

Content

Antipsychotic drugs	7
BMA 2012 research grants	9
Care Quality Commission registration	7
Claire Wand Fund	9
Commissioning	3
Flu vaccine procurement for 2012/13	6
GP trainees conference	8
GPC meeting	1
GPs' contract	2
Importance of independent financial and legal advice	8
LMCs and new NHS structures	3
New Medicines Service guidance	4
NHS reforms	2
Pensions Day of Action – November 30	4
PHSO report	7
Practice nurse indemnity	6
QOF achievement and prevalence data 2010/11	2
QOF business rules 2011/12	3
Revalidation	6
Seasonal flu vaccine strategic reserve in England	5
Shared Business Services (SBS)	5
Training requirement for fitting contraceptive implants – update	4
Voluntary recall of preflucel influenza vaccine	5

GPC meeting

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

NHS Reforms

The Health and Social Care Bill continues its progress in Lords Committee, which is expected to conclude just before Christmas.

Just prior to Committee Stage starting, the BMA published a briefing setting out areas for further change including: the Health Secretary's duty to provide a comprehensive health service; competition; cherry-picking; restrictive powers over clinical commissioning groups; the 'quality premium'; an explicit duty on the Health Secretary with regard to education and training; public health; increasing bureaucracy and complexity; and patient confidentiality. The BMA is pressing for amendments and explicit assurances during the latter Lords stages in order to reduce the potential for damage. The [BMA's briefing can be viewed online](#).

Progress of discussions on the Bill through Committee has been slow. To date, debates have focused on various duties of the Secretary of State. It is expected that over the next few weeks, there will be closer scrutiny of the clauses in the Bill relating to public health, the National Commissioning Board, clinical commissioning groups, and competition.

After Committee stage is finished, it is expected the Bill will have its 'Report Stage' and 'Third Reading' early next year followed by 'ping pong' between the Lords and Commons before 'Royal Assent' – making the Bill law – in the spring.

[Read the latest on the Health and Social Care Bill.](#)

GPs' contract

The GPs' contract for 2012/13 has now been agreed and announced by the Department of Health. Changes to the contract include:

- a 0.5% expenses increase delivered through QOF
- the piloting of arrangements that will allow commuting patients in three cities a greater choice of which GP to use
- changes to practice boundary rules for patients moving a short distance
- the introduction of a new scheme that aims to reduce avoidable Accident and Emergency (A&E) visits
- revisions to the Quality and Outcomes Framework (QOF).

The GPC chairman's letter to the profession, giving more information on the deal, may be seen at the following [link](#). The details can be found on the [NHS Employers' website](#).

QOF achievement and prevalence data 2010/11

The 2010/11 QOF achievement and prevalence data have been published by the NHS Information Centre, including a statistical bulletin, an online database and a set of detailed data tables. We are pleased to report that the average achievement has increased from 93.7% in 09/10 to 94.7% in 10/11. The information is [available from the NHS Information Centre website](#).

The 2010/11 QOF exception reporting data will be published on 16 November 2011.

QOF business rules 2011/12

QMAS has gone live with the 2011/12 changes to the QOF business rules. [The Connecting for Health website has further details.](#)

Details of when GP System Suppliers have been certified to rollout their updated software can be found [on the Connecting for Health website.](#)

LMCs and new NHS structures

As reported in GPC News on 20 October, the GPC has sought clarification and assurances from the Secretary of State on the position of LMCs under the changed NHS structures detailed in the Health and Social Care Bill.

The full copy of the [letter has now been uploaded to the BMA's NHS Reform web page](#) and LMCs are free to use this letter to encourage CCGs and PCTs into dialogue. **LMCs are urged to try to get discussions underway at the earliest opportunity.**

Commissioning

Democratic processes of clinical commissioning groups (CCGs)

The GPC reaffirmed that, in order to ensure the support and engagement of all GPs with their clinical commissioning group, all democratic processes of a CCG should be conducted on a one-GP-one-vote basis, with all GPs (partner, sessional or salaried) having equal opportunity to stand for election. LMCs have a central role in ensuring that CCGs are operating in a democratic fashion and should be working closely with CCG leads. The GPC will be producing guidance on the governance and democratic processes of clinical commissioning groups in the coming weeks.

