GPC Newsletter

www.bma.org.uk

Friday 20 April 2012 **Issue 8**

Content

GPC meeting

The GPC held its meeting on 19 April 2012 and this newsletter provides a summary of the main items discussed.

Industrial action

Plans are being finalised for the first ballot of doctors on industrial action in almost 40 years in response to government changes to the NHS pension scheme.

The ballot will open on 14 May and close on 29 May. Most doctors working in the NHS will be balloted, however for legal reasons we are not able to ballot certain categories of GP, including self-employed locums.

The BMA has published an outline of the type of industrial action on which members will be balloted (Urgent and Emergency Care Only) and is seeking a mandate only to undertake this action. The Association continues to rule out the complete withdrawal of doctors' labour.

The BMA is planning a series of actions but is committed to reviewing the impact – especially on patients – at every stage before making a decision on next steps.

You will find lots of information on industrial action, including an audio slide show and frequently asked questions, on the BMA website. . Further information will follow including more detailed FAQs. The BMA is also running a series of workplace events and road shows where you can find out more; full details of the venues and timings etc are on the website, together with details of how to register.

NHS Reforms

The Health and Social Care Bill gained Royal Assent to become the Health and Social Care Act (2012) on 27 March 2012. Following the legislation's passage through Parliament, a considerable amount of regulation and further guidance from the Department of Health is expected, providing detail on how the new Act will work in practice. It is expected that regulations governing commissioning will be released for consultation in July.

The GPC will continue to lobby the government and other stakeholders as the detail of the secondary legislation is worked out and as the NHSCB, CCGs and the other new structures continue their development. We will continue to provide GPs and LMCs will guidance and will shortly be issuing guidance relating to the DH model CCG constitution. All of our current guidance can be found on the BMA NHS reforms webpages and although some terminology may have changed, the underlying principles of this guidance remain relevant. You can email info.commissioning@bma.org.uk if you have any questions or concerns relating to the reforms or the development of CCGs in your area.

Fair commissioning charter

The GPC carried the following motion:

> That the GPC would encourage any clinical commissioning group (CCG) which wishes to sign a Fair Commissioning Charter that includes that the CCG will:
>
> (i) Work to improve the quality of and access to local health services, and reduce health inequalities;
>
> (ii) Develop a culture of genuinely clinician-led commissioning, taking decisions in the best interests of the local population;
>
> (iii) Engage with patients and the public with respect to decisions taken about their health services;
>
> (iv) Operate in a transparent and open manner, and in the interests of transparency, not engage in any contracts or negotiations which impose conditions of commercial confidentiality;
>
> In the further interests of transparency will take decisions in public unless required to hold them in private for legal reasons.
>
> (v) Resist any qualified provider being imposed from sources outwith the CCG;
>
> (vi) Always take decisions in the light of the likely effect on the important relationship between individual GPs and their patients.
>
> (vii) Establish and strengthen working relationships with local medical committees, further enabling successful outcomes in commissioning.

CCG constitutions

As CCGs focus attention on authorisation, many are drawing up constitutions. Our existing constitution guidance outlines key elements of a constitution that GPs and LMCs should check are included.

It is vital that the CCG constitution has the support of member practices and that the constitution outlines how the CCG will engage with the LMC.

Department of Health model CCG constitution - BMA Law

GPC / BMA Law have always advocated that any CCG constitution should be clear, robust and comprehensible. Although the NHS Constitution is helpful, it is not really a template constitution, it is more along the lines of detailed guidance. The main omission in the published NHS Constitution is that it completely omits any role or involvement of local medical committees. Huge sections of the Department of Health (DH) document are devoted to quotes and references to the Health and Social Care Act, which is confusing and unnecessarily burdensome in the context of a comprehensible

template. This makes it unduly difficult to convert into a working practical document. Furthermore, the DH Constitution states that it has yet to be approved by lawyers.

