GPC Newsletter

BMA

www.bma.org.uk

Thursday 1 March 2012 **Issue 7**

Content

GPC meeting

The GPC held its centenary meeting on 28 February 2012 and this newsletter provides a summary of the main items discussed.

GPC centenary

To commemorate the GPC centenary there is a special BMA webpage which can be found on the BMA website.

The Centenary webpage contains a PDF copy of 'Continuity in a Changing World - 100 years of GP representative bodies' written by Dr John Eversley and commissioned by the General Practitioners' Defence Fund (GPDF).

- GPC Index
- GPC 100 years.

Pensions and industrial action

On 25 February BMA Council decided it will hold a ballot on industrial action over pensions. Strike action has been ruled out as part of a unanimous commitment to ensuring that no harm is caused to patients. Detailed plans are now being drawn up on the timing of the ballot and the nature of any industrial action that will take place in the event of a 'yes' vote.

46,000 members responded to a BMA survey on the government's proposed changes to the NHS Pensions Scheme with over 80 per cent calling for the plans to be rejected and almost two thirds saying they would be prepared to take some form of industrial action. Since the 1970s, no dispute with government has reached the point where a ballot on industrial action was considered necessary, which demonstrates an unprecedented level of discontent. The government needs to understand the huge significance of this response and to work with the BMA and other NHS unions to agree fairer changes as a matter of urgency.

All GPs are reminded to keep the BMA updated on their details in order to be able to participate in the ballot.

GPC's position on Health and Social Care Bill

The GPC overwhelmingly carried the following motion:

That the BMA's General Practitioners Committee, which represents all GPs in the UK:

1. Formally reaffirms its opposition to the NHS Health and Social Care Bill;

2. Believes that if passed the Bill will be irreversibly damaging to the NHS as a public service, converting it into a competitive marketplace that will widen health inequalities and be detrimental to patient care;

3. Believes the Bill will compromise the role of GPs, and could cause irreparable damage to the relationship between GPs and their patients;

4. Believes the Bill to be complex, incoherent and not fit for purpose, and almost impossible to implement successfully, given widespread opposition across the NHS workforce;

5. Believes that passing the Bill will be an irresponsible waste of taxpayers' money, which will be spent on unnecessary reorganisation rather than on patient care, as well as increasing the running costs of the NHS from the processes of competition, and transaction costs;

6. Believes that GPs' participation in CCGs does not equate to support for the Bill, but that GPs are there to defend their patients' interests and mitigate the adverse impact of the Bill;

7. Supports clinically-led commissioning believing this will lead to improvements in patient care in the NHS, and believes this can be more effectively achieved within existing legislation;

8. Calls upon the coalition government to withdraw the Bill and instead enter into productive dialogue with the BMA to agree a way forward for clinically-led commissioning.

A letter from Laurence Buckman is being sent to all GPs in England today, detailing the motion and the committee's reasons for this position, urging the government to enter into dialogue to agree an alternative way forward.

All GPs are asked to write to their MPs outlining their concerns ahead of the Bill returning to the House of Commons later this month.

Health and Social Care Bill – Parliamentary update

The Lords Report Stage began at the beginning of February, with debates taking place throughout February and March. Following Report Stage, the Bill will enter Third Reading. If the Bill is passed by the Lords at Third Reading, it will return to the Commons for consideration of the changes made in the Lords as part of negotiation between the Lords and Commons. Time is tight; if the Bill is to become law it would need to complete all its parliamentary stages by late March/early April should the Queen's Speech be in May.

Ahead of the start of Lords Report Stage, the BMA issued a briefing to peers. The BMA's briefing paper stated that some of the Government's amendments indicated modest improvement to the legislation but taken as whole, the Bill is still fundamentally flawed and must be opposed in its entirety. The BMA's briefing paper can be found on the BMA website.

In advance the Bill's return to the Commons, contact will need to be made with MPs. The BMA re-launched its e-campaign to make it as easy as possible to get in touch with local MPs about the Bill.

MPs can be contacted directly.