Accountability in the new structures

The GPC has recently published a [discussion paper on scrutiny and accountability](#) in the new structures, in collaboration with the [Centre for Public Scrutiny](#) (CfPS), a charity promoting transparent and accountable working in the public sector. The CfPS and GPC encourage LMCs and GPs to ensure that their clinical commissioning group is working in a transparent and open manner, to help constituent practices and the local profession hold CCG leads to account, and to involve patients and the public in the decisions being made about their care.

Commissioning update

Watch out in the coming fortnight for the next edition of *Commissioning Update*, the new newsletter from the GPC focusing on the NHS reforms and the development of clinical commissioning groups. If you have any questions about the reforms or the development of clinical commissioning groups, please email info.gpc@bma.org.uk (with the title 'Commissioning question')

and our team of commissioning experts will respond to a selection in the next edition of *Commissioning Update*.

The authorisation process

The GPC will shortly be publishing guidance on the authorisation process for GPs and LMCs. This guidance will be published on the [GPC NHS reforms webpages](#) before the end of November.

Pensions Day of Action - November 30

We have received a number of enquires regarding the decision by NHS trusts to insist on their staff submitting medical certificates if they are absent on 30 November even if the absence is for less than 7 days. The BMA and GPC consider this to be a completely inappropriate use of doctors' time. Some GP practices will already be under strain because of industrial action by staff. Adding an unnecessary administrative task to their workload is unacceptable and would undoubtedly make it harder for patients to get appointments. There would also be a significant cost to the NHS.

It may be technically within the rules for trusts to demand this, but the vast majority of staff who take sick leave on 30 November will be genuinely ill and should be trusted to self-certify. Nonetheless, GPs and practices should bear in mind the effect on the doctor/patient relationship of a decision not to comply with a patient's request for a private certificate in these circumstances.

The BMA has drafted a series of [FAQs on the Day of Action and these are available online](#).

Training requirement for fitting contraceptive implants – update

Late last year the Faculty of Sexual and Reproductive Healthcare (FSRH) of the Royal College of Obstetricians and Gynaecologists sent out a letter regarding the 'amnesty arrangements for medical providers of contraceptive services', which set out the training requirements of fitting contraceptive implants. The GPC was concerned that the letter stated that there was a requirement to have a FSRH Letter of Competence (LoC) and a Diploma, and that there were no other alternatives.

This issue was brought up with the Royal College of General Practitioners (RCGP) who subsequently confirmed that FSRH LoCs and Diplomas were in fact not a requirement for fitting of contraceptive implants. Since then the RCGP has been working with the FSRH to look at the alternative routes for achieving the standards and are currently drafting a revised letter of competence to ensure that high quality training and assessment is maintained. They are also developing pathways for training to fit SDIs and IUTs that recognise the needs of experienced doctors who currently do not hold the LoCs. We will inform LMCs of the progress of this work.

New Medicines Service guidance

NHS Employers and the Pharmaceutical Services Negotiating Committee (PSNC) have jointly published guidance for the New Medicines Service (NMS), which is available on the [NHSE website](#). An NMS feedback form and further information about the changes to the NHS Community

Pharmacy Contractual Framework (CPCF) that came in to force on 1 October 2011 is available on the [BMA website](#).

Shared Business Services (SBS)

The Department of Health has invited GPC/LMCs to work with them to identify, investigate and resolve the issues that practices are experiencing with regard to SBS – if you have any examples of which we should be aware, please email Rachel Juby - rjuby@bma.org.uk. Examples of experiences will be collated and shared with DH colleagues to ensure that issues are tackled as quickly as possible. We will also be making recommendations for improving ways of working, so please feel free to include any suggestions you may have.

Voluntary recall of preflucel influenza vaccine

The Department of Health has announced a recall of the influenza vaccine Preflucel, batch number VNV5L010C. This a precautionary measure taken due to a higher than expected frequency of reports of adverse reactions following use of vaccine from this particular batch. Alternative low-egg content influenza vaccines are available that can be used safely in those with severe egg allergy as described in the influenza chapter of the Green Book.