BMA Law has a template constitution in place which is being updated in line with both the Act and in respect of any agreed policy and guidance (whether current or future). This is accompanied by a detailed seminar which addresses all salient issues such as conflict of interest, procurement, engagement of consultants, internal governance, application for membership of the CCG etc. This includes advice on how to handle these issues in a practical way and how to keep good audit trails.

Other subsidiary documents such as the conflict of interest policy, procurement policy and the 'mandate document' which outlines the relationship between the CCG and local practices are also available.

If you would like to know more about this service including any training and seminars that BMA Law offer, please call Diane Smith on 020 7383 6019 or email at info.bmalaw@bma.org.uk.

'What we know so far'

The BMA's Health Policy and Economic Research Unit has relaunched 'What we know so far...' series of briefing notes on the NHS reforms.

The titles in the series are:

I. The NHS Commissioning Board
II. Health and Social Care Act at a glance (produced by the Parliamentary Unit)
III. Choice and any qualified provider
IV. New providers
V. Foundation trusts
VI Monitor and regulation
VII Local accountability.

Numbers 1 and 2 are new, and the rest have been updated to reflect any changes made in the last stages of the Bill becoming an Act.

Each briefing has an accompanying 2-side executive summary. This is available on the BMA website.

QOF guidance 2012-13

The QOF guidance for 2012-13 has now been published. This guidance has been produced jointly by GPC and NHS Employers and forms part of the GMS contract changes for 2012-13 as from 1 April 2012. Supplementary Quality and Productivity (QP) guidance, including frequently asked questions, was published in February.

Ethnicity and first language recording guidance - update

The Ethnicity and first language recording guidance, which was originally published as part of the Ethnicity and first language DES, and then published separately in 2011 after the DES was withdrawn, has now been updated. This is to include extended classifications to the list of NHS Data Dictionary codes for ethnic origin, which are based on a more comprehensive ONS 2001 census list, available within the Read Codes. Note that although practices may wish to continue to record their patients' first language and ethnicity as a matter of routine in order to assess the needs of their population, this is a practice choice as there is no longer any contractual requirement to do so.

Dispensing doctor feescale changes 2012-2013 - England and Wales

The GPC, the Dispensing Doctors' Association and NHS Employers have reached agreement around the agreed changes for 2012/13 onwards for England and Wales. These are outlined on the BMA's website and are effective from 1 April 2012.

Changes to practice boundaries from April 2012

As part of the agreement negotiated between GPC and NHS Employers for 2012/13, changes are being made to regulations from this April to allow practices to create 'outer boundaries'.

These changes have been introduced to help improve patient choice of practice and to amend the closed list regulations, but they are unrelated to the piloting of remote registration and consultation. Changes to practice boundary arrangements and the relaxing of the closed list regulations, as described below, are permanent and apply across England.

(i) What changes are being made to practice boundaries?

The changes being made to regulations regarding practice boundaries really only formalise what many practices already do. From the end of this April, PCTs will be expected to work collaboratively with practices to establish new 'outer boundary' areas to help patients who move a short distance outside the current practice boundary to stay with their existing practice.

(ii) Do all practices have to create outer boundaries?

Where a GP practice already has a large boundary area it may not be appropriate to establish an outer boundary. This is recognised in the new regulations. However we would expect most practices to work with PCTs to specify an outer boundary – in some cases this may only be a matter of a few streets larger than the existing practice boundary.

Practices' new outer boundaries will be specified in their GMS contract or PMS agreement and should be advertised in practice leaflets and on websites. The information will also be made available on the NHS Choices website.

(iii) What impact will the new boundaries have on patients?

Existing patients who move into the outer boundary area of a GP practice and remain registered with that practice will be eligible for the normal range of services, including clinically necessary home visits. Practices will need to bear in mind the feasibility of home

visits, and any possible impact on their patient population as a whole, when agreeing their outer boundary.

Guidance will acknowledge that for patients requiring very frequent home visits, it may be in their interests to register with a practice nearer their home rather than remaining with their former practice simply because they live in its outer boundary area.

