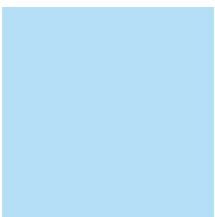
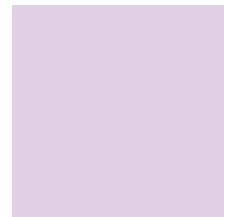


General Practitioners Committee Annual Report

March 2010



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GPs have worked extremely hard over the past year to meet the extra demands imposed by the flu pandemic and vaccination campaigns. It would have been very difficult for practices to have had to cope with further contractual burdens. I hope therefore that the profession will welcome a year of relative contractual stability in 2010 and that the clinical DES extensions will give all practices that wish to do so a chance to engage in delivery of these services.

Unfortunately, 2010/11 will not be a year of financial stability. UK governments' refusal to implement the Doctors and Dentists Review Body (DDRB) recommendation for GP contractors has led to the imposition of an award well below that required to cover rising expenses. As a result, general practice will once again be under great pressure to make ends meet in a tough fiscal environment, and GP pay will have been unfairly used as an economic regulator. Practices that are not reliant on correction factor payments are likely to receive slightly more than other GMS practices under this year's arrangements, but with such a small gross award all practices will be under pressure. Meanwhile PMS practices face stringent demands from PCTs, which in turn are being leaned on by the Department of Health (DH) to implement the new 'quality and productivity' agenda.

Whichever Government is in power after this year's election, the profession is bound to face a raft of new health policies over the coming year. Some, such as those involving practice boundary change and out-of-hours commissioning arrangements, could have major implications for the profession and national contracts, as well as for patients. The GPC and its subcommittees are working hard to represent the interests of all UK GPs and to prepare for these potential policy challenges.

As general practice changes, so too must our own representative structure. This year the GPC established a Sessional GP Representation Working Group to consider how effectively we are serving the needs of our sessional colleagues. A survey of sessional GP BMA members will inform the work of this group and help it determine how sessional GPs should be represented at a national and local level.

In 2009/10 we, and our practices, had to deliver a high-quality service to our patients at a time of a significantly increased workload. I am proud that GPs across the UK rose to that challenge. I am also confident that we will continue to work tirelessly in 2010/11 on behalf of our patients and colleagues despite the difficulties that will follow from inadequate pay awards and often hastily implemented health policies. As ever, the profession's efforts will be coordinated, led and strengthened by dedicated LMCs, lively GPC debate and hardworking GPC secretariat members and their colleagues in the BMA's press, parliamentary, economic and legal departments.



Dr Laurence Buckman
Chairman of the BMA General Practitioners Committee

BMA General Practitioners Committee
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Negotiations between GPC and NHS Employers in 2009/10 were dominated by the H1N1 flu pandemic. Because GPs were devoting so much effort to handling flu, we were able to secure minimal changes to the contract for 2010/11.

Pandemic influenza vaccinations

The H1N1 outbreak generated a huge amount of work and numerous meetings for GPs, LMCs, negotiators and GPC staff. We were greatly helped by the three years of preparation that GPC had put into the build up to the pandemic, as many agreements necessary to deal with clinical and operational aspects had already been settled.

The H1N1 vaccinations DES for at-risk groups compensated GPs for the additional work involved in the immunisation campaign and offered a number of non-monetary concessions to help free up practice time. A second wave of H1N1 vaccination negotiations in late 2009, for the vaccination of children under five, failed to result in a national agreement because the Department refused to concede sufficient 'time releasing' measures.

Arrangements for the vaccination campaign generated the most publicity, but behind the scenes a wide range of flu-related work went on. Information sent into GPC by LMCs ensured we were able to work with the Department to resolve local problems. GPC negotiators worked with public health officials to ensure that the operational aspects of vaccine delivery were workable, negotiated new arrangements for locums working during a pandemic and drafted an emergency SFE, which can be completed and used if necessary in the future if there is a more serious pandemic.

GMS negotiations

NHS Employers' negotiating mandate for 2010/11 included significant changes to QOF. During negotiations, GPC argued that it wished to see minimal changes to QOF in 2010/11 to allow practices to focus on the flu pandemic. This was secured as part of the flu vaccinations deal. As a result, the only change made to the 2010/11 contract was the extension for a further year of five existing Directed Enhanced Services (DESSs) due to finish in March 2010 (extended hours access, alcohol, learning disability, osteoporosis and ethnicity).

