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Issue 2

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GPC meeting

The GPC met on 16 September 2010 and this newsletter provides a summary of the main items discussed.

GP earnings and expenses report

The Provisional EEQ for 2008/09 and the Investment in General Practice to 2009/10 reports were published this week. The EEQ confirms that GP income has reduced and expenses increased for the third successive year. These falls in income happened while GPs were taking on more work in the form of changes to QOF and extended hours. Clearly, it is essential that we continue to do our utmost to ensure that key players and the media fully understand the significance of these income reductions.

Negotiations

Our QOF plenary subgroup has now begun to discuss NICE's recommendations for new indicators, indicator replacements and indicator retirements.

The committee debated the GPC's negotiating position for the 2011/12 contract. The negotiators now have a clear steer for ongoing discussions with NHS Employers.

NHS White Paper

Following the publication of the NHS White Paper, *Equity and Excellence – Liberating the NHS*, the Department of Health (DH) published three further consultations, titled *Transparency in outcomes - a framework for the NHS*, *Increasing democratic legitimacy in health* and *Commissioning for patients*. Each of the consultations and the White Paper can be accessed and responded to via the [Department of Health website](#). Over the summer the GPC has made a significant contribution to the BMA's response to the White Paper which is due to be finalised by early next month.

The BMA has produced summaries of the NHS White Paper and all the accompanying consultations that have been published to date. [These are available along with other related information on the BMA website](#).

We are still within the consultation process for the White Paper and the majority of the proposals are lacking in detail and the situation is very fluid. Consequently, we strongly urge GPs to resist forming any firm agreements at present. However, we would very much encourage LMCs to open dialogue with their local PCTs, existing consortia and GP commissioners, acute trusts (medical and management) and even local authorities, so that they are fully aware of any local developments and are well placed to play a role in the potential development of commissioning consortia in the future. We would also advise LMCs to consider holding meetings with their local representatives and key stakeholders in the coming weeks and months to discuss commissioning in the local area.

We know that some PCTs are rushing ahead and trying to implement these proposals. We are also aware that a small number of PCTs have attempted to redirect funding from the extended hours DES towards assisting with the establishment of new commissioning structures and incentives. PCTs are not able to manipulate the national contract in this way. Nationally agreed enhanced services can only be altered in negotiation between the GPC and NHS Employers – not on a local basis. Existing national funding must be used as it is directed.

More worryingly, we have heard reports of some PCTs selecting a group of GPs to run a consortium, and forcing all practices in the PCT to join that group. This is unacceptable. The White Paper does not state that PCTs or SHAs will have a role in developing any new structures and LMCs should resist any attempts by them to influence the process of consortium development.

NHS White Paper – GPC guidance

The GPC has begun to publish a series of documents to advise and inform practices and LMCs:

The principles of GP commissioning

This is a statement outlining the principles of GP commissioning in the context of the White Paper. It is intended that these principles should be used to define policy, inform debate and negotiations, and ensure that good medical practice is enshrined within the changes proposed in “Liberating the NHS”.

Legal overview and guidance on the commissioning proposals

This guidance is an introduction to issues that GPs may have to consider in terms of legalities, education and training in preparation for the outcome of the current consultation on the White Paper.

The role of LMCs in supporting the development of GP consortia

This guidance identifies a number of specific actions that the GPC believes LMCs can and should take over the next few months. For ease of reference, these have been grouped into three main areas of: communicate with GPs and practices; support GPs in planning future consortia; and build wider relationships.

GP consortia commissioning: initial observations

This document contains a set of principles and practical observations that GPs and LMCs should consider when beginning to explore how White Paper proposals should be put into practice.