Revalidation

The BMA has written to the Department of Health, raising a number of concerns in relation to England's readiness to implement revalidation. The letter expresses concerns about the difficulties locum doctors will currently have in gathering supporting information, the lack of clarity about how remediation will work and be funded, the uncertainty caused by the Health and Social Care Act as to whom GPs' responsible officers will be, and PCTs implementing the evidence requirements for revalidation before its start date. We will ensure that these concerns continue to be taken forward with the relevant bodies.

Enhanced GP training

The RCGP's educational proposal for extending the GP training programme to four years was approved by the Medical Programme Board on April 18. This follows an agreement between the RCGP, COGPED, COPMED and GPC on a set of principles for the implementation of the enhanced programme. An agreement will be required between the aforementioned organisations as to how the implementation will work in practice, and the proposal remains subject to confirmation by Medical Education England on 26 June.

Full details of the proposal can be found on the RCGP website.

GP Trainees Subcommittee newsletter

The GPC's GP Trainees Subcommittee will be producing a quarterly newsletter covering matters of interest to doctors in GP training. The newsletter is available on the BMA website.

The newsletter includes information on education, training, contracts, terms & conditions of service and the NHS reforms in England, as well as information on getting involved with the subcommittee.

We would like this newsletter to reach as many GP trainees as possible, and would be grateful if you could forward it on to trainers and trainees in your area.

Practice premises - leases

As the "Stocktake and Stabilise" project continues, we are aware a number of practices operate out of their premises under a licence to occupy. In light of the changing NHS landscape, it is important

for practices to have leases. As premises are moved into the nascent PropCo, this will become more pressing: LMCs are asked to continue to put pressure on PCOs to supply practices with a copy of their lease agreement.

Facilities management

The Practice Finance Subcommittee is aware that the abatement of service charges/facilities management costs has been refused in some PCO areas. The GPC secretariat would be keen to hear from LMCs who are aware of any practice that is currently facing a similar situation. Please contact Alex Ottley (aottley@bma.org.uk).

Cervical screening training update

Officials from the GPC, Department of Health and NHS Cervical Screening Programme have met to discuss the ongoing update training requirements for health professionals performing tests for cervical screening in line with the principles for training set out in Barbara Hakin's letter of 15th December 2011. It was agreed that:

- sample takers need to be fully competent and appropriately trained in sample taking and cognisant of the latest developments;
- the GMS contract places a responsibility on practices both as providers and employers to be satisfied this is the case;
- the NHS Cervical Screening Programme supports practices both as a provider and employer through its training and update programme;
- individual training needs will differ between practices and between health professionals and clinical governance systems should be in place to identify the training needs of all clinicians involved in the screening programme (nurses and GPs).

The GPC would like to remind practices of their responsibilities as both providers and employers who have a duty to ensure that staff are up-to-date. It is recognised that existing training packages may not meet the needs of all, and practices may wish to explore different modes of training delivery e.g. via cascade training or on-line tools.

We would also recommend that practices familiarise themselves with the primary care guideline on unusual bleeding in young women. This can be found on the Department of Health website.

Reminder on changes to HPV vaccinations

From September 2012 the HPV vaccine supplied as part of the HPV immunisation programme will change from Cervarix to Gardasil. Until that time Cervarix should continue to be used, with the aim of completing all courses by April 2013. A small supply of Cervarix will be available to order after September 2012 for outstanding courses, but please note that quantities of this vaccine will be capped.

For further guidance, please refer to the following letter from the Department of Health Director of Immunisation which includes some helpful FAQs.

NICE infection control guidelines

NICE has published clinical guidelines for Infection control. These are available at the NICE website.

The consultation comments and responses can also be found on this page.

BMA guidance on firearms licensing

The BMA has had further meetings with the Association of Chief Police Officers (ACPO) and the Information Commission's Office (ICO) to discuss the letters being sent from the police to GPs to enquire whether there is any medical information that might have a bearing on the individual's suitability to hold a firearm.