GPC negotiators had hoped, like last year, to reach agreement with NHS Employers on how any uplift awarded by the DDRB would be distributed to practices. The GPC was willing, in principle, to negotiate differential distribution of any contractual uplift in 2010/11 to reduce the reliance on correction factor, provided that no practice lost out in real terms. Had we reached agreement with NHS Employers, we would have submitted joint evidence to the DDRB informing it of our decision. Unfortunately, it became clear during our negotiations that there was unlikely to be enough new funding invested to make differential distribution of any contractual uplift viable. In addition, there was some disagreement between the negotiating parties on the principle of differential distribution. GPC negotiators were willing to negotiate differential distribution of any money remaining once a flat increase had been delivered to all practices to cover expected increases in expenses. This would have had the advantage of ending some practices' reliance on correction factor funding while guaranteeing a degree of stability for all. NHS Employers and the DH however asked the DDRB to uplift global sum only, based on a belief that practices receiving correction factor funding do not necessarily deserve additional investment, a belief that the GPC negotiators have consistently challenged.

The concessions secured as part of the H1N1 vaccinations DES included threshold easements for patient survey access payments in 2009/10 for those practices who reach the target uptake. This will help some practices with their PE7 and PE8 QOF achievement, but has not diminished the negotiators'

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desire to separate the patient survey from access payments. Many practices earned less for access and for QOF in 2009 than they did in 2008 as a result of the access payments moving from a DES to a QOF framework. GPC produced guidance to help practices appeal outcomes based on insufficiently robust data but the contractual stability negotiated for 2010/11 prevented major changes being made to the patient survey for this year. GPC negotiators wrote to Andy Burnham about the survey and have stated their intention to discuss this issue again during negotiations for 2011/12.

Doctors and Dentists Review Body (DDRDB)

For the reasons outlined above, GPC and NHS Employers submitted separate evidence to the DDRB this year. The Review Body's recommendation of a 1.34 per cent gross uplift in the overall value of GMS contract payments was, regrettably, not honoured by the UK governments. Instead GMS contractors were awarded only a 0.8 per cent gross uplift for 2010/11, a shortfall against movements in expenses calculated to impose efficiency savings on general practice. The GPC was extremely disappointed with this decision, which will inevitably result in a reduction in personal income for many providers.

At the time of writing, arrangements for distributing this award across practices had not been agreed but it looked likely that this small uplift would be divided between the contract as a whole and global sum payments to reduce practices' reliance on MPIG. This solution will end few practices' reliance on correction factor payments but further reduce the new funding available to practices that continue to receive these payments.

Information on the DDRB's recommendations for other GP contractual groups can be found in the sessional GP and GP trainees' section of the Annual Report.

Personal Medical Services (PMS) practices

PMS contracts remain under threat in many parts of the country and are likely to come under increasing pressure during the next couple of years. Despite lacking negotiation rights for PMS contracts, the GPC and BMA Regional Services supports LMCs in their PMS contract negotiations, and strongly encourages all PMS practices to negotiate as a single group with LMC support.

Government health policy in England

The GPC has been faced with a number of major policy announcements over the past 12 months. In September, the Government announced that all practice boundaries in England would be removed within a year. Although the GPC has been supportive of the need to improve access and choice of practice for patients, it has highlighted the failings of this proposal from the outset and has developed a considered response to the proposal. Meanwhile, the DH has been busy developing the Quality, Innovation, Productivity and Prevention (QIPP) programme focusing on identifying savings and undertaking service reconfiguration to alleviate the NHS's considerable financial pressures. Much of this will take place in secondary care, although it is likely that there will be considerable transfer of services from secondary to primary care. The GPC continues to engage constructively with the Government over this process and will seek to ensure that any new work for general practice is matched by new resources.

The role of primary care in the out of hours (OOH) period has had a particularly high profile over the past year, largely as a result of the tragic death of a patient in Cambridgeshire. The Government has conducted a review of GP OOH services with the RCGP and made a number of recommendations regarding the commissioning of OOH care, PCT Performers Lists and the selection and training of OOH clinicians. The GPC is supportive of these recommendations, and continues to work with the Government and other stakeholders towards achieving better involvement of local GPs in the

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commissioning of OOH services while avoiding a return to the role of GPs as providers of last resort. We have also advised ministers regarding ways of ensuring that GPs from abroad are capable of working in the UK.

