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## GPC meeting

The GPC met on 15 December 2011 and this newsletter provides a summary of the main items discussed.

## Health and Social Care Bill

As you will be aware, in November BMA Council took the decision to oppose the Health and Social Care Bill in its entirety. This decision was taken in the light of the proposals for commissioning support in the Department of Health document 'Developing Commissioning Support: Towards Service Excellence'. Hamish Meldrum and Laurence Buckman wrote to Andrew Lansley, expressing the BMA's grave concerns about the document. As a result of this letter, a meeting with the Secretary of State took place this week. Discussion centred around the fact that, contrary to the aim of the Health and Social Care Bill, the risks inherent in the Bill (such as the promotion of the private sector in commissioning support) threatened to undermine the benefits of giving more decision-making power to clinicians. You can read about lobbying activity on the [BMA website](#) and help spread the message by emailing the [NHS reforms Christmas e-card](#).

Laurence Buckman wrote to all GPs in England last week detailing concerns about the Bill as well as setting out a number of key conditions the GPC considers vital to the positive development of CCGs. [The letter is available on the BMA website.](#)

## Commissioning Update

The GPC debated the development of CCGs, including concerns from some areas that PCT clusters were dictating how fledgling CCGs should develop. It was agreed that CCG leads should ensure that they were not bounced into importance decisions about policy and process. Good engagement with constituent practices would best enable CCG leads to set the commissioning agenda and form good relationships with the bodies they need to work and to which they are accountable.

The GPC has published guidance on the authorisation process, flagging the GPC's top issues for LMCs and GPs to consider as CCGs seek to become established. This guidance can be found on the [NHS reforms webpages](#).

## Pensions

The BMA has launched [Your pension, Your future, Your say](#) a drive to ensure as many doctors as possible are aware of, and understand the proposed current changes to the NHS pension scheme, and what it means for them as individuals. Ministers are keen to reach an agreement on public sector pensions by the end of the year.

The BMA will then be seeking members' views on whether they think the final offer is acceptable and, if not, what action they would be prepared to take. If the proposals are rejected a ballot on industrial action could follow. [The BMA website includes a simple online tool](#) for BMA members to update their workplace details – vital information for a successful ballot. **Please encourage all GPs to login to check and update their place of work details at the earliest opportunity.**

## Focus on travel immunisations

The GPC has published *Focus on travel immunisations*, to explain which travel immunisations are available on the NHS and which can be charged for privately. The Red Book regulations were written to cover the immunisations available at that time and consequently do not reflect today's clinical practice, and the subsequent new GMS contract (2004) took those regulations and carried them into the new contract as an additional service. Consequently everything in the Red Book was transferred unchanged and included in the global sum of payments rather than the previous item of service system.

The change in availability of immunisations and the nature of foreign travel has made these regulations difficult to interpret, and confusion over how they apply to current practice. This document reflects the present situation and is intended to help practices by clarifying the existing regulations as they currently stand. [The document is available on the BMA website.](#)

## **HPV vaccinations update**

The Department of Health (DH) has announced that from September 2012 Gardasil, rather than Cervarix, will be used in the HPV vaccination programme. The BMA wrote to the DH earlier this year calling for them to consider the latest evidence and cost-effectiveness of Gardasil, which protects against the two types of HPV virus that cause cervical cancer and genital warts.

The programme was introduced in 2008 after the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the HPV vaccine should be offered routinely to girls aged 12 to 13 years, as well as a catch-up programme for girls up to 18 years of age.

[The press release is available on the Department of Health website.](#)

## **Cervical cytology training**

Earlier this year, we were made aware of a number of PCTs insisting that all GPs working in their areas undertake either a half day or a full day's update training in taking cervical smears. Many had been told that this was a contractual requirement and therefore mandatory.

We believe that this was an unreasonable requirement, given that the training for undertaking cervical smears is already included in the GP curriculum covered during the period of vocational training for general practice.

We therefore wrote a joint letter with the Royal College of General Practitioners and the Department of Health. As a result of this and subsequent meetings, the DH has now written to all PCTs confirming that there is no contractual requirement for GPs to have cervical cytology update training.

Please see attached the letter (appendix 1) which will also be updated on the [DH website](#) shortly.

## **The National Dementia and Antipsychotic Prescribing Audit**

The GPC position is that GP practices should opt in to the extraction of identifiable data for secondary purposes in accordance with agreed GPES principles. Unfortunately the circumstances and timing of the dementia audit do not allow for this, but we are very supportive of what the dementia audit is trying to achieve and, in view of the very limited dataset which will be extracted, we see no reason why practices should not take part. Practices will receive a letter from the NHS Information Centre very soon with further information about the audit, including details on opting out for those practices that do not wish to take part.

## **Changes to the RCGP curriculum**

The RCGP recently announced changes to the GP curriculum, which are due to be implemented from August 2012. The changes are being made in response to feedback gathered from users, and are

largely focussed on making the curriculum more user-friendly with a clearer and more consistent structure. There will also be some updates to the content. [More details can be found on the RCGP website.](#)

### **BMJ Informatica**

Informatica Systems, part of the BMJ Group, delivers performance management systems and innovative software solutions to primary care such as FrontDesk, Contract+, Audit+ and Health Checks.

[Further information on the tools they offer can be found on their website.](#)

### **LMC secretaries conference**

Thank you to those that attended the LMC secretaries conference on Thursday 1 December, which we hope you found useful and engaging. Mike Farrar (the chief executive of NHS Confederation and former chief negotiator for the DH) and Sir David Nicholson (chief executive of the English NHS Commissioning Board), were the guest speakers.

### **BMA 2012 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 ten research grants are administered under the auspices of the Board of Science, all funded by legacies left 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 2012 research grants will be available to apply for online on the [BMA website](#) from 13 December this year. The application deadline is **16 March 2012 at 5pm**.

Subject specifications for each grant vary. Previous research areas range from rheumatism and arthritis, cardiovascular disease and cancer to the uptake of preventative measures and the use of information and communication technologies in medicine. For more information on the grants on offer in 2012 and details of how to apply, [please visit the BMA website](#).

### **Season's greetings**



On behalf of the GPC secretariat, we wish you all a joyful and restful Christmas and a happy 2012.

The GPC next meets on 19 January 2012, and LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items is 10 January 2012. It would be helpful if items could be emailed to Christopher Scott at [cscott@bma.org.uk](mailto:cscott@bma.org.uk). You may also like to use the GPC's listservers to exchange views and ideas.

## GPC News

GPC News is available via the Internet, via the BMA's web pages: [www.bma.org.uk](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