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GPC meeting

The GPC held its meeting on 21 February 2013 and this newsletter provides a summary of the main items discussed.

GP contract imposition

Since the end of January, 35 roadshows on the GP contract have been held across the UK and over two thousand GPs have attended these events. Those attending have expressed considerable concern about the implications for practices of the government's contract imposition proposals. These views have been echoed in the nearly 8000 responses we have received to our survey of GPs in England, the full results of which may be seen on the website link

Informed by the survey results and views expressed at the roadshows, yesterday, the GPC submitted its formal response to the government's consultation on the proposed contract imposition. In it, the GPC outlines in detail its concerns about the proposals and suggests ways in which they could be improved. In particular, the response notes that the changes would make it difficult for practices to

maintain the level of care they currently offer while introducing an even greater focus on targets and box ticking at the expense of holistic, patient-centred primary care. This is of particular concern given the recent conclusions of the Francis report published during the consultation period.

The full response [can be read on the BMA website](#).

All GPs in England were sent a link to the consultation response yesterday, accompanied by an email from the GPC chairman, Laurence Buckman. In the email, Dr Buckman said he was grateful to GPs for providing clear evidence to the GPC, the government and the Department of Health of their views about the proposals. It also includes the following key points from the GPC response:

- The DH needs to return to the draft proposals developed between NHS Employers and the GPC for reducing variability in practice funding.
- Correction factor money and PMS funding removed from practices must be ring-fenced and reinvested in general practice through the global sum. Outliers need proper consideration and practices needing higher funding for legitimate reasons should be excluded from the process.
- Practice financial instability should be reduced by moving funding from the QOF organisational domain into practices' global sum equivalent or baseline funding.
- Proposals for increasing QOF thresholds must be rejected – there should be public recognition that as a result, exception reporting will increase which is an appropriate clinical response to individual patient needs.
- The changes to timescales for any QOF indicators from 15-12 months must be abandoned. If imposed, the changes should be postponed to allow for IT system changes and development of guidance.
- New DESs should not be introduced without new funding. The GPC has grave concerns about some of the elements of the DES but does, however, remain willing to work with the DH to make the DES specifications more workable and clinically appropriate and we have provided detailed comments on the proposals for DESs.
- The proposal to transfer the responsibility for locum's employer superannuation payments to practices raises serious concerns. The GPC opposes this and asks that, at least, implementation is delayed by 12 months. If pursued, the funding should be transferred to Global Sum Equivalent and PMS baselines rather than to global sum to allow a fairer distribution of funds.
- Locums must have an easy way of checking that employers' contributions have been made.
- If this is implemented, equivalence should apply to locums in all aspects of the pension scheme including death in service benefits and the ability to pension appraiser work.

Agreement has been reached in both Scotland and Wales on changes to the GP contract for 2013/14, but there have also been considerable difficulties in Northern Ireland where a contract imposition is also looking likely.

Our next steps

We now await details of what the government decides it will implement and we will update members and LMCs as soon as we have the information. Advising and supporting GPs and practices on how to cope with what is implemented will be our key priority in the months ahead. Stay informed by [visiting the BMA website](#).

Francis report

The GPC had an initial discussion about the Francis Report into the care provided by Mid-Staffordshire hospital and its implications for general practice. The committee was particularly concerned about the report's conclusions on target-driven cultures in light of the government-proposed changes to the GP contract, as these proposals would introduce an even greater focus on targets and box ticking and damage patient care. Key points raised in the discussion were:

- Suggestions that a regulatory body was introduced for NHS managers.
- The need to develop tools and systems to enable clinicians to draw together and report on concerns about patient care and the importance of a duty to listen to go alongside the duty to speak out.
- The need for patient-centred holistic care was an important factor in the findings.

The Committee will discuss the report in more depth at March's meeting. The BMA as a whole is also reflecting on and considering the findings of this report very carefully, and has pledged to work with others in developing a new NHS culture where doctors feel supported and protected to raise concerns. The BMA's response may be viewed on the [website](#).