Much of England's current health policy seems to be characterised by hasty decision-making and hurried announcements, without any engagement with GP representatives. In February and March the GPC publicly criticised the process used to roll-out the Summary Care Record. Similarly, GPC has voiced its concern over the acceleration of the Transforming Community Services programme, which has forced PCTs to rush into decisions about how the division of PCT provider and commissioner functions will operate.

Developing general practice, listening to patients

In June 2009, the GPC launched 'Developing general practice, listening to patients' as part of its ongoing work on responding to patients' expectations and ensuring that the GPC continues to lead the profession in improving quality in general practice.

Fit for the Future

April 2010 will see the publication of *Fit for the Future*, a GPC position document covering a broad spectrum of aspects of general practice. Based on LMC Conference policy and GPC debate, this document is being launched to set out the profession's position on topical issues for politicians. This publication is to be followed in 2010 by a wide-reaching consultation of patients and other stakeholder groups on several of the key themes set out in *Fit for the Future*.

Communications, public relations and lobbying

As always, the BMA's communications and parliamentary experts have helped GPC members and LMCs to campaign hard on behalf of the profession. Much of the press work this year revolved around the outbreak of the swine flu pandemic with the focus on promoting the hard work of the profession. GPC spokespeople had a high profile presence in the national and regional media during the early stages of the outbreak, conducting hundreds of interviews, as the BMA sought to dampen hysteria and put across sensible public health messages. The press office also provided support to the GPC during swine flu negotiations, which included dealing with a number of anti-GP leaks from different sources.

The role of Sessional GPs has been another topical issue this year for members and the specialist press, especially with the launch of a new consultation on the future of this group. Extensive coverage in the specialist press, as well as a series of BMA podcasts, helped bring GPC's efforts in this area to members' attention.

This year the GPC went to the Press Complaints Commission for the first time to complain about an article in the *Daily Mail* concerning GP pay. The complaint was resolved satisfactorily with the *Daily Mail* publishing a joint letter from the GPC Chairman and another GP. Additional, proactive, communications work is currently being developed to promote the profession.

GP issues continued to feature heavily in Parliament with much activity also focused on informing politicians about the key role GPs played in wake of the swine flu pandemic. Furthermore, there has also been routine work on legislation such as on the Health Bill, where the BMA sought assurances from the Government over the new proposals for disclosure of GP income to HMRC. The BMA also successfully campaigned against proposals in the Coroners and Justice Bill, which would have allowed the onward transfer of identifiable patient data between Government departments and even on to private companies. The BMA continues to input into key parliamentary committees and there was

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substantial contribution by the BMA into the Health Select Committee's inquiry on commissioning. In terms of local activity, to date, the 'MP-GP practice visit scheme' has resulted in over 300 MPs asking the BMA Parliamentary Unit to arrange a visit to a GP practice in their constituency. In anticipation of the general election, the BMA published a manifesto outlining priorities for an incoming Government and GPC members and LMCs were encouraged to engage with their local candidates.

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Remit: To advise the committee and the BMA, on matters relating to drugs, prescribing, vaccinations and immunisations, clinical practice and the Quality and Outcomes Framework.

Chairman: Bill Beeby

Generic prescribing

The GPC has been involved in discussions with the DH on the proposals to implement generic substitution in primary care and has responded to the subsequent DH consultation. We continue to highlight that there is already a very high rate of generic prescribing in general practice and that substitution is not the most effective way to achieve savings.

Prescription charge exemption

Prescription charge exemption for cancer patients was introduced this year and the GPC called for further guidance from the DH to assist GPs with the implementation of the changes. The BMA fed into the current review of prescription charges, which proposes to increase the range of long-term conditions that are exempt and strongly expressed the BMA view that prescription charges should be abolished throughout the UK. Once the final conclusions of the review are published we will continue to work with the DH to implement any changes affecting GPs.

