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GPC meeting

The GPC met on 17 February 2011 and this newsletter provides a summary of the main items discussed.

GMS contract negotiations 2011/12

Negotiations with NHS Employers regarding the changes to the GMS contract for 2011/12 are ongoing. We anticipate that an announcement will soon be made.

QMAS underpayments

On 7 February, the Department of Health (England) wrote to PCTs to inform them that an error has been identified within the Quality Management & Analysis System (QMAS), which calculates payments to GP contractors under the Quality and Outcomes Framework (QOF). [This letter and FAQs are available on the BMA website.](#)

Following the publication of this letter, PCTs should now have informed all practices what QMAS repayment they are entitled to and when it will be paid. The information with which PCTs have been provided does not enable them to break the figures down on a year by year basis, and therefore practices should treat the income relating to 2010/11 only.

It has also been asked whether this will raise any retrospective superannuation issues. As the payment should be treated by practices as a one-off payment in 2010/11, then this will not affect superannuation payments, seniority or tax returns (for previous years).

As this is a one-off in year payment to the practice it is for each practice to deal with the distribution of the payment according to their normal practice and/or the partnership agreement. Practices may also need to take accountancy advice.

Health and Social Care Bill 2011

The Health and Social Care Bill was presented to Parliament on Wednesday 19 January. It sets out the legislation required to implement the government's plans for major NHS reform, as outlined in its earlier White Paper *'Equity and Excellence: Liberating the NHS'* released in July 2010.

Laurence Buckman has written to all GPs in England regarding this Bill, and its implications for the future of general practice. You should have received in an email, but it is [also on the BMA website.](#)

The BMA has argued that potentially positive elements of the reforms - giving clinicians responsibility for commissioning and shaping local health services, increasing public and patient involvement, and focusing more on public health - are threatened by other aspects, particularly those that seek to expand and increase competition. The Bill brings into stark relief a number of grave concerns about the way government wants to change the NHS, and we will be lobbying hard to ensure they do not become a reality. To do this, the BMA is in the process of analysing every clause within the Bill, and will be publishing in due course a summary of our specific concerns to inform the wider profession. In the interim, the BMA has set out its [key messages relating to these reforms on their website.](#)

We strongly recommend you visit our Health Bill webpage, where more detail on the Bill can be found. The BMA has produced a useful toolkit to inform the profession about the draft Health Bill,

and also to enable members to lobby their MPs on issues that concern them. [Details of this are available on the BMA website.](#) In particular, please take the opportunity to write to your MP and express your concerns [using our template letters.](#)

At the GPC meeting, the following motions relating to the Health and Social Care Bill were passed:

1. That the GPC recognises there is ample international evidence to show that competition over price for health care results in a poorer quality of health care provided but that competition in quality of health care provided improves the quality of health care provided.

The GPC therefore resolves to promote and support amendments to the Health and Social Care Bill that will preclude price competition within the National Health Service.

2. That the GPC resolves to promote and support amendments to the Health and Social Care Bill that permit commissioning consortia to choose which licensed providers are entered on their local lists from which GPs can help patients decide which provider to choose.

GPs should also have access to the national list of licensed providers for patients who wish to make an 'out of area' choice.

Special representative meeting

The BMA Council has called a Special Representative Meeting (SRM) to debate the implications of the government's plans on the NHS, patients and the profession. The SRM will be held at the Grand Connaught Rooms, 61- 63 Great Queen St, London WC2B 5DA, from 10.30am to 5:30pm. Only representatives to the Annual Representatives Meeting (ARM) 2010, or their deputies, will be able to attend the SRM. If those individuals can attend they need to notify Lizzy Dijeh dijeh@bma.org.uk.

In cases where a representative is not able to attend the SRM then LMC Conference, as the electing body of most GPs at ARM, is able to appoint a deputy drawn from those candidates who were unsuccessful in the 2010 ARM election. We have written to all representatives to ask them to confirm whether or not they are able to attend the SRM, as well as everyone in the potential pool of deputies to ask whether they would be able to attend if asked.

