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GPC meeting

The GPC held its meeting on 20 December 2012 and this newsletter provides a summary of the main items discussed.

GPC negotiations update

The GPC received a letter containing proposed imposition of changes to the GMS contract 2013/14 for England on 6 December, and this was shared with the profession the next day. Analysis of the imposition documentation has taken place and, as indicated in the last edition of GPC News, tools and guidance for practices are being finalised. A further detailed letter will be sent to GPs early in

January with the intention of helping them understand the potential impact of the proposed changes.

This will be followed by a GP survey to gather views on UK government's proposals. All GPs are strongly encouraged to complete the survey which will be used to form the GPC's response to the imposition consultation and the GPC would be grateful for the support of LMCs in doing this. A template summary message will be provided to LMCs for inclusion in newsletters in early January.

LMCs, practices and GPs are also encouraged to respond to the Departments' consultation and in January we will be providing a template to help with this.

SGPC has now reached agreement over changes to the GMS contract in Scotland for 2013-2014. The alternative arrangements in Scotland have been agreed within the framework of the UK GP contract. Further details of the agreement can be [found on the website](#).

WGPC received formal details yesterday (20 December) and is currently undertaking detailed analysis before the committee meets formally to discuss the proposals. Details will be sent to Welsh GPs as soon as possible.

Northern Ireland is expecting confirmation imminently.

Proposed clinical changes to QOF

A document has recently been sent to LMCs outlining the GPC's concerns with proposed clinical changes to QOF that the government intends to implement as part of imposed changes to GP contracts from April 2013 and it is also [available on the BMA's website](#). Please cascade this to your constituents and note that additional information on the [imposition is also available on the website](#).

Dates for LMC roadshows

The following dates have been confirmed for contract negotiator roadshow meetings. Further details of these, including timings and venues will be circulated in the New Year with more locations added.

Monday 21 January 2013	Glasgow
Tuesday 22 January 2013	Aberdeen
Wednesday 23 January 2013	Dundee
Thursday 24 January 2013	Edinburgh
Tuesday 29 January 2013	Cardiff Omagh

Wednesday 30 January 2013	Newcastle Wessex Cambridge Mid-Mersey Birmingham
Thursday 31 January 2013	Wrexham Kent Surrey / Sussex Armagh
Tuesday 5 February 2013	Swansea Belfast
Wednesday 6 February 2013	Leeds Stafford Nottingham Manchester Liverpool
Thursday 7 February 2013	Exeter Sheffield Antrim / Templepatrick

Locum superannuation

The government is proposing that from April 2013, GP practices will pay locums' employer pensions contributions, which are currently paid by PCOs. The GPC understands that the intention is that the funds would be moved into global sum. This change would be introduced via amendments to the NHS Pension Scheme Regulations, which are currently being consulted on by the government.

The GPC is very concerned about the implications both for practices and for GP locums and the BMA will be responding to the consultation to express these concerns, as well as raising it via GPC negotiations with the Department.

The draft Regulations are available online on the [NHS Business Services Authority website](#).

NHS reforms

The GPC discussed the development of Clinical Commissioning Groups (CCGs). In early December, the NHS Commissioning Board (NHSCB) announced the outcomes of the first wave of authorisation. The 34 CCGs in Wave 1 were all authorised. Eight CCGs were authorised without conditions and 26 CCGs were authorised with some conditions. It is expected these conditions will have been met by March 2013. The timetable for the remaining waves can be found below:

Wave	360° stakeholder survey	Application submitted to NHS CB(A)	Authorisation decision returned to CCG
2	July 2012	3 September 2012	January 2013
3	September 2012	1 October 2012	February 2013
4	October 2012	1 November 2012	March 2013

As the later waves of CCGs move through the authorisation process, more and more constitutions are being finalised. All GPs and LMCs should read the latest guidance from the GPC on CCG constitutions, how GPs can influence the content and what to do if you are not happy with your CCG constitution. 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 CCG constitutions FAQs can be [found on the BMA website](#).

On Tuesday, the NHSCB published planning guidance for CCGs '[Everyone Counts](#)'. This document outlines priorities set by the NHSCB, financial allocations and contains details of the Quality Premium. The GPC has opposed plans for the Quality Premium – a financial incentive for commissioners – on the grounds that it has potential to exacerbate health inequalities, as CCGs commissioning for more challenging populations may find it more difficult to achieve any award available. Further details about how the Quality Premium will be calculated are expected in January 2013, however, the reward will be dependent on CCGs achieving:

- High standards against four outcome measures drawn from the NHS Outcomes Framework, which for 2013/14 will be:
 - potential years of life lost from causes considered amenable to healthcare
 - avoidable emergency admissions
 - patient feedback - the Friends and Family Test
 - incidence of MRSA and C Difficile;
- Three locally identified measures to be agreed between CCGs and the NHSCB in consultation with Health and Wellbeing Boards and patient representatives;
- No 'significant quality failures' during the year;
- No overspend on approved Resource Limit in 2013/14;
- The NHS Constitution Rights and Pledges.