Medicines shortages

The GPC has been involved in discussions with the DH and MHRA regarding shortages of prescription medicines in the UK. One of the causes of this is parallel exporting of branded products. The BMA was involved in producing joint guidance that sets out the key legal and ethical obligations on manufacturers, wholesalers, NHS Trusts, registered pharmacies and dispensing doctors in relation to the supply and trading of medicines.

National Institute for Clinical Excellence (NICE)

The BMA continues to maintain good relationships with NICE and we have liaised on areas of mutual interest including skin cancer guidelines, the new QOF review process and GP input into the development of NICE guidelines.

For more information about the work of the Clinical and Prescribing Subcommittee, please contact Stephanie Ashmore: sashmore@bma.org.uk

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Remit: To consider and develop policy on all matters relating to the commissioning and provision of services including: practice based commissioning, enhanced services, OOH, new providers, the internal market and all other relevant initiatives as they arise.

Chairman: Nigel Watson

PCT management of GP contracts

New guidance from the DH changed the way that PCTs managed GP contracts. Balanced scorecards were introduced to monitor practice performance in a number of areas. The subcommittee produced detailed guidance for GPs and LMCs so that they were able to ensure that PCTs did not misuse these new performance management mechanisms as well as informing LMCs how to influence this process.

The future of commissioning

The subcommittee has spent a considerable amount of time exploring the consequences of a possible change in Government. A key policy of the Conservative Party is to provide GP commissioners with real budgets. This will have significant implications for general practice, and the subcommittee has been developing its position on this issue should the policy be implemented.

Out of hours (OOH)

The role of GPs in the OOH period has had a high profile over the past year, with many commentators seeking greater GP involvement. The subcommittee has consistently asserted that GPs should not resume responsibility for the provision of OOH care, but should be involved in commissioning these services. The subcommittee continues to develop its view, with the RCGP and others, of how this should take place.

Transforming Community Services

The subcommittee has sought representation on the Transforming Community Services external advisory group in an attempt to influence the developments of this agenda. The subcommittee has monitored this initiative and advised LMCs on local action as appropriate.

For more information about the work of the Commissioning and Service Development Subcommittee, please contact Richard Stebbings: rstebbing@bma.org.uk

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Remit: To consider regulatory and NHS GP contractual issues.

Chairman: John Canning

Prison doctors

The GPC recently took over responsibility for representing prison doctors, who are now primarily GPs. The subcommittee is ascertaining the employers/contractors of prison doctors, and has also undertaken an appraisal of their issues so that these can be addressed.

Quality conference

The subcommittee organised the 'Quality in modern general practice: getting ready for the new agenda' conference which was held in December 2009. 146 delegates attended.

Vetting and barring scheme

Guidance was produced on how the new vetting and barring scheme introduced in October 2009 would affect GPs, including GPs as employers.

Fit to work certificates

The subcommittee liaised with the Department of Work and Pensions on the new fit to work certificate. We also collaborated with the DWP in producing guidance for GPs on the new certificate.

PMS reviews

We have successfully worked with local medical committees (LMCs), in liaison with the BMA's legal department, to ensure that PMS agreements are not being unilaterally varied or terminated without due cause.

For more information about the work of the Contracts and Performance Subcommittee, please contact Julie Goodway: jgoodway@bma.org.uk

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Remit: To consider GP education, training and workforce issues including appraisal, revalidation, the role and remuneration of GP educators and trainers, GP training structures and GP career progression.

Chairman: Terry John

Revalidation

The subcommittee remains concerned to ensure that the revalidation process is properly funded and professionally appropriate, that there are proper systems in place for remediation and that it is equitable for sessional GPs. In taking this forward, the subcommittee has strongly raised these issues in meetings with and submissions to relevant stakeholders, including the DH.

GP workforce

The subcommittee set up a workforce sub-group to examine issues in the GP workforce, such as the increasing number of sessional GPs and the apparent lack of GP partnership opportunities. The subcommittee is currently considering avenues for further action on this issue.

Extended GP training

The RCGP was asked by the DH to prepare a business case for the extension of GP training to five years. The subcommittee has been participating in the extended training task group. It supports the principle of extending GP training provided that this is properly structured and funded, that GP trainers are remunerated appropriately and there are sufficient numbers of training practices.