Many BMA Divisions and Regional Councils also sent representatives to ARM in 2010 and those representatives will also be able to attend the SRM. Again, if these representatives are unable to attend, it is possible for deputies to attend, so GPs wanting to attend the SRM may want to contact their Division to see if any deputising seats are available.

The deadline for LMCs to submit motions to the SRM has now passed, but motions may be submitted through BMA Regional Councils or BMA divisions by Monday 21 February at 9am. The SRM agenda will be published on the BMA website and mailed to representatives on 10 March 2011.

The transfer of NHS staff into shadow consortia arrangements

On 31 January, the Department of Health published a guidance document on the implementation of PCT clusters. This discusses a number of HR issues related to the reform of PCTs, raising serious

implications for the transfer of NHS staff into shadow consortia arrangements. The GPC strongly advises GPs in making any agreements with PCTs regarding the transfer of staff into roles that are in any way related to clinically-led commissioning consortia to consult current employment legislation and seek further advice from the BMA if needed. The Department of Health will be producing guidance on the assignment of PCT staff to the new organisations shortly.

[For reference, the PCT cluster implementation guidance is available online.](#)

Sessional GPs newsletter - Please pass this on to your sessional GP colleagues

A new issue of the sessional GPs newsletter was published in January, and is [available on the BMA website.](#)

The newsletter contains information about new and ongoing issues affecting sessional GPs, and the work of the Sessional GPs Subcommittee and GPC on their behalf. This issue covers the following topics:

- GPC Sessional GPs Subcommittee election
- The NHS White Paper and Sessional GPs
- revalidation
- contacting the Sessional GPs Subcommittee
- Sessional GPs: Your Pathway to Success' Conference
- devolved nations updates.

Care Quality Commission registration

All GP practices in England should have received an introductory letter and briefing note about CQC registration by post from the Care Quality Commission. If you would like to be sent electronic copies of the letter and briefing note then please contact the GPC secretariat at info.gpc@bma.org.uk.

In January, the BMA robustly responded to the CQC's consultation on fees for dentists, trusts and care homes and will do so again when the consultation on fees that will directly affect GPs is published in the autumn.

The Commission is currently piloting their application process and their assessment of application forms in Derby and Derbyshire PCTs, and will be running further pilots on the monitoring of compliance later in the year. The volunteer practices will be providing feedback on the application process in March.

The GPC has had two liaison meetings with the CQC over the last few months and will continue to meet with the CQC throughout the year to discuss important issues such as fees and the training of local CQC compliance officers. With regard to compliance officers we have emphasised the need for

there to be tailored guidance about general practice, particularly on issues such as infection control, and the importance of officers establishing contact with the LMC in their area.

We have been made aware that the CQC has received reports from care homes and nursing homes that have been targeted by bogus callers requesting the names and PINs of nurses employed there, claiming to be from the Nursing and Midwifery Council or the Care Quality Commission. Phone calls requesting personal data are not the policy of the CQC or the Nursing and Midwifery Council, and GPs and their practice staff should not volunteer any information to these scam callers. Please take as many details from the caller as you can and send the details to GPC or take the matter to the local police.

Finally, we intend to publish our 'CQC for NHS GPs' toolkit in early spring 2011. This toolkit will contain guidance on applying and complying. When practices apply for CQC registration from October 2011 they will be expected to declare compliance with the CQC's standards for the regulated activities that they perform but not actually have to demonstrate compliance at that point. Only practices that declare non-compliance with any of the standards should be contacted by the CQC before April 2012 about how to become compliant. Otherwise the monitoring of compliance by CQC will not commence until April 2012.

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections

The Department of Health has published *The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance*, the final impact assessment for this document and their response to the consultation on a draft of the Code.