[All of these documents can be found on the BMA website.](#)

Revised tax guide following the emergency budget

Following the announcement of the emergency budget on 22 June, specialist accountants have now reviewed the Focus on New Tax Bracket guidance. The previous advice about superannuation has been removed because it is no longer applicable, along with the spreadsheet illustrating how tax could affect income for the year 2009-10 as it is out of date. Otherwise the advice remains the same and we would urge practices to seek advice where necessary from an accountant. [The revised guide is available on the BMA website.](#)

Summary Care Record

The GPC has informed Simon Burns, Minister for Health of the motions that were passed at the July GPC meeting, and reiterated our position that all uploads should cease whilst the review of the Summary Care Record took place. We received a response from the Minister confirming that Public Information Programmes (PIPs) had halted. However he maintained the position that the decision whether to proceed with uploads rests with individual GP practices and PCTs. If a GP practice decides to proceed with uploads, smart cards must be used to ensure that the SCR is routinely updated. NHS Connecting for Health has stated that no practice should feel coerced into uploading

SCRs and any incidents of GP practices being placed under pressure to upload patient records should be reported to the GPC.

The BMA is playing an active part in a review of the Summary Care Record. The review comprises of two parts; the first focuses on the information sent to patients and the process by which patients record their consent preferences and the second explores the content of the SCR. We will disseminate further information once available.

NHS Appraisal Toolkit

The Department of Health will be allowing their contract with SCHIN, the providers of the NHS Appraisal Toolkit, to expire at the end of October. Following this, they do not intend to hold a contract with one appraisal toolkit provider or fund one particular appraisal system centrally. It is the Department's intention to promote a situation where the NHS has a choice of tools to support appraisal and eventually revalidation. We have been in correspondence with the Department of Health regarding transitional arrangements, following this development.

In this correspondence, the Department has clarified that up until 31 October 2010, users of the toolkit will be able to download their appraisal documentation from the system in Word (Forms 1-3) and PDF (Form 4) format. Following 31 October 2010, it is our understanding from the Department that users of the toolkit will still be able to request their data from SCHIN, and that SCHIN will not levy a charge for users to receive their data, irrespective of which appraisal system they have adopted. However, we also understand that accessing the data will take longer after 31 October as users will need to prove their identity to access their information. We would therefore advise users of the toolkit to download their appraisal documentation as soon as possible.

PMS contract reviews/termination threats – assisting LMCs

In some parts of the country, and possibly co-ordinated by SHAs, PCTs are trying to cancel PMS contracts unilaterally without grounds. LMCs that are faced with PMS contract reviews or termination threats should contact their regional liaison officer in the GPC secretariat immediately so that advice can be provided. To assist the secretariat, we would appreciate it if LMCs could also send correspondence that practices/LMCs have received to their regional liaison officer. Details of problems may also be shared with NHS Employers and the Department of Health so that they can investigate.

The GPC is able to offer guidance to GPs on PMS reviews, assistance to LMCs with the handling of local negotiations (through both BMA regional services and the GPC PMS contract review support group) and legal advice as to whether a PCT can or cannot implement a review and/or seek to terminate a PMS contract.

The GPC secretariat is also very keen to hear about the outcome of any completed negotiations.

Patient Group Directions and Patient Specific Directions in general practice

In response to enquiries on this issue, the GPC has reviewed the complex legislation surrounding the administration of medicines and has clarified the advice on the use of Patient Group Directions (PGDs) in general practice. Please note that this guidance will be updated as and when further issues are raised. Please email info.gpc@bma.org.uk if you have further queries on this issue.

[The guidance is available on the BMA website.](#)

DWP DBD36, DS1500 forms and GP factual reports

The Department of Work and Pension's Pension, Disability and Carers Services (PDCS) have asked the BMA to inform GPs of changes to and information regarding DBD36 forms, GP factual reports and DS1500 forms. Full details can be [accessed via the BMA website.](#)

Cleanliness guidance

The National Patient Safety Agency (NPSA) has now published guidance on cleanliness in the NHS for primary care providers, which is aimed at helping primary care providers set up simple, easy-to-follow processes to ensure that their premises are clean and safe.

Using these specifications is not mandatory, but may be a useful guide for providers and may help towards registration with the Care Quality Commission (CQC) from April 2012.

The *National specifications for cleanliness: primary medical and dental premises* is [available on the NPSA website.](#)

New vetting and barring scheme

This guidance explains the steps that GPs need to take individually and as employers to ensure that they comply with the Safeguarding Vulnerable Groups Act 2006. It applies only to GPs in England, Wales and Northern Ireland, with separate guidance being prepared for GPs in Scotland.