You can read more about the Health and Social Care Bill, the BMA's lobbying activity and about how you can get involved on the BMA's NHS Reforms webapges.

Commissioning

If you have any concerns or questions about the development of CCGs in your area, please email the GPC at info.commissioning@bma.org.uk.

Key questions for your CCG

The GPC is concerned that due to the fast pace of developments, many GPs are not aware of the decisions being made on their behalf by developing CCGs, which will impact on them and their practice in the future. To hold your CCG to account, we would urge you to ask ask these questions of your CCG and LMC.

Commissioning Support

In January Laurence Buckman wrote to all LMC secretaries, outlining the GPC's concerns about the commissioning support proposals and providing a template letter for LMCs to send to PCT Clusters. The GPC has since published more detailed guidance on commissioning support, stating the view that CCGs should not be pressured to make decisions about their support arrangements before they are ready, and should be supported to host or share their own commissioning support services if they wish.

Commissioning Outcomes Framework

The BMA has submitted a response to the NICE consultation on the proposed Commissioning Outcomes Framework. It is proposed that the Commissioning Outcomes Framework (COF) will be used by the NHS Commissioning Board (NHSCB) to measure the performance of CCGs in relation to the NHS Outcomes Framework. Indicators will be developed from NICE quality standards, the NHS Outcomes Framework and existing indicator collections.

The BMA response has stressed the need to ensure that outcomes measures are achievable and within the influence of CCGs, and that CCGs and practices are not overburdened with bureaucracy. More widely, we have restated our opposition to proposals for a 'quality reward' for commissioning. It is vital that CCGs are fully resourced from the outset in order to commission effectively. Any financial incentive for commissioning raises serious ethical concerns about the doctor-patient relationship and risks cultivating compliance with central direction, as opposed to promoting a locally-focussed and truly clinician-led commissioning system.

Choice pilots

We are currently finalising the details of the choice pilots in England with NHS Employers and the Department of Health. More detailed guidance for PCTs and practices is due to be published very soon. This will tell you everything you need to know about how practices at the pilot sites will be paid for seeing out of area patients. It will also explain the arrangements PCTs across the country need to put into place to ensure that remotely registered patients can be seen near home if

necessary. We will be paying close attention to the design and execution of the evaluation exercise. Please do let us know of any specific problems encountered locally over the next year so we can feed this back to the Department.

PIP breast implants

The GPC has written to the Chief Medical Officer (England) highlighting our concerns about the advice given in the recent letter about PIP breast implants, which advises that NHS patients who have decided against having an explanation, should have an annual follow up by their GP. In our letter we highlighted that such a review would not be part of the GMS contract and that GPs are not trained to assess breast implants, and therefore should not be asked to do so. We have asked for this letter to be retracted and for further guidance to be published recommending GPs to refer such patients to breast clinics.

Vitamin D advice on supplements for at risk groups

On 2 February the UK Chief Medical Officers (CMOs) published a letter to health professionals recommending that a large proportion of the population should be receiving Vitamin D supplements. This letter was not sufficiently clear on the implications this will have on general practice and what GPs are expected to do, nor was the GPC consulted prior to publication of this letter. The GPC has therefore written to the CMOs asking for urgent clarification on the following points:

1. Is it expected that all people in at-risk groups are to receive Vitamin D supplements, or is a screening programme to be set up?

2. If screening is to be set up:

    - Has this been approved by the UK National Screening Committee?
    - How is it to be commissioned and what are the estimated costs?

3. If routine Vitamin D supplementation without screening is advised, what arrangements are to be used for the supply of supplements?

4. If Vitamin D supplements are to be prescribed:

    - What are the cost implications?
    - What formulation should be used (e.g. there is no plain vitamin D tablet available for treating simple deficiency)?

5. If Vitamin D supplements are to be recommended, but not prescribed, how does this fit in with the obligation that GPs have to offer recommended treatment on an FP10?

Cervical cytology – good practice

Following the recent letter from Barbara Hakin regarding mandatory cervical cytology training, we would still advise practices to make sure that anyone conducting smears are cognisant of the latest guidance. We have had some reports of smears being carried out without the cervix being visualised; this is not good practice and leaves practices open to legal action. The guidance in question can be found on the Royal College of Nursing website.

