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## GPC meeting

The GPC met on 15 October 2009 and this newsletter provides a summary of the main items discussed.

## DDRB evidence

NHS Employers and the Department of Health have now submitted evidence to the DDRB. The Department has recommended a 1% uplift for salaried GPs and GP trainers, no uplift to the GP educator pay scale and retention of a 45% supplement for registrars. NHS Employers called for a reduction to 40% of the registrars supplement.

Both the NHSE and the Department of Health have asked the DDRB for very small gross uplifts to GMS contract values. They have stated that the increase should cover practice expenses but that this is predicated on GPs delivery efficiencies. NHSE has recommended an uplift of ‘less than 1%’ and the Department has suggested a gross uplift of 0.5%. The Department’s recommendation was calculated to result in no uplift to net income while the NHSE’s recommendation is intended to result in a net increase only if practices deliver efficiencies and improved productivity. The smaller the uplift available, the less willing GPC negotiators will be to see differential distribution through a ratio model. The next plenary meeting with NHS Employers will be held next week.

## Political and economic outlook

The BMA has been represented at all the party conferences over the last few weeks. Richard Vautrey was our representative at the Labour and Tory conferences. Over the next few months the negotiators will consider how we can work with whichever government is elected next year. If this is a time for cutting expenditure GPC will argue that front-line services are maintained whilst consumerist initiatives such as extended-access, unnecessary bureaucracy and the patient survey are scrapped.

## Abolition of practice boundaries

Although there have been no details following Andy Burham's proposal to abolish practice boundaries, the GPC and the task-orientated subcommittees are considering the concept in detail so that the committee is in a position to respond effectively should the Department of Health seek to pursue this idea.

## Pandemic flu update

### Vaccination programme update

Ian Dalton, National Director of NHS Flu Resilience, has sent a letter to all PCTs and SHAs in England setting out further details on the vaccination programme planning. The first possible delivery date for supplies of vaccines to general practices is the week beginning 26 October with all practices receiving one box of 500 doses of the Pandemrix (GSK) vaccine. In addition one box of Celvapan (Baxter) will be delivered to PCTs who will be responsible for making arrangements to vaccinate those few people for whom Pandemrix is not suitable. Thereafter practices in need of more vaccine will be able to order additional supplies from the manufacturers.

The H1N1 vaccination programme will begin in Scotland on 21 October. [Please read the Scottish government's press release.](#)

Contrary to previous advice that two doses would be needed for the H1N1 vaccines to take full effect, the Chief Medical Officer (CMO, England), has now announced that there are in fact different rules for different groups as set out below:

#### *Pandemrix (manufactured by GSK)*

For all children aged from 6 months of age to less than 10 years of age:

- Two half doses (0.25ml each) should be given with a minimum of three weeks between doses.

For individuals aged from 10 years to less than 60 years of age:

- One dose (0.5ml).

For individuals aged 60 years and over:

- One dose (0.5ml) (may be reviewed after further evidence)

For immunocompromised individuals aged 10 years and over:

- Two doses (0.5ml each) should be given with a minimum of three weeks between doses

*Celvapan (manufactured by Baxter)*

For children from 6 months of age and adults

- Two doses (0.5ml each) of should be given with a minimum of three weeks between doses.
- [Ilan Dalton's letter is available online.](#)
- [The letter from the CO can be accessed online.](#)

**The GPC is in the process of signing off SFE amendments, Directions and guidance related to the vaccinations DES. It will also be publishing its own FAQ document in the near future. We hope these documents will be finalised before the vaccination campaign begins in earnest. In the mean time, we recommend that GPs go ahead and start vaccinating once they have received the first delivery of vaccines.**

#### **Vaccination by district nurses and definition of housebound**

Following reports from LMCs that some PCTs are claiming that district nurses (DNs) will only be immunising swine flu vaccine to housebound patients already on their case load list and that GPs would not get paid for this, Ian Dalton (National Director of Flu Resilience) has acknowledged that there has been some local misunderstanding about this issue, and that GPs will definitely receive payments for vaccinations done by DNs. It is for GPs to decide who is on the housebound list and DNs will be responsible for administering the vaccination to all patients on that list.

GPs will be paid £5.25 for every H1N1 vaccination given to clinically at-risk patients on their registered list, regardless of who administers it. District nurses will not be allowed to charge GPs for their time.

There has been some debate about the definition of housebound. This will be clarified in the Directions and guidance, but housebound patients are those to whom a contractor would normally offer home visits as the only practical means of enabling a face to face consultation.

Final details of these issues will be in the vaccination DES.

#### **H1N1 vaccination for locums**

Locum GPs are frontline health workers but are unlikely to be offered H1N1 vaccination by occupational health services. We suggest that in the first instance they contact the practice with whom they are registered and request they are included in the list of patients to be vaccinated. The

practice will not receive a fee for vaccinating locum GPs and no charge should be made to the locum for this service.

Alternatively locums may wish to ask a practice in which they are working to be vaccinated if supplies are available. Similarly the practice will not receive a fee for vaccinating a locum and no charge should be made to the locum for the service.

The medical defence organisations have confirmed that GPs are covered to vaccinate individuals who are not registered with them. It is important to ensure that when a locum is vaccinated by a practice they are not registered with, their registered GP is informed.

GPC encourages practices to provide this service to locum colleagues to ensure they are able to access H1N1 vaccination.