Latest NHSCB guidance for CCGs – Everyone Counts

The GPC discussed the latest commissioning guidance from the NHS Commissioning Board (NHSCB). ['Everyone Counts'](#) outlines how the NHSCB will hold CCGs to account, including the financial allocations CCGs will receive in 2013-14 and the incentives and outcome measures the NHSCB will use to measure commissioning performance. The NHSCB will focus on five areas, which are drawn from the [NHS Outcome Framework](#):

- Preventing premature mortality;
- Long term conditions;
- Reducing hospital readmissions;
- Improving patient feedback;
- Reducing the incidence of MRSA and C Difficile.

The GPC expressed fears that the proposals in this guidance will foster a target driven culture that would also be contrary to the aims and recommendations of the Francis Report. Whilst it is important that commissioning bodies are accountable for how they spend public money, the GPC was of the view that the outcome measures identified were too detailed and often without the remit of commissioning bodies.

Quality Premium

Further proposals for the Quality Premium – the financial incentive for CCGs to reward commissioning performance – were also published by the NHSCB. The Quality Premium will be based on four national measures and three local measures, to be determined by CCGs and the NHSCB Area Teams. Award of the Quality Premium will be dependent on CCGs achieving financial balance. Some of the BMA's initial concerns about proposals for the Quality Premium have been taken on board in these latest proposals, including the need for local targets to prevent the Quality Premium to become

a lever for central control. However, GPC is strongly of the view that an incentive based on financial performance has serious potential to exacerbate health inequalities. The GPC will continue to raise these concerns with the NHSCB and government.

Local enhanced services and the NHS standard contract

From April 2013 CCGs and local authorities will commission local enhanced services (LESs). Public health services will be commissioned by local authorities and CCGs will commission all other LESs. These services will be called 'community-based services' and will be commissioned using the NHS standard contract, about which more can be read on the BMA website.

Patient group directives (PGDs) post April 2013

The Department of Health (DH) is making changes to PGDs to reflect the organisational structures that will be in place from April 2013.

The [NeLM website](#) highlights planned changes to medicines legislation to enable CCGs, local authorities and the NHS Commissioning Board to authorise PGDs. It also outlines the transitional arrangements that the DH aims to put in place to support transition of services to the organisations that will be responsible for authorising PGDs from that date. These arrangements will allow PGDs to remain legal after the authorising body has been abolished, and until expiry or authorisation by the new body responsible for the service in question. It will be essential that organisations 'inheriting' PGDs (eg CCGs) put in place arrangements and a timetable for review and adoption/authorisation of all existing PGDs.

The NHS PGD website team is updating the current guidance, and the existing [PGD guidance document](#) produced by the National Prescribing Centre (now the Medicines and Prescribing Centre at NICE), is also in the process of being updated, expected to be published in June. As the principles and legal requirements remain the same, organisations will still be able to use the existing document to guide them through the legal framework governing the use of PGDs, and as a practical guide on their use.

PIP breast implants

Following the advice given last year in a [letter by the CMO](#) (England) and in the [report by Sir Bruce Keogh](#) that NHS patients who have decided against having an PIP breast implant explanation should have an annual follow up by their GP, the GPC has highlighted concerns in a number of meetings and letters.

Although the advice in the guidance from the [surgical associations](#) remains unchanged, and still suggests that GPs need to see all those women who have a PIP implant annually, the GPC advice would be to refer any eligible patients to a consultant breast surgeon for review. This view is also shared by the Department of Health.

Carrying out PIP breast implant reviews are outwith a GP's remit and should a patient attend a practice and the GP feel assessment of their implants is outwith their skills and experience, they should be referred to secondary care.

N3 Next Generation Access

The N3 network is being upgraded under the GP Next Generation Access programme, which will help ensure that many GPs in England are equipped with faster broadband technology to help improve access to clinical applications and services. All practices under this scheme will have access to broadband of at least 2mbps (megabits per second). Funding has been made available for every practice in England to be upgraded under the programme, but we understand not all have been registered for the upgrade by their PCT. Practices should now have heard from their local IT service or the N3 service provider (BT) about their upgrade, and indeed many will have already had a new router. If practices are not clear on this they should check with their LMC or PCT to ensure that the order for an upgrade has been implemented or requested prior to the end of March 2013.