QOF update and guidance 2012-2013

The GPC and NHS Employers have published joint supplementary guidance and FAQs for the 2012-2013 QOF quality and productivity (QP) indicators. This guidance applies across the UK and is intended to assist practices and primary care organisations (PCOs) in understanding and working through the new QP indicators. This supplementary guidance is in addition to the guidance contained within the UK wide QOF, due to be published next week.

Version 22 of the business rules, which supports QOF 2012-13, has been published.

The **Average Contract Register Population (CRP) value has been updated on QMAS** from 5891 to 6775 (in England). The 6775 figure was calculated using the list sizes from Exeter as at 1 January 2012. The updated figure will now be used going forwards in all additional services calculations. The change went in on 18 February 2012 and will result in an increase in achievement for all practices in the additional services domain.

Directed enhanced services (DES) 2012/13

The Clinical DES guidance for 2012/13 has now been published. The alcohol and learning disabilities DESs will continue until 31 March 2013. The osteoporosis DES will no longer be available from 1 April 2012.

The extended hours access DES (England) has been extended by one year to 31 March 2013, and the requirements that will apply for 2012/13 will be the same as those in 2011/12. The patient participation DES, which was agreed in April 2011, will continue until April 2013.

Osteoporosis QOF indicators and availability of DXA scans

Two of the new osteoporosis indicators (OST1 and OST2) in the Quality and Outcomes Framework (QOF) for 2012/13 require that patients with a fragility fracture have a diagnosis of osteoporosis confirmed by a DXA scan before the patient is included in the register. Following the conclusion of the negotiations, there have been reports of long waiting times for DXA scans for younger patients in some areas, and we are particularly concerned about the effect the long waiting times might have on the ability for small practices to achieve these new indicators. We have therefore written to the UK Health Departments asking for the availability of DXA scans for younger patients to be prioritised.

Revalidation

Following previous items in GPC News, we are still hearing reports of PCTs using the planned introduction of revalidation to justify implementing more stringent appraisal frameworks. It is currently expected that, subject to an assessment in the summer, the revalidation legislation will be enabled in December and doctors will start to undergo the revalidation process from early 2013. ***PCTs should therefore not be implementing new appraisal frameworks on this basis. Any GP who is feeling intimidated should ask to see the regulations that permit this and report the matter to their LMC.***

We would be grateful if LMCs could inform us if this is happening in their area and forward any relevant materials to us so that we can approach the relevant bodies with this information. Please contact Nadia Kalam at nkalam@bma.org.uk with any details.

NHS 111

The GPC recently wrote to the Secretary of State for Health to express the profession's grave concerns about the hurried roll out of local NHS 111 services. A request was made for a flexible deadline for implementation to be announced. The letter outlines the GPC's serious misgivings about progress to date.

The GPC supports the principle behind NHS 111 that patients should have an easily accessible telephone number for urgent health problems, but has been made aware of a number of serious problems and concerns with the pilots by its members. In the letter and accompanying document it sets out its concerns, which include:

- The need for adequate time to evaluate the pilots as feedback from GPs suggests there have been a number of issues that are yet to be resolved;
- The procurement of providers to run NHS 111 in non-pilot areas is being rushed through without careful reference to the pilots; and,
- Decisions are not being driven by clinical commissioners who will ultimately be responsible for NHS 111 in their area.

A flexible deadline for local roll out of the programme should enable CCGs to establish themselves first before making clinical commissioning decisions regarding NHS 111 at an appropriate time. This will allow local service specifications to be designed to meet local need and will also ensure clinical commissioners are assured that they will be getting the right service from the provider with which they sign a contract agreement.

The accompanying BMA document is available on the BMA website.

CQC registration

Joint statement

The GPC and CQC have agreed the following statement about CQC registration:

Under the Health and Social Care Act 2008, all providers of primary medical services will be required to be registered with the CQC by 1 April 2013. The process leading to registration will begin in July 2012. As part of registration, practices will have to tell the Care Quality Commission (CQC) whether they are meeting the essential standards of quality and safety, which are derived from regulations governing the CQC's work.

