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GPC meeting

The GPC met on 18 February 2010 and this newsletter provides a summary of the main items discussed.

Negotiations

The GPC has not yet started negotiations with NHS Employers for 2011/12.

Look after our NHS campaign

This week saw the launch of the BMA's Look after our NHS campaign. Leaflets and posters are being sent out to Local Negotiating Committee chairmen and GP practice managers in England. Hamish Meldrum has also written to every member in England explaining what is happening with the campaign and how they can support its publicity. It is crucial the BMA gets public support for this campaign if it is to have any chance of reversing the commercialisation of patient care. GPs will be receiving a pack of materials in the next few days containing a brochure, a copy of the public poster and a questionnaire. Additional leaflets and posters can be ordered from the [campaign website](#).

Pandemic influenza

Owing to the decreasing number of H1N1 cases, a decision has been taken to stand down the National Pandemic Flu Service (NPFs). Antivirals will now only be authorised via health care professionals. Antiviral collection points will continue to function until 31 March 2010.

Letters regarding the H1N1 vaccination programme were sent to the service from the Department of Health on Thursday 18 February. Practices have been advised to continue vaccinating at risk groups opportunistically beyond the end of March. For this they will continue to receive payment, though not the related DES concessions. The Department has however advised practices to stop vaccinating children under 5 who are not in at risk groups from the end of March. The Joint Committee on Vaccination and Immunisation has suggested that the vaccine can now be offered as a travel vaccine for those travelling to Southern Hemisphere countries during their flu season. The letters are [available on the DH website](#).

Many PCOs are now looking to review their business continuity management plans and it would be beneficial for practices to get involved with this work.

Transforming community services

One of the central themes of the transforming community services (TCS) agenda has been to separate the commissioning arm of PCTs from the provider arm. This process has been ongoing for the last 18 months. It was originally expected that PCTs would find new organisations to host existing services, possible via community foundation trusts, social enterprises, community interest companies, vertical integration with secondary care or with social services. However, over the past few weeks, many organisations which were working towards community foundation trust status have been stopped from doing so, on the basis that the NHS does not want to create new organisations in the current financial climate that would inevitably lead to increased administration costs. Furthermore, PCTs have now been instructed that by the end of March 2010, they have to decide who will be the preferred organisation to host their provider arm. The choice is now largely between secondary care, social services or mental health trusts. This means that major discussions will be taking place in PCTs over the next couple of weeks, before sign-off by PCT boards towards the end of the month.

The GPC is very concerned at the speed with which these decisions are being made, and the lack of GP involvement. In particular, community hospitals, which are part of PCT provider arms, are at significant risk under this hasty reorganisation. LMCs should seek to engage and influence this local process where possible.

The GPC passed the following motion in response to this TCS agenda:

That the General Practitioners Committee (GPC) of the BMA notes the following with regard to the separating community health services from PCTs:

- community health services – care of the elderly, child protection, terminal care – are an integral part of supporting patients in their homes and in the delivery of general practice
- moving community health services to organisations outside the National Health Service risks fragmentation of services, shared goals no longer being shared and instability in vital services
- the government has recently stated that the NHS is the preferred provider
- social enterprise organisations may be ‘not for profit’ but are outside the NHS. They may not be able to compete with neighbouring NHS community health services to retain or recruit scarce staff due to inferior terms and conditions of service particularly in relation to the NHS pension scheme
- as a result, quality may suffer in organisations outside the NHS to the detriment of patients and the provision of general practice and primary care services
- GPC therefore supports the retention of community health services within NHS organisations.

Sessional GP survey

The Sessional GP Representation Working Group, set up by the GPC to review the representation of sessional GPs, recently sent out a survey to sessional GP BMA members. The survey will be vital in informing the work of the group and helping it make recommendations on how sessional GPs should be represented at a national and local level. The results of the survey will also be used as part of next year's evidence to the Doctors and Dentists Review Body (DDRB) on the remuneration and working patterns of sessional GPs.

The response rate so far has been good, but there is still time for sessional GPs who have not completed the survey to do so. We would very much encourage sessional GPs who have received the survey to take the time to do this. Sessional GPs who have questions about this process can contact the BMA's research department at info.hperu@bma.org.uk. Further details can also be found [on the BMA website](#).

PMS agreement reviews

We would like to remind LMCs involved in PMS contract reviews that they should keep their GPC liaison officer updated on the current situation. This is to help us to provide LMCs and practices with appropriate support and also to enable us to monitor what is happening across the country. Also, if any assistance is requested, including concerning any legal aspects of the review, please contact your GPC liaison officer.