The guidance is [available on the BMA website.](#)

NHS general practice workforce census

Practices and LMCs may be aware of the fact that this annual census is about to take place. The GPC generally supports this as a means of getting accurate information negotiators on both sides, to support negotiations in the coming year. This census (as at 30 September each year) is one of three which together deliver statistics on the total NHS workforce. The other two censuses relate to hospital and community health service staff in medical, and non-medical, roles.

General practice workforce statistics in England are compiled from data supplied by or on behalf of around 8,200 GP practices. The NHS Information Centre for health and social care liaises with these organisations and their agents to encourage complete data submission, and to minimise inaccuracies and the effect of missing and invalid data.

The general practice census aims to gather information on all practices and practice staff in England, including GPs. It delivers a detailed view of the workforce including staff type, headcount, full-time equivalence, age, gender, and country of qualification (in the case of GPs). It also delivers information on practice size (in terms of number of GPs, and list size). It has historically been published at the level of SHA and PCT. [You can view recent census publications online.](#) The collection of information is rigorously vetted and controlled by the Review of Central Returns process which demands ministerial approval for any collection and specifically seeks to reduce the burden imposed on the service.

The majority of the information for the census is obtained automatically from the Connecting for Health / NHAIS / 'Exeter' GP practice re-imburement system, the aim being to reduce the burden imposed on practices. The census has a number of uses, including:

- workforce planning
- planning and development of education and training
- evidence to Doctors' and Dentists' Review Body (DDR)
- policy development
- monitoring changes in general practice provision (eg by contract type)
- parliamentary accountability (eg in answering parliamentary questions)
- public accountability under the Statistics and Registration Act.

The NHS Information Centre will be distributing templates to PCTs shortly and PCTs will then contact practices to ask for this information. We would encourage practices to participate, particularly this year as it is important that accurate and complete information is available to inform the discussions on the implementation of the NHS White Paper and particularly GP led commissioning. LMCs are therefore asked to ensure practices are aware of the background to this census and the GPC's support for it.

Occupational health advice lines

The Department of Work and Pensions has set up two new types of occupational health advice line for GPs and small businesses in England, Scotland and Wales. One provides guidance to GPs on health and work issues affecting individual patients. The other provides support to small businesses

on all occupational health issues, including those raised by the new Statement of Fitness for Work. Both services are staffed by qualified occupational health nurses. The two types of advice line in England, Scotland and Wales have different contact numbers which can be seen below.

The phone numbers for the occupational health advice line for GPs in England, Scotland and Wales are:

England: 0800 022 4233
Scotland: 0800 019 2211
Wales: 0800 107 0900

The phone numbers for the occupational health advice line for small businesses in England, Scotland and Wales are:

England: 0800 077 8844
Scotland: 0800 019 2211
Wales: 0800 107 0900

For further information please go to the relevant website [England](#), [Scotland](#) and [Wales](#).

NHS Litigation Authority – Family Health Services Appeal Unit

The Family Health Services Appeal Unit, responsible for determining contractual disputes between GPs and their PCT, now has a new address and contact details. These are:

1 Trevelyan Square
Boar Lane
Leeds
LS1 6AE

Telephone: 0113 86 65500
Fax: 0207 821 0029
DX: 26416 Leeds Park Square

BMA 2011 research grants

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research. Today, around 12 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 2011 research grants will be available to apply for online on the [BMA website](#) from mid-December this year. The application deadline is **11 March 2011**.

Subject specifications for each grant vary. For example, in 2011, research areas range from rheumatism and arthritis, cardiovascular disease and cancer to asthma, social determinants of health and neurological disorders. For more information on the grants on offer in 2011 and details of how to apply, [please go to the BMA website](#).

Also find attached (appendix 1) is a copy of the BMA Research Grants leaflet for circulation.

If you have any questions about the BMA research grants, or would like to receive alerts about them, please contact Evelyn Simpson at info.sciencegrants@bma.org.uk or telephone 020 7383 6755.

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 2. We would be grateful if LMCs would direct all enquiries to their liaison officer. A copy of the LMC regional structure is also attached at appendix 3.

Media coverage report

Please find attached (appendix 4) 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 21 October 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 12 October 2010. It would be helpful if items could be emailed to Faye Bunch at fbunch@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