Remuneration for GP trainers and educators

The GPC has submitted evidence on GP trainers' and educators' pay to the DDRB for the 2010/11 pay round. It recommended uplifts for both groups. For GP trainers, it highlighted their increased workload due to factors such as the replacement of summative assessment by workplace based assessment. For GP educators, it highlighted the disparity between pay for educator and clinical work. In March 2010, the DDRB recommended a 1 per cent uplift to the GP trainers' grant, and a 1 per cent uplift to the GP educator pay scale.

For more information about the work of the Education, Training and Workforce Subcommittee, please contact Joe Read: jread@bma.org.uk

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Remit: To represent the interests of all GPs in training.

Chairman: Saira Malik

Extended training

The RCGP developed and presented a case for extending GP training from three to five years to the Medical Programme Board of MEE, who agreed to ask the RCGP to undertake further work on their business case. The BMA supports extension to GP training, provided that any extension to training is properly structured and funded, and looks forward to working with the RCGP in future on this matter.

GP trainees contracts

The subcommittee continues to work with COGPED to ensure that the framework contract for GP trainees is up to date. A pilot exercise is taking place in North West Deanery in which trainees are employed on a single contract for the duration of their training, and the subcommittee is monitoring developments with interest.

DDRb evidence

The subcommittee remains concerned that falls in the GP registrar supplement combined with increasing training cost are damaging GP trainee recruitment, and has lobbied the DDRb to re-raise the level of the supplement. A survey of GP trainee workload intensity was undertaken in 2009 to support our evidence to the DDRb. The DDRb recommended that, for 2010/11, the GP registrar supplement be maintained at 45 per cent.

Subcommittee elections

The subcommittee last year switched to a new electoral structure and, for the first time, held direct elections for each of its 19 regional seats. Further elections will be held in 2010, and any GP trainee (whether a BMA member or not) who is interested in standing should contact Andy Young, contact details below, for more information.

For more information about the work of the GP Trainees Subcommittee, please contact Andy Young: ayoung@bma.org.uk

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Remit: To consider the development of information management and technology in NHS general practice across the UK and offer guidance to general practice on such matters.

Chairman: Grant Ingrams

GP System of Choice (GPSoC)

The GPSoC Framework agreement will expire in 2011 and Connecting for Health (CfH) are looking to re-procure the agreement. The IT Subcommittee and Joint GP IT committee have been working to make sure that the GPC and RCGP are appropriately consulted on the re-procurement process to ensure that practices are not disadvantaged after 2011.

GP Extraction Service (GPES)

The Information Centre is in the process of commissioning a new extraction tool for GP practice systems for use by the NHS. Subcommittee representatives on the project have been working to ensure that the appropriate safeguards are in place to protect patient data. Practices will have the ability to opt-out of any data extraction and all requests for a data extraction will have to be submitted for approval by an Independent Advisory Board.

Electronic Prescription Service (EPS) Release

Connecting for Health is currently piloting EPS Release 2. The IT Subcommittee believes that EPS Release 2 has the potential to benefit practices and patients as long as there is sufficient input from clinicians, and therefore will continue to make sure that the GPC and RCGP are properly consulted.

Summary Care Record (SCR)

In the first few months of 2010 there was an accelerated rollout of the SCR across England, which caused great concern for the IT Subcommittee and BMA NHS IT Working Party. The GPC and BMA wrote to Mike O'Brien MP, the Minister for Health Services to request a halt to the rollout of the SCR in areas where the Public Information Programmes had not commenced, until the publication of the second UCL evaluation report and implementation of its recommendations, and that opt-out forms be included in the information packs sent to the patients. The GPC also issued guidance to advise GPs and LMCs on the GPC position and what to do in areas where there was a roll-out.

In addition to the above the IT Subcommittee is engaged in many other projects such as GP2GP. For more information about the work of the IT Subcommittee, please contact Matthew Isom: misom@bma.org.uk

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Remit: To consider and develop policy on all financial and resource issues relating to GP practices as businesses and GP-specific payments.

Chairman: Russell Walshaw

Premises strategy

The subcommittee is concerned about the lack of funding available for GP premises development and the proposed revisions of the Premises Costs Directions, and is developing a premises strategy to discuss with the DH. An updated version of *The future of GP practice premises* document is also being published.

New tax brackets

The Government announced there would be tax changes affecting those earning over £100,000, coming into effect from 6 April 2010. The subcommittee is drafting a guidance document to explain the impact of the income tax changes on doctors and how these changes might prompt discussions about expanding their partnerships.