In addition, we would like to produce a log of successful PMS reviews with details of why they were successful so that this can be used as a learning tool for all LMCs. Therefore, if you do have such examples please email these to jgoodway@bma.org.uk

Violent patient scheme

We would like to remind all LMCs that their PCO should have a local security management specialist (LSMS) with whom concerns about GP practice team security can be raised as well as questions about the violent patient scheme. The LSMS will also be able to provide information on discounted lone worker security devices and details of security training. We would encourage you to make contact with your LSMS. If there is no LSMS connected to your PCO then please email: generalenquiries@cfsms.nhs.uk. [Click here for the NHS security management services website.](#)

GP IT system survey in England

NHS Connecting for Health is undertaking a survey of GPs and their staff to gain an insight into opinions on various parts of the GP IT service. It will be used where appropriate to inform discussions with suppliers and enable service improvements in the most valuable areas.

The survey does not take longer than 10 minutes to complete and there is space at the end to add additional information.

Please encourage your constituents to complete the survey, which will remain open until Friday 5 March. [It can be accessed online.](#)

GP2GP - Interim guidance on erroneous transfer

Guidance has been developed by the GP2GP project and the Joint GP IT Committee to advise practices how to reduce the risk of making an erroneous record transfer request and advising practices and PCTs how to manage such erroneous requests when they do occur. Erroneous record transfers usually occur when patients are incorrectly identified when registering with a new GP practice. This may result in a request being made for the wrong record via a GP2GP transfer and a patient being inappropriately deducted from their true registered general practice.

Registering new patients

Correctly identifying and registering new patients on the demographics database (PDS) is absolutely key in reducing the risk of erroneous GP2GP record requests being made. When completing the GMS1 registration form, practices should carefully check the accuracy of patient data and try to provide as much information as possible, preferably including the NHS number when it is available. The GMS1 should be checked in the presence of the patient to check its legibility, completeness and accuracy. If a patient cannot be positively identified, practices might consider asking registering patients to provide formal identification and proof of recent address to ensure that correct GP2GP record transfer occurs. If in doubt, registration should be deferred and advice sought from the PCT/Patient Services Agency (PSA).

Erroneous transfers and the sending practice

Most erroneous transfers come to light when the patient contacts their practice (the sending practice) for an appointment or prescription, to be told they are no longer registered. Sending practices should contact their system supplier helpdesk to report the erroneous transfer. The practice should also contact their PCT/PSA to request that the patient's registration be reinstated and consider informing the patient what has happened.

Erroneous transfers and the receiving practice

The practice requesting the record (the receiving practice) may also identify that they have the wrong record, or be informed by their supplier helpdesk that they have registered the wrong patient. Practices should contact their PCT/PSA to advise them of the erroneous transfer and with the support of the PSA and supplier helpdesk, arrange to delete the erroneous NHS number and 'roll back' the clinical system so that the erroneous incoming GP2GP record is deleted and no patient details remain in the receiving practice. The receiving practice might consider whether an erroneous transfer should be considered as a practice critical incident, to reduce the risk of further such errors.

Election of GPC regional representatives 2010-2013

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 and Arran / Borders / Dumfries and Galloway / Lanarkshire
- Barking, Dagenham and Havering / Redbridge / Waltham Forest / City and East London
- Calderdale / Kirklees / Leeds / Wakefield
- Cambridgeshire / Bedfordshire
- Cumbria and Lancashire
- East Yorkshire / North Lincolnshire / Lincolnshire
- Hampshire and Isle of Wight
- Hertfordshire
- Kent
- North and South Essex

- Northern Ireland
- South and West Devon / Cornwall and Isles of Scilly
- Surrey and Croydon
- Wigan and Bolton / Bury & Rochdale / W Pennine

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 (6 May 2010); 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 officers of a local medical committee in the constituency.

Nominations should be made on forms available from the General Practitioners Committee at the British Medical Association, BMA House, Tavistock Square, London WC1H 9JP (tel: 020 7383 6617; fax: 020 7383 6406) and [on the BMA website](#).

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: Faye Bunch, General Practitioners Committee, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP by no later than **5pm on Friday 12 March 2010**. Please note that it is the candidate's responsibility to ensure that GPC have received their completed nomination forms and statements.

In constituencies where contested elections occur, ballot papers will be issued by Electoral Reform Ballot Services on Thursday 15 April.

If you have any queries please contact fbunch@bma.org.uk

GP trainees subcommittee e-bulletin, February 2010

The e-bulletin is a brief round up of all the issues relevant to GP training and is designed to keep trainees and trainers up to date with the work of the GP trainees subcommittee. The February 2010 edition includes updates on extending training and the BMA's evidence to the Doctors and Dentists Review Body. [This e-bulletin is available on the BMA website](#).