CQRS training

Booking for CQRS (the programme that replaces QMAS) training opened on 24 January for GP practices and CCGs. The first phase of training will begin on 25 February and will be conducted over a three week period. The sessions will be run via Adobe Connect, a web conference application. They will be hosted by a facilitator and users will be able to interact and ask questions. All the material from the training sessions, along with an audio recording, will be made available from 25 February 2013.

Places are limited to one person per organisation. If you or a member of your GP practice or CCG would like to participate in this first phase of CQRS training please [go to the Connecting for Health website](#).

Please note the LMS is only accessible via the N3 network. If you have experienced any issues relating to booking a training slot and/or logging onto our Learning Management System (LMS) in the past week, please visit our [FAQs webpage](#) in the first instance.

Eric Gambrill Travelling Fellowship

Applications are invited for up to two Eric Gambrill Travelling Fellowships, to be awarded in Spring 2013. The value of each Award is £3,000.

Those eligible for the Award will be fully trained and practising UK general medical practitioners.

In recognition of Dr Eric Gambrill's interest in general practice, education and travel, the successful applicants will be expected to undertake a study or project as part of his/her professional career development.

The closing date for the receipt of applications is **7 April 2013**.

Application forms and further information may be obtained via the website, or from:

The Honorary Secretary to the Trustees
Eric Gambrill Memorial Fund
Altyre House, Church Lane
GRAYSHOTT, Hindhead, Surrey GU26 6LY
Email: vanessambmason@aol.com
Web address: www.ericgambrillmemorialfund.co.uk

By-election of regional representatives 2013-2016

Nomination of members

Nominations are sought in the election of voting members of the General Practitioners Committee of the British Medical Association as regional representatives for the constituencies detailed below.

Local medical committees covered:

- Ayrshire & Arran/Borders/Dumfries & Galloway/Lanarkshire
- Barking & Havering/Redbridge & Waltham Forest/City & E London
- Calderdale/Kirklees/Leeds/Wakefield
- Cambridgeshire/Bedfordshire
- Cumbria & Lancs
- East Yorks/N Lincs/Lincs
- Hampshire & Isle of Wight
- Hertfordshire
- Kent
- North & South Essex
- Northern Ireland
- S & W Devon/Cornwall & Isles of Scilly
- Surrey & Croydon
- Wigan & Bolton/Bury & Rochdale/W Pennine
- Gloucs/Avon – please note this is a by-election with a term of one year

Candidates must be:

- GPs who contribute to the voluntary levy of an LMC in the constituency and who provide personally or perform NHS primary medical services for a minimum of 52 sessions distributed evenly over six months in the year immediately before election (27 March 2013); or
- GPs who are on the doctors retainer scheme and who contribute to the voluntary levy of an LMC in the constituency; or
- Medically qualified secretaries of a local medical committee in the constituency.

Nominations open on 1 March 2013 and close at 5pm, Wednesday 27 March. If you have any queries please contact rjuby@bma.org.uk. Nominations should be made on forms available from the General Practitioners Committee tel: 020 7383 6375 and [on the BMA website](#) (available from 1 March).

Each nomination form must be signed by the candidate, five proposers and a representative of the local medical committee who can confirm that the candidate and proposers contribute to the voluntary levy.

Nomination forms and statements in support of candidature should be returned to:
Rachel Juby, General Practitioners Committee, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP by no later than **5pm on Wednesday 27 March 2013**. Please note that it is the candidate's responsibility to ensure that the GPC has received their completed nomination forms and statements.

Sessional GPs Subcommittee elections

Nominations for election to the GPC's sessional GPs subcommittee have now opened. The subcommittee, which represents all salaried and locum GPs, has 16 elected members from across the UK. You can find out more about the election and download a [nomination form on the BMA website](#).

LMC conference 2013

The LMC Conference will be held at Logan Hall, The Institute of Education, Bedford Way, London WC1H 0AL on Thursday 23 and Friday 24 May 2013. LMCs have been sent information about the conference, including instructions on how to input motions, travel arrangements and expenses, all of which can be accessed on the [BMA website on the LMC Conference page](#).

The closing date for motions to amend Standing Orders of LMC Conference is **Friday 22 March**. The deadline for motions for the LMC conference main agenda is **12 noon on Monday 25 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 25 March 2013 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/writingmotions.

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 1. 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 2.

LMCs – change of details

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

The GPC next meets on 21 March 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 18 March 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