[These documents are all available on the Department of Health website.](#)

The Code of Practice sets out the criteria against which a registered provider's compliance with the requirements relating to cleanliness and infection control will be assessed by the Care Quality Commission (CQC). When registering with the CQC in October 2011, practices will need to declare that they comply with the criteria and, after 1 April 2012, demonstrate that they are doing so when they are reviewed by the CQC. To comply with the outcome practices should follow the guidance on how they can interpret and meet the registration requirements found in **Appendix D** of the Code of Practice document.

The relevant CQC standard is 'Outcome 8: Cleanliness and Infection Control' and the related guidance from the Care Quality Commission entitled 'Guidance about compliance: Essential Standards of Quality and Safety', [which can be viewed online.](#)

RCGP's practice accreditation programme

The Royal College of General Practitioners (RCGP) launched early registration of its Practice Accreditation (PA) Award in December 2010 ahead of formal launch in April 2011. The programme is part of the wider provision of RCGP quality schemes where GPs and practice teams are supported to improve the quality of care and the standard of services they provide to patients.

The standards have been developed in partnership with the National Primary Care Research and Development Centre (NPCRDC) at the University of Manchester. They reflect key aspects of primary care, particularly the organisational systems and processes that ensure delivery of safe and quality care, facilitate ongoing team development, and recognise the contribution to quality improvement that can be made by the whole practice team.

The award is a two stage process that will run within an overall three year timeframe, and is comprised of 79 standards across six domains. Each domain includes a balance of stage 1 and stage 2 standards. Stage 1 is a pass-fail assessment of 42 standards, and practices will be required to complete this within 12 months of registering. Stage 2 consists of 37 standards that encourage ongoing development within practice teams. Practices will have up to 24 months to complete stage 2.

Practices working towards PA will submit an e-portfolio of supporting information to demonstrate that their systems and processes meet the standards. Supporting information will be assessed online and will be followed by a practice visit.

For more information on the award and to register for the programme, [please visit the RCGP website](#) or contact RCGP via email at: practiceaccreditation@rcgp.org.uk

Royal Wedding – 29 April 2011

The 29 April 2011 has been declared a bank holiday in the United Kingdom by the Queen. All practices in England, Wales and Northern Ireland should put in place their normal arrangements for bank/public holidays on that date. Bank holidays are out-of-hours periods in the NHS (General Medical Services Contracts) (England and Wales) Regulations 2004 and NHS (Personal Medical Services Agreements) Regulations 2004. Public holidays are out-of-hours periods in the Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004. Due to the different wording of the Scottish contractual regulations practices in Scotland should await guidance from SGPC before taking any action. If you have any questions please email William Jones at wjones@bma.org.uk.

Secretary of State's determination for payments to medical practitioners suspended from performers' lists

We have recently received some reports of inconsistencies in the interpretation of the Secretary of State's determination for payments to medical practitioners suspended from performers' lists by PCTs. If your PCT is not acting in accordance with your interpretation of the determination and you would like advice, please email William Jones at wjones@bma.org.uk.

Medical indemnity cover

Having adequate insurance against liability arising from negligent performance of clinical services is a contractual obligation for most GPs. If any GPs in your area are having difficulties obtaining medical indemnity cover, please contact William Jones at wjones@bma.org.uk.

Blue badge (disabled parking) scheme

The government has announced a programme of reforms to the Blue Badge scheme. As part of the reform programme the Department of Health and Department for Transport will be reforming the eligibility assessments for the Blue Badge (disabled parking) scheme. The reform will mean a transfer of the assessment of applicants' eligibility by GPs to assessment by independent mobility assessors and change the budget holder for these assessments from PCTs to local authorities. The GP assessments are non-contractual. [The full details for the reform programme can be viewed online.](#)

[The summary of the estimated timescale of delivery of the forms can be also be viewed online.](#)

Partnership agreements

We strongly recommend that GPs in partnership enter into a written partnership agreement and seek legal and accountancy advice in doing so. Partnership agreements reduce both financial and non-financial risk and provide a detailed framework on which the ongoing management and administration of the partnership can be based.