NHS pension choice

All GPs in **England & Wales** will receive their pension choice packs between June and December of this year. Please see the [attached leaflet for the relevant details for your area](#).

2010/11 Certificate of estimated pensionable income

The Estimates of NHS Pensionable Profits/Pay form for 2010/11 can be found in Appendix 1. Every practice must in law complete this before April 2010. Medical accountants have been made aware of this form.

LMC Conference 2010

A letter has now been sent to all LMCs regarding this year's LMC conference. The letter contains information on hotel and travel arrangements, conference dinner, crèche facilities, submitting conference motions and what expenses can be claimed. There is also guidance on reimbursement of expenses and instructions on how to input conference motions.

Information about the LMC Conference can also be accessed from the [BMA website](#).

Key GPC contacts for any queries and information:

Registering representatives, conference attendees, the motions database, general administration: [Karen Day](#)

Expenses, crèche facilities, general administration: [Susan Love](#)

LMC conference dinner: [Jenny Jamieson](#)

All other queries relating to the business of conference and agenda:

[Catharina Ohman-Smith](#)

[Marianne Simmonds](#)

BMA 2010 research grants - available to apply for now

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research. Today, around eleven research grants are administered under the auspices of the Board of Science, all funded by past bequests to the BMA. Grants totalling approximately £500,000 are awarded annually. Applications are invited from medical practitioners and/or research scientists and are for either research in progress or prospective research.

The 2010 research grants are now available to apply for [online on the BMA website](#). The application deadline is **12 March 2010**.

Subject specifications for each grant vary. For example, in 2010, research areas include heart disease, cancer, inflammatory bowel disease and schizophrenia. For more information on the grants on offer in 2010 and details of how to apply [go to the BMA website](#).

Please would you also disseminate this information widely, in particular to any potential applicants.

If you have any queries please contact info.sciencegrants@bma.org.uk or telephone 020 7383 6755.

GP employment law courses 2010

Managing change, managing performance, managing staff

The BMA is offering three one-day courses introducing GP practices to managing change, managing performance and managing staff.

Cost to attend

Registration is open to GP partners or their practice managers and the registration fees are as below:

BMA members: £130.00 including VAT

Non-members: £190.00 including VAT

Priority will be given to BMA members who wish to attend.

For more information on dates and venues and the online booking form [please see the BMA website](#).

Making the most of being a Salaried GP seminars

March – November 2010

The BMA is organising a series of seminars aimed specifically at Salaried GPs. These seminars will be held in each of the SHA regions – one per region.

These events aim to:

- advise on employment rights for nGMS, PMS, APMS and PCO-employed GPs – including sickness, maternity and redundancy issues, as well as giving general guidance on contractual rights following maternity leave and at the end of FCS and retainer scheme funding
- outline in detail the benefits of the model/minimum salaried GP contract negotiated by the BMA, and how to ensure that at least these minimum conditions are obtained
- provide helpful tips for successful negotiations on salary, terms and conditions, and contract changes for use with current and new employers, with practice sessions
- provide an interactive setting, with the opportunity for delegates to ask questions on the day.

Dates of seminars

Tuesday 23 March 2010	The Moller Centre, Cambridge
Tuesday 20 April 2010	Life Conference & Banqueting Centre, Newcastle
Thursday 20 May 2010	Holiday Inn, Taunton
Friday 4 June 2010	BMA House, London
Tuesday 7 September 2010	Bar Convent, York
Monday 20 September 2010	Birmingham Medical Institute, Birmingham
Monday 11 October 2010	Park Inn Hotel, Brighton

Monday 25 October 2010	Park Plaza Hotel, Nottingham
Tuesday 9 November 2010	Manchester Conference Centre, Manchester
Monday 15 November 2010	Southampton Solent University, Southampton

Registration Fees

The costs to attend these half day seminars are as follows:

£46.00 including VAT for BMA Members

£80.50 including VAT for Non-members

A sandwich lunch and refreshments will be provided.

Please note that non-members are entitled to the BMA rate if they join the BMA when registering. For further information about this please call BMA conferences on 020 7383 6605/6137.

For further details about these seminars please visit www.bma.org.uk/conferences If you have any queries, please contact BMA conferences on 020 7383 6605/6137 or by email to confunit@bma.org.uk.

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 18 March 2010, 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 9 March 2010. It would be helpful if items could be emailed to Julie Goodway at 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

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