### **H1N1 vaccinations administered by GP staff**

The DH has confirmed that, as with other vaccinations delivered in general practice, GPs can delegate responsibility to carry out the H1N1 vaccinations to any appropriately trained person [including practice nurses and healthcare assistants (HCAs)]. The GP takes overall responsibility for the procedure as a prescriber. As long as the GP is content with the health professional's competence to vaccinate and has a written practice protocol in place, they can delegate responsibility for the procedure to them - they are acting as the GP's agents/employees and the GP carries the medico-legal responsibility.

Patient group directives (PGDs) are not required when a practice is treating its own registered patients, however many practices find it useful to use PGDs as a protocol for their nurses to perform certain procedures. PGDs are necessary only when a non-prescriber is performing the procedure and there is no individual with prescribing authority taking overall responsibility for the procedure.

The DH is planning to publish PGD and patient specific directions (PSD) templates on their website shortly.

### **H1N1 vaccinations and Hajj pilgrims**

The Saudi Embassy advises that 'Incoming travellers for Hajj from all countries must provide a valid certificate of vaccination at least 2 weeks old against Swine flu (H1N1) A before acquiring a Hajj Visa, if it is **universally available**'. As this is not currently the case, with only the at-risk groups and health care professionals being vaccinated, it is our understanding that Hajj pilgrims will not be asked for a certificate of vaccination, but may be screened for high temperature on arrival. Further advice about this is available on the Saudi Embassy and RCGP websites, and this issue has also been sent to GP flu operations group (GP FLOG) for further clarification.

- [Saudi Embassy website.](#)
- [RCGP advice online.](#)

### **Sick certificates**

The DH has [published guidance on sick certification in a swine flu pandemic.](#)

## **Guidance on the use of prophylaxis with antiviral medicines during the H1N1 pandemic**

The DH guidance on antiviral prophylaxis (for H1N1) [has been published on their website](#) and a link has been added on the [GP flu page on the BMA website](#).

## **Revalidation**

The RCGP is undertaking a pilot examining the implications of revalidation for sessional GPs and doctors in small and remote practices. The project will be carried out by the Northern Deanery - it was awarded to the deanery following interviews which were held at the end of September.

The challenges to be examined by the pilot include:

- the collection of audit information
- reporting of formal complaints
- undertaking multi-source feedback.

GPs involved in the pilot will have taken part in regular annual appraisals and be in a position to assess their readiness to collect the range of evidence detailed in the RCGP's Guide to Revalidation. The pilot will explore the difficulties and assess the feasibility of evidence gathering for these GPs. It will also recommend the best revalidation portfolio for locum GPs and GPs in small and remote practices.

The BMA is responding to the Department of Health's consultation on the framework for responsible officers and their duties relating to the medical profession. [The consultation can be found on the Department of Health's website](#).

## **Replacement for QMAS - Quality Management Analysis System**

The Department of Health and NHS Connecting for Health are currently considering replacing the Quality Management Analysis System (QMAS) with a more flexible calculating and reporting system. DH and CfH are looking to extend the payments supported beyond QOF to the following:

- the Quality and Outcomes Framework (the national QOF)
- quality indicators recommended by NICE that are not negotiated into the national QOF
- most directed enhanced services (DES)
- local enhanced services (LES) that work in the same way as the other payments that are supported by the new system.

DH and CfH are asking for the views of frontline staff, such as practising GPs, practice managers and PCT staff. The results of the consultation will be reviewed by representative groups such as the GPC and the RCGP.

To participate in the survey, which is running during October, go to the [Connecting for Health website](#).

We would be grateful if LMCs would circulate the details to constituent practices.

## **Sessional GPs Representation Working Group**

At its September meeting, GPC agreed the membership and remit of a working group tasked with reviewing the national and local arrangements for sessional GP representation.

The group held its first meeting on 15 October 2009. It reviewed current arrangements for sessional GP representation and discussed ways in which the views of sessional GPs could be gauged. It identified a number of areas where further, more detailed information was needed. The group is working closely with the BMA's Health Policy and Research Unit (HPERU) to identify the best way to research this information.

The group plans to meet again in November.

## **Sessional GP conference**

The BMA is holding a one day educational conference for sessional GPs entitled 'Recognise your Talents, Realise Opportunities: Key steps for sessional GPs' on Friday 13 November 2009.

The aim of the conference is to provide salaried and locum GPs with the tools that they need to succeed in their careers. It will be divided into three key areas:

- Step 1 - Marketing yourself
- Step 2 - Effective planning and career development: making the job work for you
- Step 3 - How to meet the challenges of revalidation.

This event will be of interest to all current salaried GPs (including retainer scheme GPs) and GP locums. It will also be relevant to those considering becoming a salaried or locum GP. The cost to attend is £65 + VAT for BMA members and £225 + VAT for non-members.

For further details, including details about how to book, [please visit the BMA website](#).

## **LMC Secretaries Conference**

Details of the LMC Secretaries Conference have been sent to those LMCs who have indicated they wish to attend. Please return your break out group choice forms by Friday 6 November either by email to Sue Love at [SLove@bma.org.uk](mailto:SLove@bma.org.uk) or by post to: Sue Love, GPC, BMA House, Tavistock Square, London, WC1H 9JP

## **LMC Conference**

Please note that the dates of LMC Conference have not yet been confirmed. We will inform all LMCs within the next two weeks, once the dates have been finalised.

## **Cameron Fund – the GPs' own charity**

Please see the attached at appendix 1 details of the Cameron Fund.

## **Media coverage report**

Please find attached (appendix 2) a GPC media coverage report prepared by the BMA's press office, detailing GPC media activity during the last few weeks.

**The GPC next meets on 19 November 2009, 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 November 2009. It would be helpful if items could be emailed to Julie Goodway at [jgoodway@bma.org.uk](mailto:jgoodway@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](http://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