[The BMA's guidance on partnership agreements can be viewed online.](#)

The BMA offers a partnership agreement drafting service exclusively for general practitioners. The service is provided by Neal Hooper, a BMA lawyer, offering high quality legal advice and drafting, and can be accessed by calling **020 7383 6128** or emailing info.pds@bma.org.uk. To take advantage of the service at least one of the partners in your practice must be a BMA member. BMA members are entitled to the service at a competitive price of £1,500 plus VAT. Members can also take advantage of a fee of just £25 per annum plus VAT for the BMA to hold and store a final signed version of their agreement on behalf of their practice.

Best practice for ensuring the efficient supply and distribution of medicines to patients

New joint guidance has been published by the Medicines Supply Chain Forum which was set up by the Department of Health in response to problems being experienced in the supply chain resulting in stocks of medicine being disrupted and depleted. This guidance is designed to address these problems and to secure the integrity of the supply chain.

The GPC, along with various other stakeholders from different branches of the healthcare sector, were represented on this forum and helped to shape the guidance which sets out best practice for manufacturers, wholesalers, pharmacies and doctors' dispensaries, and prescribers.

Note that this guidance supersedes the "Trading Medicines for Human Use: Shortages and supply chain obligations" which was published in 2009.

[The guidance can be found on the BMA website.](#)

Training requirements for fitting contraceptive implants

In December 2010 a letter was sent out by the Faculty of Sexual and Reproductive Healthcare (FSRH) of the Royal College of Obstetricians and Gynaecologists regarding the 'amnesty arrangements for medical providers of contraceptive services', which set out the training requirements of fitting contraceptive implants. The GPC had particular concerns that the letter appeared to say that there was a requirement to have a letter of competence and a Diploma issued by the FSRH, and that there were no other alternatives.

Subsequently, the Honorary Secretary of the Royal College of General Practitioners (RCGP), Professor Amanda Howe, has confirmed that FSRH Diplomas and Letters of Competence are in fact not a current requirement for fitting of contraceptive implants, and that they are working with the FSRH to look at the current requirements and alternative routes for achieving the standards. This concurs with the GPC's opinion on the validity of the FSRH letter and the potential answer to this issue. We would support this alternative solution and we will be liaising with the RCGP to keep abreast of the developments in this area.

GPs and *Fair Society, Healthy Lives* (Marmot report on health inequalities)

At the GPC meeting, Sir Michael Marmot (the current BMA President), gave a presentation about health inequalities and the involvement and engagement of the medical profession. This follows on from his review and the subsequent report 'Fair Society, Healthy Lives', published in February 2010. At the meeting, Sir Michael covered the key messages covered in the report, including:

1. reducing health inequalities is a matter of fairness and social justice
2. the lower a person's social position, the worse his or her health
3. health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health
4. focusing solely on the most disadvantaged will not reduce health inequalities sufficiently
5. action taken to reduce health inequalities will benefit society in many ways
6. reducing health inequalities will require action on six policy objectives:
 - give every child the best start in life
 - enable all people to maximise their capabilities and have control over their lives
 - create fair employment and good work for all
 - ensure healthy standard of living for all
 - create and develop healthy and sustainable places and communities
 - strengthen the role and impact of ill-health prevention.

To celebrate the anniversary of the launch of the report, the BMA also hosted a conference on 'Health inequalities - the role of the medical profession'. The main purpose of the conference was to explore ways in which the social determinants of health can be addressed through local action, in particular how the medical profession can support this. The BMA (in particular, the Board of Science) continue to be involved in work in this area.

Further information about the Marmot review and how to get involved is available on the [Marmot review website](#).