[Further information is available in the letter](#) from Professor David Salisbury, Department of Health (England). Similar letters have been sent out in the devolved nations.

[Chapter 19 \(Influenza\) and Chapter 25 \(Pneumococcal\) of the Green Book have also been updated accordingly.](#)

Seasonal flu vaccine strategic reserve in England

In the October issue of *Vaccine Update*, the Department of Health (England) announced that they hold a strategic reserve of 400,000 doses of flu vaccine for use in England in the 2011/12 flu immunisation programme, which can be used as an 'insurance policy', in case there are problems with supply. The reserve will be available through the ImmForm website only if manufacturers have no supplies available to order. If practices have no stock of flu vaccine or is running out the DH advises the following steps:

1. First try contacting suppliers to buy additional stock.
2. If none is available, find out if this is temporary or permanent. If temporary, then place an order from that delivery date onwards.
3. Work out how much stock is required to meet patient needs until supplies are available from manufacturers, or to the end of the flu season.
4. Speak to local colleagues and the PCT flu lead or immunisation co-ordinator to see if any supplies are available locally.
5. If the PCT confirms that no stock is available locally, order stock from [the Department of Health website](#) to meet patient needs. Manufacturers advise the Department of Health on

their stock levels and the reserve will only be accessible when there is no vaccine available to order from suppliers. Vaccines should be ordered sparingly to help prevent the stockpile running out. Vaccines will usually be delivered in one to two working days.

Flu vaccine procurement for 2012/13

The Department of Health has confirmed that even though a consultation has been held on the future procurement of flu vaccine, **GPs will remain responsible for ordering their vaccine for the flu vaccination programme for the winter of 2012/13**. The BMA responded to the consultation (*Review of the procurement of the seasonal flu vaccine*) in August, highlighting our concerns about the proposals to move to central procurement of seasonal flu vaccines in England. We await the formal response to this consultation.

Practice nurse indemnity

Following the Royal College of Nursing (RCN) announcement that indemnity cover for work undertaken by practice nurses as part of their employment will no longer be provided by the RCN indemnity scheme, we again remind practices to check their indemnity arrangements to ensure that the work carried out by their practice nurses and all practice staff is appropriately covered.

Revalidation

We have heard reports of some PCTs using the planned introduction of revalidation to justify implementing more stringent appraisal frameworks. Revalidation is currently due to be introduced from late 2012 and the evidence requirements have not yet been confirmed or agreed. PCTs therefore should not be implementing new appraisal frameworks on this basis.

It has also been brought to our attention that some PCTs have been attempting to implement locum 'exit reports', whereby health providers complete reports on any locum doctors who have been contracted by them for over a week. This is arising from the Revalidation Support Team's Organisational Readiness Assessment Tool (ORSA), which currently recommends that designated bodies should have these reports in place by the end of 2012/13. This implies a level of performance management that goes beyond what we understand revalidation to involve. We do not accept that locum GPs' clinical care requires more quality assurance than their salaried or GP partner colleagues, or that locum GPs should face more scrutiny than others as part of the revalidation process. We have also been informed by the Revalidation Support Team that the section relating to locum exit reports is likely to be removed from the next version of the ORSA.

We would advise LMCs that are aware of such developments in their area to oppose them with their PCTs. However, we would also be grateful if LMCs could inform us of these developments so that we can gather information about how prevalent they are, and approach the Department of Health and Revalidation Support Team with this information. Please contact Joe Read at jread@bma.org.uk in order to let us know about this.

PHSO report

The Parliamentary and Health Service Ombudsman (PHSO) recently published its “Listening and Learning” report on complaint handling by the NHS, focusing on unfair patient removals.

The report shows that complaints about GPs accounted for 2,581 (17 per cent) of the 15,066 complaints received by the Ombudsman in 2010-11. The report also highlighted a 6 percentage point increase from 2009-10 to 2010-11 in the proportion of investigated complaints about GPs relating to patient de-registration.