084 telephone numbers

Following the announcement that the use of phone numbers that charge patients a premium rate to contact the NHS were to be banned in England, but that 084 numbers could continue to be used if call charges were no more expensive than those of equivalent local calls, the subcommittee published guidance to help GP practices understand how this affects them.

Dispensing

Remuneration for dispensing doctors has gone down, due to new fees scales, reduced manufacturer discount schemes and falling cost of drugs. The subcommittee is disappointed that the Government reneged on the deal agreed two years ago that if the volume of dispensing increased, so would the funding. It was felt that the alterations had not been negotiated with dispensing doctors, but imposed on them.

For more information about the work of the Practice Finance Subcommittee, please contact Catharina Ohman-Smith: cohman-smith@bma.org.uk

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Remit: To monitor and review as necessary the GPC's representative and electoral structures. To consider the implications of continuing NHS change for LMCs and advise as appropriate.

Chairman: Rob Barnett

Sessional GP representation

The Chair and Deputy Chair of the subcommittee are members of the GPC's Sessional GPs Working Group, more details of which can be found in the Sessional GPs Subcommittee's section of this report.

Elections

The subcommittee has successfully organised the following elections in the past year: election of members to GPC, all internal GPC elections, all elections at LMC Conference, election of GP representatives to ARM, GP Trainees Subcommittee regional elections, Sessional GPs Subcommittee national elections.

GPC meetings pilot

The subcommittee has overseen the implementation of a pilot that will run for the duration of the 2009/10 session that sees subcommittee meetings held on the same day as selected GPC meetings. It is hoped that this new arrangement will lead to more efficient working and a decrease in costs. The pilot will be reviewed in spring 2010.

Prison doctors

Following a change in the NHS Act, GPC has taken over responsibility within the BMA for representing prison doctors. More information about this can be found in the Contracts and Performance Subcommittee section of this report.

For more information about the work of the Representation Subcommittee, please contact Andy Young: ayoung@bma.org.uk

Sessional GPs Subcommittee

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Remit: To represent the interests of all salaried and locum GPs.

Chairman: Vicky Weeks

Revalidation

The subcommittee remains concerned to ensure that revalidation is an equitable process for salaried and locum GPs. The subcommittee has taken this issue forward through representation on groups such as the RCGP's Revalidation Stakeholder Group, and written submissions to relevant bodies. We await with interest the results of the RCGP's pilot on the revalidation of sessional GPs.

Representation of sessional GPs

The GPC has set up a working group to review the arrangements for the representation of salaried and locum GPs. The majority of its members are sessional GPs. To inform its work, the group is carrying out a consultation on the views of grass roots sessional GPs and external organisations. It will report on its recommendations in the summer.

Salary/terms and conditions of employed GPs

The GPC has submitted evidence on salaried GPs' salary to the DDRB for the 2010/11 pay round. It argued that salaried GPs were taking on additional duties and responsibilities due their increasing numbers, and made a case for a salary uplift. In March 2010, the DDRB recommended that the minimum and maximum of the salary range for salaried GPs be increased by 1 per cent for 2010/11. As a result of the DDRB's recommendation, salaried GPs on the model salaried GP contract should receive an uplift of at least 1 per cent to their salary.

Locum GPs

The subcommittee has been considering what further work can be carried out to improve the working lives of locum GPs, and the services available to them through the BMA. In this regard, it is currently working on the production of a handbook to assist locum GPs in a number of areas of their work.

For more information about the work of the Sessional GPs Subcommittee, please contact Joe Read: jread@bma.org.uk

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Remit: To represent the interests of all GPs in Northern Ireland.

Chairman: Brian Dunn

Swine flu

As in the rest of the UK, this year, general practice in Northern Ireland was dominated by swine flu and the vaccination campaign. GPs in NI decided they preferred to accept the additional workload and care for and prescribe for their patients rather than have a flu-line. Infection rates reached 280/100,000 and GPs were busy but coped. Vaccination rates for the at-risk were high and because of this, NIGPC was disappointed at the inflexible attitude of DHSSPS in imposing the DES for six month – five year vaccination programme. Some practices had begun to vaccinate these children before the DES was announced but many others decided to allow the Trusts to carry out the campaign.