Summary Care Record - statement from the GPC, RCGP and BMA

Summary

NHS Connecting for Health guidance is now available to support practices that have already gone live, or are considering implementing Summary Care Records (SCRs). The GPC, RCGP and BMA have been fully involved in commenting on this guidance to ensure that it aligns with professional standards. It is our view that, in the long term, changes to GP systems and new Read codes are required to ensure that GP practices have the flexibility to record all patient consent options for the SCR in patient records. In the interim, this guidance will help practices understand and work with the functionality of current systems. Our position remains that the decision whether to proceed with SCR uploads rests with the GP practice.

Implementing the SCR Review Recommendations

Since the Department of Health review of the SCR, constructive discussions have taken place between NHS Connecting for Health, the GPC, BMA and RCGP with regard to implementing the review recommendations. This has included clarification and agreement around the scope, use and content of the SCR and agreement on the Public Information Programme materials.

One of the main recommendations was a change to the consent model with the need to seek explicit patient consent for any additional information added to the core record of medication, allergies and adverse reactions¹. In the longer term, this requires a change to the functionality of GP systems as well as new Read codes. It is expected that new Read codes will be available from 1st April 2011. These codes will enable practices to record patients' consent preferences, including explicit consent for a core record and explicit consent for additional information. GP system changes to accommodate the new Read Codes will not take place until later in the year as it will take time for GP suppliers to implement the new functionality. The GPC, BMA and RCGP have agreed with NHS Connecting for Health a Professional Requirements document, which has informed the specifications for these system changes.

¹ The core record, containing medications, allergies and adverse reactions is uploaded on the basis of implied consent. Additional information should only be added with explicit patient consent and should be information that is required to support patient care in an emergency or urgent situation. The SCR should only be viewed in emergency or urgent care settings with the explicit consent of the patient unless the patient is unable to give their consent for example, if they are unconscious.

Recognising that some practices have already gone live with SCRs and some practices wish to go live we have been working with NHS Connecting for Health on guidance, which sets out the functionality of current GP systems and how limitations can be handled until new functionality is introduced. We welcome this NHS Connecting for Health guidance to help ensure that practices, which have gone live with SCRs are meeting the recommendations of the review and also to help practices who are considering going live to make an informed decision based on an understanding of current functionality of their GP system. We have also worked with NHS Connecting for Health to produce a GP practice checklist to assist practices in coming to a decision.

The SCR review also recommended the simplification of Public Information Programme materials. We have commented on the new material particularly on the GP practice posters, which are now much more explicit about the need for patients to make a choice.

These materials are available at:

- [A guide for GP practice staff](#)
- [System specific guidance](#) - to support practices in recording consent preferences for practices that are live with SCR
- [GP practice checklist](#)
- [Revised public information programme material](#)
- [GP practice posters](#)
- [SCR scope document](#)

GP practice websites – information governance

Many GP practices opt to use third party suppliers to build and host their practice websites. Some practice websites include functionality which allows patients to order prescriptions, download forms, manage their appointments or apply to register with the practice.

As these websites are often hosted by companies outside the NHS, this may result in a third party processing information about patients, which could include name, address, date of birth and NHS number. Patients may be unaware that the website is not directly part of the GP practice. It is important that websites make it clear to patients that any data they submit are being handled by a third party, if this is the case.

It is recommended that GPs check that any company offering services that work with patient identifiable data (PID) has appropriate information governance safeguards in place. Where data is held on servers, for example when patients complete web forms, there should be an agreement, in the form of a signed contract, with the web hosting service which states that they will not retain copies of any data.

Bowel cancer screening – electronic GP test results

Following consultation with GPC and RCGP, the Bowel Cancer Screening System (BCSS) has announced that Faecal Occult Blood test (FOBT) result messages can now be sent electronically to GP practice systems.

Practices may choose to receive electronic result messages in place of, or as well as, hard copy results letters. Abnormal results sent electronically will always be accompanied by a hard copy letter in confirmation.

The FOBT “results” that are sent in this way are correctly READ coded by the NHS CFH central server before they are sent to the GP Practices. GP practices do not need to re-code them when importing into the patient’s records.