The essential standards are based on legislation and cannot be altered. However, the British Medical Association's General Practitioners Committee (GPC) and CQC are currently discussing how the standards will apply to primary care providers. Work carried out by the CQC, during the delay to the registration of most providers of primary care, has focused on the need to be proportionate and appropriate, reducing bureaucracy to a minimum. The CQC and the GPC have been working together to achieve this and to ensure that the registration requirements are understood across the primary care sector.

To that end, the CQC is working with stakeholders to improve the logistics of its registration process. This is partly taking place through the CQC's Stakeholder Advisory Group, on which the GPC is represented.

Discussions are also taking place between the CQC and GPC about how compliance will be demonstrated and monitored following registration. The CQC is working to ensure that the compliance monitoring process is proportionate and appropriate. As part of this, the CQC will be carrying out a pilot in the summer, to test how its model of compliance monitoring will work in primary care.

There is no need for practices to purchase expensive software or consultancy services in order to register with the CQC. Most practices delivering good quality care will already be meeting the majority, if not all, of the essential standards.

The GPC and CQC will continue to issue updates in the coming months, including further detailed guidance on registration.

CQC guidance

The CQC has published its new Overview of Registration guidance, providing general information about how the registration process will work.

The Information Governance Toolkit

Version 9 of the Information Governance Toolkit for general practice went live in June 2011 and the deadline for final submission is **31 March 2012**. The toolkit encompasses 13 requirements for general practice to self assess against. Connecting for Health (CfH) state that completion of the toolkit is necessary in order for practices to ensure that their CfH services continue to be provided.

One person from a practice will have been nominated as the IT lead and they will register for a user account and complete the online self-assessments on behalf of the practice. A link to the toolkit is available on the Connecting for Health website.

We recommend that practices submit their 2011/12 self assessments by the deadline.

Further information on information governance for GPs, and what is and is not mandatory, is available on the BMA website.

PCTs have traditionally provided support to practices in regards to their information governance arrangements. If practices require assistance with completion of the online toolkit, the national information governance team can also be contacted via the 'help' section of the toolkit.

Website cookies – advice for GP practices

If your practice website uses cookies you may need to be aware of recent changes to the law, outlined in guidance from the Information Commissioners Office.

Cookies are small files of letters and numbers downloaded to a user's computer when they access certain websites. They allow a website to recognise the user's device. The previous rules on cookies said that websites had to inform users how they use cookies and that they could 'opt out' if they wished. Most websites did this through their privacy policies.

In 2011 the laws on cookies were extended. Cookies can now only be placed on machines where the user or subscriber has given their consent, although this does not apply to cookies that are 'strictly necessary' for a service requested by a user. An example of a 'strictly necessary' cookie would be when a user chooses goods they wish to buy from a website, clicks 'add to basket' and then proceeds to the next page - the site 'remembers' what they chose on a previous page using a cookie. User consent would not be needed for this type of cookie.

The ICO does not produce a definitive list of 'strictly necessary' cookies. In the context of GP practice websites, cookies might be used to allow users to request a repeat prescription, or book appointments. If the cookie is strictly necessary for the service requested by the user, then explicit user consent is not required. Other cookies, such as those used to collect statistical information on usage of the site, are not strictly necessary and user consent is needed.

Each organisation has to decide whether user consent is needed for each cookie they use. We recommend that practices read the ICO guidance, which includes practical advice on types of cookies and how to comply with the regulations.

Medicines reconciliation

NHS Employers has asked us to draw attention to a film they have produced about medicines reconciliation which may be of some interest to GP practices. The film aims to highlight the role each sector plays in medicines reconciliation, particularly hospital pharmacy. The film goes through the

medicines pathway from a patient's point of view, demonstrating that both hospital and community pharmacists can work together to improve patients' understanding of their medicines. To view the film please go to the NHS Employers website..

The film builds upon the guidance published by NHS Employers and the Pharmaceutical Services Negotiating Committee (PSNC) for hospital colleagues and community pharmacists to help the transfer of care between settings. The guidance is available on the NHS Employers website.