The Future of General Practice in Northern Ireland

NIGPC and NI RCGP have been working on this document for 18 months. We consulted widely – doctors, DHSSPS and patient groups. The document was launched at Parliament Buildings, Stormont in January by the Permanent Secretary of DHSSPS, Dr Andrew McCormick and the Minister Mr Michael McGimpsey wrote the foreword. There was a large attendance of doctors, politicians and patient groups. NIGPC and NI RCGP will now work together to see some of the recommendations implemented in practices.

MLA visits to practices

NIGPC and BMA have been organising visits by MLAs to local practices in a bid to show politicians what takes place in general practice and to explain the pressures of working in practice. These have been taken up by a number of our local MLAs and have been widely reported in the local press.

Review of Public Administration and Primary Care/Practice Commissioning

NIGPC has been disappointed at the lack of progress made on the commissioning side of our new structures. After almost one year we have yet to see the appointment of a Director of Commissioning. LCGs have been in place for four years and have so far commissioned nothing. GPs are becoming disillusioned at the lack of progress and it may be that we will have to withdraw our support from LCGs. We will continue to persuade the DH and Social Care Board to empower GPs and other primary care professionals to develop proper needs assessment with services commissioned to meet those needs and the Trusts held accountable for the volume and quality of service provided. The NI health budget is being squeezed. Without efficient commissioning, front line services will be cut and patients will suffer.

Employers Superannuation Contributions

Two years after it was announced that contributions in NI would rise from 7 to 15.7%, we have yet to agree the method of allocating the money. NIGPC is content the total sum allocated by DHSSPS is sufficient and would have preferred it to be added to practice funding on the basis of what the practices have paid out. This apparently is not possible and we are now exploring a formula based on GSE that will be an off formula addition to GS. Our aim is to minimise the potential number of winners and losers.

For more information about NIGPC, please contact Melanie Crockett/Zoe Collins:
NIGPC@bma.org.uk

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Charities

Remit: To represent the interests of all GPs in Scotland.

Chairman: Dean Marshall

H1N1 pandemic

Scottish general practice was dominated by the pressures of dealing with the H1N1 flu pandemic and subsequent immunisation campaign for at-risk groups. This entailed a significant amount of work for practices which GPs and their practice teams met with dedication and professionalism.

Patient access survey

Throughout 2009/10, SGPC put pressure on the Scottish Government Health Directorates (SGHD) to address serious concerns about the link between resourcing general practice and the outcome of the patient access survey. Many GP practices lost funding based on the survey results; often on the basis of a low number of patient responses. Considerable numbers of practices raised contract disputes about their patient access survey results. Acknowledging the concerns raised by SGPC about the operation of the survey, SGHD offered to retrospectively reduce the threshold for PE8 to 50 per cent for 2009/10. This Scotland only offer, while insufficient to fully compensate practices with significantly reduced funding, is a welcome gesture from SGHD that indicates a desire to work with SGPC in future on the access agenda. As part of this agenda, SGPC has membership of a new national steering group set up to consider primary care access.

Dispensing doctors

Significant progress was made in supporting dispensing doctors in Scotland. SGPC and BMA Scotland supported a petition in the Scottish Parliament lodged by a patient in Fife who raised concerns about the loss of dispensing at his local practice. The BMA briefed MSPs on the importance of dispensing for rural general practitioners and identified dispensing practices that were under threat from predatory pharmacy applications. As a result, there has been a motion and debate in Parliament, followed by an announcement by the Cabinet Minister for Health and Wellbeing that public consultation would be introduced from 1 July 2009 and there would be a review of the current pharmacy regulations. SGPC is being consulted on the review and is taking this opportunity to highlight the need to further improve public consultation.