We are aware the current system of obtaining information is causing concern for GPs. The BMA and ACPO are looking for a longer and more enduring solution, however owing to the current legislation governing firearms licensing it is anticipated that this will take longer than expected.

In the interim, the BMA has agreed that the letters will continue to be sent out to doctors. Doctors are reminded that they are under no obligation to respond to these letters, but should they decide not to, doctors should inform the police as it will otherwise be assumed that there is nothing relevant on the medical record.

Where doctors are happy to respond to these letters, consent to the disclosure of any information should be sought as the letter does not currently indicate that consent has been given. If the patient does not consent to disclosure, this should ordinarily be respected, although the police must be informed to that effect. If, however, the doctor believes that the patient presents an immediate risk of serious harm to themselves or others, information should be disclosed even in the face of an explicit refusal.

Although the current letter from the police states that it does not have to be retained, the BMA has been advised doctors can record the request for information in the medical record and indicate what action, if any, they have undertaken. We are seeking to change the wording of the letter to reflect the position.

There is no nationally agreed fee for this work. It is the BMA's view that the police should pay for any work, but we are aware that the police do not accept this view. Serious concerns about a person's suitability will always take precedent over payment.

Prescription charges

From 1 April 2012, the prescription charges in England increased from £7.40 to £7.65. The BMA has repeated the call for prescription charges to be scrapped in England in line with the policy in the devolved countries. PCTs were informed via a letter from the Department of Health.

Focus on anticipatory prescribing for end of life care

The GPC Clinical and Prescribing Subcommittee has published guidance to clarify issues on anticipatory prescribing for end of life care. It includes an example an example of a drugs administration document used for 'Just in Case' boxes. The guidance is available on the BMA website.

Changes to the community pharmacy new medicine service (NMS) payment structure

NHS Employers and the Pharmaceutical Services Negotiating Committee (PSNC) have agreed changes to the community pharmacy new medicine service payment structure and have published a briefing document to explain these changes. It is hoped that the changes will fairly reward contractors and encourage them to deliver the service to the greatest number of patients. Further information is available on the NHS Employers website.

Payments to practices from non-NHS bodies

The GPC has recently received a request for advice with regard to local enhanced service (LES) payments from non-NHS or third party bodies (eg third sector organisations). Payments made to practices from a non-NHS funding stream can affect superannuation and notional rent payments, as they are likely to be deemed as payments for private practice.

Any additional activity that GPs undertake that is not arranged directly via NHS bodies is not superannuable. Practices should not sign up to any additional arrangements unless they are sure they are superannuable first.

The GPC will be publishing guidance in the future to remind practices and LMCs how to create a LES in terms of arrangements with local authorities and other parties. National discussions regarding LESs generally are also being actively pursued.

Supply of non-compliant nutritional products

The Department of Health Advisory Committee on Borderline Substances (ACBS), which is responsible for advising on the prescribing of certain foodstuffs and toiletries, has produced a guidance note on the supply of non-compliant nutritional products (attached).

This guidance highlights the problem of clinical errors created due to non-compliant stock entering the medical supply chain. Non-compliance can include instances where nutritional products have

different formulations, are incorrectly labelled, or where there is incorrect information provision. Further information is available on the ACBS website.

GPC annual report 2012

This year's GPC Annual Report is now available on the BMA website.

BMA Law

BMA Law has an arrangement in place with Gateley's Solicitors to offer preferential rates to members for the following services:

- property / lease / landlord and tenant issues
- dispute resolution and litigation matters including defamation
- family law (divorce, co-habitation, residency applications and pre-nuptial agreements)
- corporate, banking, finance and commercial matters in so far as they fall outside of BMA Law's remit.

These services can only be accessed via BMA Law (info.bmalaw@bma.org.uk or 020 7383 6976) and Gateley will not accept instructions from members direct under this scheme.

The GPC next meets on 21 June 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 12 June 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