Transparency agenda

In May 2010 the Government made commitments as part of a 'Transparency Agenda' which came into force from November 2010 stating that all new contracts agreed by NHS bodies should be published.

We have received confirmation from DH Procurement, Investment and Commercial Division that this applies to private sector providers and will include all contracts for goods and services.

If the contractor wishes to state that something is commercially sensitive that they do not want to publish as part of the contract this could be communicated to the authority in a separate letter. However, any commercially sensitive information is subject to the Freedom of Information Act as is the rest of the contract.

The Transparency Agenda additionally made the following commitments which are now reflected in the NHS procurement policy:

- "All new Information and Communication Technology (ICT) contracts over the value of £10,000 to be published in full online from July 2010.
- All new tender documents for contracts over £10,000 to be published on a single website from September 2010, with this information to be made available to the public free of charge.
- New items of spending over £25,000 to be published online from November 2010.
- All new contracts to be published in full from January 2011."

The Cabinet Office published guidance on publication of new contracts, which applies to all NHS bodies. See section 2.16 on Contract Extensions (for renewal of contracts) and 2.17 on Re-tendering a contract (for new contracts).

The guidance states that departments are recommended to publish, where relevant, the following, or the nearest equivalent, as a minimum:

- Advertisement of the requirement (e.g. Prior Indicative Notice, OJEU notice)
- Estimated procurement timescales
- Pre-Qualification Questionnaire (PQQ)
- Invitation to Tender (ITT) – includes requirement and Terms and conditions.

Dispensing doctors in England underpayment by NHS Prescription Service

We have been informed by NHS Prescription Services that they have identified seven database price errors during routine audit activity that has resulted in an underpayment affecting the payments to pharmacy contractor, dispensing doctor, Isle of Man, Jersey and Guernsey accounts. The NHS Business Service Authority (NHS BSA) has apologised for these errors and has taken action to prevent future database price errors.

Full details can be found on the NHSBSA website. Further information is also available.

NHS Prescription Services will be sending a letter to the senior partner for each dispensing practice affected by a net underpayment. Unfortunately due to a slight difference in the payment timetable for doctors, NHS Prescription Services was not able to notify PCTs in time for the payments made on 1 February 2012. Therefore, for dispensing doctors there will be an adjustment on the December 2011 payment calculation provided to the Primary Care Trust relating to payments made on 1 March 2012.

Updated Patient Liaison Group patient resource - medicines section

The BMA's Patient Liaison Group (PLG) has updated its 'Working together for better health' patient resource to provide more detailed information on medicine waste. The resource features practical tips for patients on how to avoid wasting medicine, together with details of how to dispose of unwanted medicine safely.

Use of 084 telephone numbers by primary care contractors and compliance with regulations

The GPC negotiators updated their advice following the publication of new guidance on the Directions to NHS bodies concerning the cost of telephone calls 2009 by the Department of Health (DH) on 23 February this week. The DH position has not changed and the regulations remain the same. Consequently, the legal advice the GPC has obtained also remains the same.

The issue revolves around the word 'reasonable' within the regulations. All the suggestions about termination or varying the terms of the contract are always going to be based on 'reasonable steps'. Any practice would have a very strong arguable case to say that, albeit all 'reasonable steps' had been taken to try and cancel the contract or vary it, to do so would mean the practice would be subject to a financial penalty.

The regulations do not say the practice must cancel or vary the existing contract. If this was the case, 'reasonable steps' would be replaced with 'best endeavours'. Subsequently, it would not be possible to argue that the acceptance of a financial penalty is reasonable.

If practices ensure they have on record correspondence from their telephony provider stating that they will be financially penalised if they vary or cancel the contract, this should be enough to satisfy that 'reasonable steps' had been taken.

All practices will be expected to become fully compliant with regulations once their existing contracts are up for renewal or they wish to contract with a different provider. At this point, practices will be expected to ensure they contract with a provider who is compliant with regulations.