General Practice in Scotland: The Way Ahead

Following consultation with a wide range of stakeholders on the main issues and challenges facing general practice in Scotland, SGPC published its findings in *General Practice in Scotland: The Way Ahead – Final Report*. The report focused on six key areas in general practice and defines policy and makes recommendations for the way forward for each of these areas. The report has been welcomed by the Scottish Government and is already influencing national and local discussions on general practice policy and development. The report is available online at: www.bma.org.uk/sc/healthcare_policy/thewayaheadreport.jsp

National General Practice Week

Celebrating the Best of NHS General Practice in Scotland: The first ever 'National General Practice Week' in Scotland was held between 8 and 12 February, and was themed 'Celebrating the best of NHS general practice'. This week was organised by BMA Scotland in partnership with the Royal College of General Practitioners (Scotland) and included the launch of the policy document *Scottish General Practice: The Way Ahead – Final Report* at a parliamentary reception on 10 February which was hosted by Dr Richard Simpson MSP and which included a keynote speech by Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing. BMA Scotland also secured a members debate in the Scottish Parliament to celebrate GP week.

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Tobacco and Primary Medical Services Bill

The Scottish Parliament demonstrated a commitment to the NHS by passing legislation, which bans commercial companies from providing NHS GP services. SGPC welcomed this commitment to a publicly provided and delivered service, and believes that this signals an opportunity to develop a clear policy direction for the future of general practice in Scotland.

For more information about the work of the Scottish General Practitioners Committee, please contact Carrie Young: CYoung@bma.org.uk

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Remit: To represent the interests of all GPs in Wales.

Chairman: David Bailey

Patient experience survey & access

We have agreed that in Wales the PES will now be carried out in practices and will be overseen by the Community Health Council. The Welsh Assembly Government have now agreed that the question for payment will now read '48 hours' to bring Wales in line with the other nations. GPC Wales has produced an Access Guidance paper for practices in Wales to deliver better and more robust access for patients.

DES basket

GPC Wales negotiators have been discussing the DES basket with the Welsh Assembly Government, work has been undertaken to negotiate a 'Diabetic DES' and also a 'Palliative Care DES'.

Workforce planning

BMA Cymru Wales undertook a survey in 2009 of all sessional and trainee GPs in Wales, the results showed that 70 per cent of the number surveyed stated that their preferred career path is partnership. GPC Wales produced a document 'Promoting Partnership' which was distributed to all practices in Wales. BMA Cymru Wales are planning to organise a seminar in July this year to include development advice, marketing yourself, appraisal and revalidation advice, CV writing and selling yourself to employers.

Swine flu

In Wales practices have delivered the swine flu vaccine as required and the Welsh Assembly Government are satisfied with the service provided by practices in Wales.

For more information about the work of the General Practitioners Committee (Wales), please contact Donna Martin: dmartin@bma.org.uk

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Charities

The Cameron Fund

The Cameron Fund is the only medical charity that provides help and support solely to general practitioners and their dependants.

Anyone who knows of someone experiencing difficulties, hardship or distress is urged to draw attention to the Cameron Fund's existence or alternatively to contact Jane Cope:
janecope@cameronfund.org.uk

We are grateful to everyone who supports the fund financially, enabling us to continue to help our beneficiaries appropriately. We would be delighted to hear from any other LMC which feels able to operate a charity levy; contact David Harris – davidharris@cameronfund.org.uk – or visit our website – www.cameronfund.org.uk

BMA Charities

The BMA Charities are two charities established to help all doctors and their families in times of need.

The BMA Charities Trust Fund supports a number of doctors' charities with generous donations. In addition, the Hastings Fund provides one-off grants to doctors and their dependants who are in financial distress, including the provision of money advice, help with terminal care needs, and the costs of obtaining GMC registration for refugee doctors. Most of its beneficiaries are not in employment. Furthermore, the Medical Education Fund helps graduate medical students who are not eligible for statutory funding in the later stages of their course.

The Dain Fund helps with the educational costs of doctors' children where an unexpected life event has caused a financial crisis in the family.

For further information, or to donate, please email info.bmacharities@bma.org.uk or visit our webpage: www.bma.org.uk/about_bma/charities/index.jsp

The Claire Wand Fund

The Claire Wand Fund is a charitable fund that makes grants to fund the further education of medical practitioners predominantly engaged in general practice and for the provision of scholarships (including travelling scholarships) for such practitioners.

Funding can include (but is not restricted to) grants for the funding of research and trials within and for general practice, research assistants, secretarial help for research, stationery, post or telephone costs, travel, dissemination of information costs, specialised conference fees.

For further information, please email clairewandfund@bma.org.uk or visit our web-page: www.bma.org.uk/about_bma/awards_grants/GeneralguidanceTheClaireWandFundrevJuly2001.jsp