For more details on how to implement this service at your practice, and to find out which practice systems are compatible or plan to be compatible, please see the attached announcement (appendix 1).

GPSoC

We are aware practices could potentially experience problems if PCTs plan changes to service provision where these services, such as IT support and maintenance, are required to underpin GPSoC. PCTs must continue to deliver their obligations under the PCT-Practice agreement. Most current agreements expire between January and March 2012. At this stage the GPC is working to ensure the benefits GPSoC has brought practices are taken forward.

Breast Cancer Care resource pack

The charity Breast Cancer Care has developed a new information pack for patients to use after they have finished hospital treatment for cancer. It has been developed with extensive background research and is designed so that patients can dip in and out and use the parts that are pertinent to them.

[Further details can be found on the breast cancer care website.](#)

Introduction to negotiating skills for LMCs courses 2011

Following the successful courses held in 2010, the British Medical Association and General Practitioners Defence Fund are organising further dates for the one day introduction to negotiating skills course for local medical committees. This interactive course will provide an introduction to the negotiating process, including the four main phases of negotiation, showing the importance of preparation, effective communication and avoiding common mistakes.

The course is targeted particularly at the smaller LMCs and/or those who have no previous negotiating skills training.

Course dates and venues

Monday 14 March 2011	Aston University, Birmingham
Wednesday 4 May 2011	BMA House, London
Tuesday 4 October 2011	Weetwood Hall, Leeds

Cost to attend

There is no registration fee to attend the course but you will need to meet any travel, accommodation and locum costs that you incur in attending.

[For full details of eligibility criteria, the course programme and trainer and to download the registration form, please visit our website.](#)

Sessional GP conference - Please pass this on to sessional GPs in your area

The British Medical Association is holding a one day educational conference for sessional GPs on Friday 11 March 2011 at BMA House, London. This conference will provide salaried and locum GPs with expert advice, support and information on the key issues affecting their career, as well as offering the helpful opportunity to network with sessional GP colleagues from around the country and discuss shared issues and concerns.

Key themes at the conference will be:

- How to develop your career as a salaried or locum GP
- How to meet the challenges of appraisal and revalidation
- The different issues to consider when setting up and working as a locum GP
- The impact of the Health and Social Care Bill on sessional GPs, and the opportunities it provides
- Employment rights for sessional GPs
- How to get access to professional support, and the differing roles of organisations that provide this
- Representation of sessional GPs.

The fee for attending the conference is £76.38 (inc VAT) for BMA members and £235 (inc VAT) for non-members. Further information, including the conference programme and information about how to register is [available on the BMA website](#).

The Eric Gambrill Memorial Awards 2011

Please note that the Eric Gambrill Memorial Award is open for applicants. There are two awards each of £3,000, and GPs have until 21 April 2011 to submit an application for these awards. Attached to this newsletter are full details of the application process (appendix 2).

7th National conference on sexual health and contraception in general practice, 11 March 2011, London

The RCGP's Sex, Drugs and HIV Group is holding its annual conference for GPs, practice nurses and healthcare professionals working to enhance sexual health in general practice, on 11 March 2011 in central London. At a time when the importance of general practice as a provider of sexual healthcare is being increasingly recognised, this year's conference entitled **Practice makes perfect: prevention, diagnosis and treatment** aims to bring to a primary care audience the latest advances in this area. It also offers an opportunity to reflect on difficult areas of practice in sexual health and contraception. Places are still available and cost £160 for RCGP members and £190 for other delegates. For further information and to register, go to www.rcgp.org.uk/courses.

National Association for Patient Participation

Please see the attached (appendix 3) leaflet from the National Association of Patient Participation about its work in helping establish effective PPGs and working with commissioning consortia.

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 4. 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 5.

The GPC next meets on 17 March 2011, 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 2011. It would be helpful if items could be emailed to William Jones at wjones@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