Practices are advised to obtain a copy of the statement of compliance with NHS regulations from their telephony provider when entering into new or renewing contract arrangements.

Practice lease arrangements

Following the implementation of the Department of Health's *Stocktake and Stabilise Project*, an auditing initiative designed to ensure PCT documentation is in order prior to handing over responsibilities to the NCB and CCGs, it has come to the GPC's attention that, in many cases, practices do not have premises leases, but licences to occupy. These licences carry fewer liabilities, but are weaker to defend legally. If they have not already, PCTs will be asking practices to sign formal leases. LMCs are asked to ensure that practices are advised not to sign leases that make them responsible for any unnecessary liabilities.

The BMA is not permitted to give property advice, but if practices have any uncertainty regarding this matter, they are advised to contact BMA Law (info.bmalaw@bma.org.uk) who have an arrangement with HBJ Gateley Waring that any BMA member seeking property advice would be given preferential rates.

Extending GP training

In January, the GPC wrote to the RCGP and COGPED regarding concerns with proposals to implement an extension to GP training. The GPC maintains that any extension to training must be educationally focused and be sufficiently funded, and we have been clear with COGPED and the RCGP that we cannot support any proposal that appears to be designed to tackle workforce issues. The GPC will be continuing to discuss these issues with the RCGP and COGPED in the attempt to establish a mutually acceptable way forward and will inform the profession of any developments.

NHS reforms and senior academic GPs

The BMA's Medical Academic Staff Committee would like to develop a picture of the extent to which senior academic GPs (SAGPs) have been experiencing problems in determining where their honorary NHS contracts will lie, following the planned NHS reforms. We would be grateful if LMCs could e-mail Joe Read (jread@bma.org.uk) if they are aware of SAGPs experiencing problems with this in their area.

LMC conference 2012

The LMC Conference will be held in the BT Convention Centre, Kings Dock, Liverpool on 22-23 May 2012. LMCs have been sent information about the conference, including instructions how to input motions, travel arrangements and expenses, all of which can be accessed on the BMA website LMC Conference page.

The closing date for motions to amend Standing Orders of LMC Conference is **Friday 23 March.** The deadline for motions for the LMC conference main agenda is **12 noon on Monday 26 March**. We would be very grateful to any LMCs which assist the GPC secretariat by submitting their motions **(one copy of the final version only please)** as early as possible. Please do not leave the submission of motions until the final morning, as it potentially risks slowing down the electronic system and your motions may fail to be received by the noon deadline. Motions received after the noon deadline on 26 March 2012 cannot be accepted.

If you have forgotten your password for inputting motions through the LMC Conference motions database or wish to see a copy of the instructions again, please contact Karen Day on kday@bma.org.uk as soon as possible.

The BMA has introduced a new motion drafting service to assist members with wording of motions, to advise if a motion is current BMA policy and to assist with research on the issue. Please email info.motions@bma.org.uk if you would like some assistance. Further information is available at www.bma.org.uk/motions.

GP employment law courses 2012

Managing the employment contract
Managing absence and performance
Managing disciplinary and dismissal

Keeping track of employment legislation, best practice and other human resource issues can be a real headache. With the best will in the world, you know you cannot be an expert on everything: that is why you have the BMA right behind you to give expert advice and support. However, it is important to understand the principles of employment legislation and practical management of people issues to ensure a good working environment and that you do not find yourselves facing a legal challenge.

The BMA is offering three one-day courses introducing GP practices to key issues in employment law: managing the employment contract; managing absence and performance and managing disciplinary issues and dismissal.

Cost to attend
Registration is open to GP Partners or their Practice Managers and the registration fees are as below:

BMA members:	£130.00 including VAT
Non-members:	£190.00 including VAT

Any practice manager wishing to attend will pay the same registration fee as their GP partner, depending on whether they are a member or non-member of the BMA.

When and where

Courses are available throughout the year at different locations and full details are available on our website, where you can also book your place.

Questions?

If you have any questions, please contact BMA Conferences on 020 7383 6137 or 6923 or by email at confunit@bma.org.uk.

The GPC next meets on 19 April 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 April 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