns with the proposals.

These include third party information held in the record, patient understanding of the record, workload implications for practices, security and confidentiality and patient consent to sharing, among other issues.

Sharing electronic records for direct patient care

A set of principles has been developed to support GP practices that are considering implementing shared record systems. Until relatively recently, data recorded in GP systems have not been directly accessible by other organisations. Data have previously been shared via specific clinical communications, such as referral letters. A number of GP clinical system suppliers have developed systems which allow healthcare professionals across different organisations to access directly the detailed information recorded during patient consultations.

These are high level principles, which the BMA believes represent best practice in terms of allowing records to be shared in order to facilitate patient care, whilst maintaining high standards of confidentiality. All system suppliers should aspire to meet these standards. The principles are available on the BMA website.

General practice IT services from April 2013

An update was provided in October's GPC News on the arrangements for general practice IT services from April 2013.

From April, the NHS Commissioning Board (NHSCB) will become accountable for the delivery of primary care IT, with the services PCTs currently provide (ie funding and responsibility for hardware, practice networks and support services, including training) being delegated to CCGs

The GPC's IT Subcommittee advise LMCs to **urge practices to keep an inventory of the IT systems, software and services they currently use and which are being funded and provided by their PCT** in order to keep track of this information and lose nothing in the handover.

Although we have been given reassurances by the NHSCB that PCTs will accurately identify the IT services they provide to practices, and that there will be a safe transfer of these services, keeping an inventory of the IT provisions currently provided by their PCT will help ensure this happens.

LMCs should also seek to confirm with their PCT their current spending on GP IT. Although decisions on the funding to be devolved to CCGs in 2013-14 are yet to be finalised, the NHSCB has, at the IT Subcommittee's suggestion, indicated its intention to recommend that current actual spends on general practice IT provision are maintained for at least two years to ensure continuity of service.

CQC consultations

The CQC has recently published two consultations, on fees and its strategic direction. The consultations are available on the CQC website:

- Consultation on fees for registered health and social care services
- Consultation on our strategy for 2013-16

The BMA will be responding to both consultations, but GPs are also encouraged to respond. The more that respond, the better CQC will understand GPs' unhappiness with being charged to be inspected.

NHS 111

The GPC has received assurances from the Department of Health that its stringent clinical governance assurance process, led by Prof Matthew Cooke, National Clinical Director for Urgent and Emergency Care, looks explicitly at the links NHS 111 has to other local services, ensuring that these are safe and appropriate.

> "Each NHS 111 service is put through a series of rigorous readiness tests prior to implementation, including:
>
> - Service readiness tests, to check call centre staff and nurses have received the required level of training, and can deal with calls appropriately;
> - Technical readiness tests, to ensure that the systems used by both the local NHS 111 provider and other local services, can communicate effectively on an inter-operable basis;
> - Clinical Governance tests, to ensure the service is clinically safe; and
> - Mass-call event testing, to ensure the telephony infrastructure can handle a high level of calls from every possible means of calling (i.e. mobiles, landlines and payphones, from every network), and to confirm the local routing works as planned".

The GPC intends to hold further discussions with the Department and other stakeholders, including the RCGP and the RCN, to explore potential audit mechanisms that can be adopted by CCGs to monitor the performance of local NHS 111 services. We will also continue to represent GPs at forthcoming NHS 111 Programme Board meetings.

If LMCs have examples of local constituent experiences of new 111 services, whether they are good or bad, please send them to Alex Ottley (aottley@bma.org.uk) in the GPC Secretariat.

Pertussis NES specification for pregnant women – extra requirements

NHS Employers has now responded to our query regarding the information being requested by PCOs over and above the information required for reporting and payment purposes for the Pertussis NES.

The NES sets out the information which GP practices need to provide and it was anticipated that local commissioners would use this as the basis for securing this service from GP practices. NHS Employers has stated that, if PCOs wish to vary the NES and\or secure additional information from GP practices, in their view this becomes a local matter which commissioners will need to discuss with, amongst others, GP practices and the relevant Local Medical Committee.

It should be noted that the NES did include some requirements in relation to data capture and sharing by GP practices. This is in relation to the information required by paragraph 9 of the NES but more specifically 9(ii):

> "9.II. **Producing and maintaining a satisfactory register of all eligible pregnant women** on the contractors registered list during each financial year of the programme. Simple registers of pregnant women are all that is required although these will need to be updated regularly to capture the target population and record EDD so it is known when they are eligible for vaccination."

Oral typhoid vaccine

Following reports of the injected single typhoid vaccine being unavailable, the GPC was asked whether the oral single typhoid vaccine could be given instead and whether the vaccine cost could be reimbursed on an FP34 when it is in fact a self-administered tablet.

The NHS Prescription Services has confirmed that the situation with the oral typhoid vaccine is somewhat unusual in terms of what is allowed. It is classed as personally administered and, although it is not a vaccine in the conventional sense, it is listed as an Oral Vaccine and is a High Volume Vaccine on their system, and can therefore be claimed on the FP34 appendix. They will also accept practices printing on an FP10 and submit it with the end of month submissions.

The GPC has also had reports of shortages of the Oral Typhoid vaccine Typhim Vi, and in the September Vaccine update it is suggested that practices contact Crucell as they reportedly have stock of the Vivotif vaccine which can be used instead.

Focus on travel immunisations - amendments

The Focus on travel immunisations document has been amended to add a note about the reimbursement of oral typhoid vaccine, and to clarify which travel immunisations are not reimbursable on the NHS.

BMA 2013 research grants

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research. Today, around ten research grants are administered under the auspices of the Board of Science, all funded by legacies left to the BMA. Grants totalling approximately £500,000 are awarded annually. Applications are invited from medical practitioners and/or research scientists and are for either research in progress or prospective research.

The 2013 research grants will be available to apply for online on the BMA website from 11 December this year. The application deadline is **15 March 2013 at 5pm**.

Subject specifications for each grant vary. For example, in 2013, research areas range from rheumatism and arthritis, cardiovascular disease and cancer to neurological disorders and terminal care. For more information on the grants on offer in 2013 and details of how to apply, please see the BMA website.

Please disseminate this information as widely as possible, in particular to any potential applicants.

If you have any questions about the BMA research grants, or would like to receive alerts about them, please contact Chris Wood at info.sciencegrants@bma.org.uk or telephone 020 7383 6755.

The GPC next meets on 20 December 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 December 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