The GPC will continue to work to influence plans for the Quality Premium and will be lobbying on the calculations guidance and regulatory framework when they are published.

Data sharing agreement template for risk stratification

The BMA receives numerous requests to comment on data sharing agreements between GP practices and third parties. These agreements allow data to be extracted from GP practice clinical systems for purposes such as risk stratification. The legal basis for the processing of the data, as proposed by these documents, is at times questionable. A template data sharing agreement for risk stratification purposes has been produced which can be adapted locally or used as a comparison to help practices ensure that local arrangements adhere to appropriate standards of confidentiality. The draft template was discussed at the December GPC and further information will be sent to LMCs in due course.

European study on ehealth usage among general practitioners

The European Commission has sponsored a study on the use of information and communication technologies among general practitioners in all European countries. The aim of the study is to improve understanding of the use of technology by GPs in their daily activities and how this may vary.

The study is supported by the GPC and 4,000 GPs (partners and sessionals) selected at random from the BMA database have been invited to complete an online questionnaire. Contact details have been disclosed on a secure and confidential basis with an appropriate confidentiality agreement in place. All information provided in the survey will also remain strictly confidential. Please note that participation is by invitation only to ensure a randomised sample.

We would encourage GPs who receive an invitation to complete the online questionnaire, which should take no longer than 15-20 minutes - your participation will ultimately benefit both healthcare professionals and patients.

Deprivation

Currently, the Carr-Hill resource allocation formula for practices does not account for deprivation within a practice population. The possibility of introducing a deprivation indicator was looked at by the Formula Review Group, set up in 2007 by GPC and NHS Employers. The Group's report suggested that including a measure of deprivation into the workload adjustment element of the formula was likely to result in small benefit. However, it is currently unclear as to how this might be effectively implemented.

There is evidence to suggest a link between deprivation and ill health, particularly the instance of multiple co-morbidities. GPC members agreed that deprivation can increase practice workload and a motion was passed to the effect that GPC will work with the Department of Health to introduce either a deprivation allowance or other recognition of increased workload in deprived areas. However, it was felt that to tackle the health problems associated with deprivation, improved resources are needed in other areas, such as social services.

Rotavirus vaccination programme

Following the [announcement by the Department of Health](#) about the introduction of the Rotavirus vaccination programme from autumn 2013, they have produced a Q&A for practices.

The Rotarix® vaccine is for two doses of an oral vaccine to be given to children under 24 weeks, which would fit within the current childhood programme. All infants aged six weeks to three months at the start of the programme should be offered vaccination and there must be a four week gap between the doses. The vaccine supply will be centrally procured and therefore not liable to PA fees.

CMO annual report

The Chief Medical Officer for England, Dame Sally Davies, has published the first volume of her [annual report](#). This volume focuses on epidemiology and public health and contains information that may be useful to CCGs and GP practices. The report notes an increase in liver disease, and also looks at old age surveillance, access to healthcare, heart disease, obesity and cancer.

QOF business rules v24

Version 24 of the business rules, which supports QOF 2012-13, has been published (this includes the October code release).

Reimbursement and claim forms of high-volume personally administered vaccines

The NHS Prescription Services has published a letter reminding practices that certain high-volume personally administered vaccines must be claimed by using the FP34 appendix claim form.

Dispensing doctors should use the FP34D appendix form (pink), and any other GPs should use the FP34PD appendix form (salmon).

As from January 2013, if practices erroneously submit such payment claims on FP10 prescriptions, the incorrect forms will be returned, and resubmission of the FP34 will be accepted.

The letter is available on the [NHSBSA website](#)

CQC registration

The BMA has now responded to the CQC's recent consultation on fees. You can find the response here, under the [CQC section on the BMA website](#).

NHS pension – 2011 / 12 certificate guidance

NHS Pensions have revised their certificate guidance (appendix 1). This applies to Box 38b, outlined in red in the attachment for ease of reference.

NHS 111 frequently asked questions

Further to the recent questions relating to the local Directory of Service (Dos) and LMC involvement in agreeing them, which have appeared on both the GPC and LMC listserver, the NHS 111 National Clinical Advisors have provided a series of responses on behalf of the Department of Health. This advice note is attached (appendix 2) entitled *NHS 111 Frequently Asked Questions*.

Time to think differently

The King's Fund has recently launched their new [Time to Think Differently](#) programme. A central aim of *Time to Think Differently* is to stimulate debate about the changes needed for the NHS and social care to meet the challenges of the future. Firstly, the King's Fund has created some online content on the trends that will influence the way health and social care is delivered in future. Secondly, over the next few months the King's Fund will be looking at the challenges that lie ahead and discussing potential solutions and providing the opportunity for individuals and organisations to feed into this debate [through their website](#).

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 are now available to apply for [online on the BMA website](#). 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.

LMCs – change of details

If there any changes to LMC personnel, addresses and other contact details please can you email Karen Day with the changes at kday@bma.org.uk.



Season's greetings

On behalf of the GPC secretariat, we wish you all a joyful and restful Christmas and a happy 2013.

The GPC next meets on 17 January 2013, 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 9 January 2013. 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