GP practices are reminded about the BMA guidance on this issue, [available on the BMA website](#). Other than in exceptional circumstances, patients must be warned that they are at risk of removal from the patient list within the period of 12 months before removal. It is also recommended that the decision to remove a patient from the list should only be made after careful consideration of alternatives. Practices should also have in place adequate procedures for dealing with complaints.

[You can access the PHSO report on their website.](#)

Care Quality Commission registration

The CQC is currently setting up meetings with LMC representatives to update them on how the registration process is progressing and receive feedback. We would encourage LMC representatives to respond and attend these meetings.

Antipsychotic drugs

The Right Prescription is a call to action on the inappropriate use of antipsychotic medication for people with dementia, which seeks to ensure all people with dementia receiving antipsychotic medication have their treatment reviewed by March 2012.

180,000 people with dementia are on antipsychotic medication, however a review in 2009 by Sube Banerjee, Professor of Mental Health and Ageing at King’s College London, found two thirds of these prescriptions are inappropriate. Professor Banerjee’s review found use of antipsychotics resulted in increased rates of stroke, and caused an estimated 1800 deaths a year.

90% of people with dementia will experience behavioural and psychological symptoms of dementia (BPSD). Appropriate person-centred care and non-pharmacological interventions can usually help alleviate these symptoms without the need for use of antipsychotic medication. While antipsychotic medication may be appropriate in some cases, they are too often used as a first line response to BPSD.

The Right Prescription is a key aspect of the QIPP programme and is being coordinated by the Dementia Action Alliance, a coalition of over 60 national organisations who have committed to improving the care of people with dementia, and is supported by the NHS Institute for Innovation

and Improvement. Rather than focussing on compliance, the Right Prescription sets commitments and actions individuals from across health and social care can take to ensure reviews happen.

To support The Right Prescription, the NHS Institute have set up a social networking and information sharing platform; National Field. This platform enables close working in local areas and across sectors. This platform and more [information on the call to action can be accessed online.](#)

In addition, the charity Alzheimer's Society, working with the Royal College of General Practice and others have developed guides on appropriate use of antipsychotics and best practice in responding to BPSD for health and social care professionals and for patients. These materials can be accessed at on the [Alzheimer Society's website.](#)

Importance of independent financial and legal advice

The GPC would like to re-emphasise the fact that when LMCs are providing guidance on complex legal/financial issues (i.e. practice rent reimbursement, practice partnerships, premises development, etc), members must be reminded that they should seek their own independent legal and financial advice at the earliest opportunity.

BMA guidance is not intended as a substitute for independent expert professional advice, and GPs considering any change in their circumstances are strongly advised to seek such advice before entering into any commitment.

The GPC secretariat is happy to give a general opinion, as far as is possible, on queries from LMCs on legal and financial matters. In addition to this, support from [BMA Law](#) is exclusively available to BMA members at a discounted rate.

GP trainees conference

"Get Ahead: The Essential GP Trainee Skills Day" will take place on Wednesday 30 November at BMA House. This one-day conference will give GP trainees practical guidance about the variety of career options available to them and is designed to help individuals choose the right path. A wide choice of breakout sessions will provide the chance to personalise the programme to suit each attendee, and there will also be plenary sessions updating on current issues in general practice alongside guidance on financial matters for young doctors.

[Further details are available on the BMA website.](#)

This event will help anyone who wants to make the most of their training and prepare for the future, so please do send the above link to any current trainees or recently qualified GPs you know.

Claire Wand Fund

If any GP would like to undertake research, or study for something that will improve their practice, or the wider community, then the Claire Wand Fund may be able to pay for some or all of the costs. Application to the Trustees is simple and the process will make it clear whether the Fund is likely to support you or not. This is a fund for GPs and is open to every GP. Go to the [Claire Wand Fund website](#) to find out whether you are able to access this money set aside for GPs to improve their education for the benefit of patients.

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 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 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**.

Subject specifications for each grant vary. For example, in 2012, 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 see the [research grant section of BMA website](#).

Please disseminate this information as widely as possible, in particular to any potential applicants.

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

The GPC next meets on 15 December 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 6 December 2011. It would be helpful if items could be emailed to Christopher Scott at 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

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