GPC Newsletter

BMA

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GPC meeting

The GPC met on 19 February 2009 and this newsletter provides a summary of the main items discussed.

Patient survey

The GPC recently wrote to Alan Johnson voicing its concerns about the direction of the development of the patient survey. This letter made it clear that we regard the survey as unfit for

purpose and that, despite our presence on the supervisory board, we and other critics have been consistently ignored. We have insisted that any developments affecting GP pay be negotiated in the proper manner.

Prevalence changes

The GPC and the Health Minister, Ben Bradshaw, have exchanged letters about prevalence changes. The GPC has asked the government to ensure that PCOs inform practices about the impact of the prevalence changes and work with LMCs to help badly affected practices. The GPC has also asked NHS Employers to write to all PCOs and SHAs in England to encourage negotiations with LMCs on behalf of badly affected practices as agreed. Laurence Buckman is due to meet Ben Bradshaw in the near future to discuss prevalence changes and the particular problems about the implications for funding in London.

Discussions with NHS Employers

The negotiators have had two informal meetings with NHSE since the beginning of this year. GPC received a report of these discussions, an explanation of NHS Employers' recent correction factor survey and a presentation on GP practice funding. The committee discussed possible avenues of negotiation for a 2010 agreement.

Members of GPC were reminded that there is a strong commitment from all political parties to reduce practices' reliance on correction factor payments. NHS Employers has expressed a willingness to work with GPC on possible methods of approaching this for 2010. In the absence of an alternative solution a repeat of the 2009 ratio model or something similar is likely. The GPC discussed guiding principles to inform this year's negotiations. Most importantly, this includes a commitment to ensure that no practice loses out financially in real terms. GPC members contributed many additional thoughts that will help shape this year's negotiations.

Practice funding surveys

The negotiators have been at pains to demonstrate to the NHSE and to the Department of Health that there is no clear link between correction factor levels and practice demographics or health inequalities. To this end, the negotiators have been working with NHS Employers to get a survey out from the Department of Health to SHAs which aims to encourage PCTs and LMCs to consider the reasons some practices have high correction factors. An earlier survey to PCTs alone did not collect sufficient information to be of value. This second survey was sent out at the beginning of last week for completion by the end of this month. The short deadline reflects the fact that this is the second time PCTs have been asked for this type of information and also the fact that both sides need this information to inform the forthcoming negotiations. In the view of the negotiators, the survey does not go far enough as it only collects information about extreme outlier practices rather than data from a range of practices - but it is welcome that the NHSE is prepared to test common assumptions about MPIG. We are aware that there are concerns about the short deadline for completion of this survey. The negotiators will discuss this with NHS Employers and

ask that they continue to accept responses beyond the official deadline. Since completion of this survey will help inform our negotiations, it is however hoped that NHS Employers will receive responses as soon as possible.

PCTs will require LMCs' support in completing the survey and we would encourage LMCs to engage with it. This is an important attempt to find out why practices have the correction factors that they do. This survey clearly has limitations but we believe it will be helpful to inform negotiations. We need as much robust information as possible to convince government that there is not a simple link between correction factor and the type of population served.

'Developing general practice, listening to patients': Patient, GP and stakeholder consultation

As part of its ongoing work on responding to patients' expectations of GP services, the GPC is planning a nationwide consultation process to encourage practices to engage with their patients and to gather GPs' experiences of improving patient services for a forthcoming GPC publication. The GPC discussed the proposed approach and a draft consultation document. Further work will now be undertaken to prepare the consultation for circulation in the next couple of months. Members agreed that this is an important and timely project. It is hoped that LMCs will get involved in the consultation by encouraging practices to discuss services with their patients and by sending their own observations into GPC once the consultation is launched.

Human Papilloma Virus (HPV) vaccination programme

In 2008 the DH accepted the Joint Committee on Vaccination and Immunisation (JCVI) advice that HPV vaccines should be introduced routinely for girls aged around 12-13 years and this began in September 2008, along with a three-year catch up campaign that which offers the HPV vaccine to 13-18 year old girls. Since then, the programme has been extended to 17-18 year old girls. The programme is being delivered largely through secondary schools, and consists of three injections that are given over a six-month period. The GPC has major concerns with the way the HPV vaccination programme has been implemented, including the lack of consistency on what is being provided in different areas of the UK and the lack of clinical guidance for GPs regarding choice of vaccine and vaccination of girls/women outside of the targeted cohort. Despite repeated requests to the Chief Medical Officer and Director of Immunisation at the Department of Health, clarification on these issues has not been provided.

The GPC strongly believes that the details of a public health campaign of this scale should not be left to the discretion of PCOs and medical practitioners due to the confusion and anxiety that this generates. It is the responsibility of the Department of Health to provide clear direction to medical professionals and staff in for the execution of a national public health programme. There is an urgent need to address these issues. The GPC will continue to press the DH for clarification and if this is not provided the GPC will consider producing its own guidance for GPs.

More broadly, the GPC has concerns with the way that the Department of Health implements immunisation policy and feels that there is inadequate discussion and agreement between the immunisation branch of the Department of Health and the GPC when programmes such as these are introduced.

GP revalidation

The GPC is involved in various high-level groups, including the RCGP revalidation stakeholder group, concerning future revalidation plans. At present the revalidation tools are still to be finalised, and the GPC is working to ensure that the process is fit for purpose and equitable for all GPs. For example, the GPC is concerned that the proposed multi-source feedback from colleagues may be more difficult for sessional GPs. Other issues requiring clarification include whether funding will be provided for remediation and the appeal mechanism. Furthermore, given the proposed reliance on annual appraisals for revalidation, the GPC recognises that some PCOs are not fully supporting NHS GP appraisal and therefore some GPs are not being appraised.

With regard to the latter concern, it would be helpful if LMCs could alert the GPC office (email: jgoodway@bma.org.uk) if any of their PCOs are either not currently providing funded appraisals or have not done so within any of the last three years. Please provide the full PCT name and brief details of the appraisal problem.

MP-GP practice visit scheme

Since October 2008 the BMA's Parliamentary Unit has been organising visits to GP practices for MPs.

So far, 172 MPs (including 64 MPs who are either Government Ministers or Opposition spokespeople) have requested a visit to a local GP practice. Feedback from MPs who have visited a practice in their constituency has been very positive, with many reporting a much better understanding of the high quality service provided by UK general practice, and of the key issues facing GPs today.

If you would like to invite an MP to visit your practice, please contact Susan Solanki in the BMA's Parliamentary Unit – ssolanki@bma.org.uk

IT DES Component 2 Payments - availability of resources

We would be grateful to receive information relating to the following questions about component two of the IM&T DES in England.

Firstly: have practices in your area tried to complete component two of the DES and not been paid by their PCT?

Secondly: have practices in your area wanted to complete component two of the DES, but been informed by the PCT that there is no money available?

When responding, please inform us of the particular PCT(s) affected with as much information as you are able to give. Please send your response to Matthew Isom at misom@bma.org.uk

Choose & Book - SHA resources for "troubleshooting"

We have been informed that SHAs have been allocated resources specifically to fund the costs of eliminating technical problems with the Choose & Book software. We recommend that LMCs contact their local SHA Chief Information Officer to ascertain whether any action has been taken. Please send the details to Matthew Isom at misom@bma.org.uk.

Encryption of mobile devices

We would be grateful to receive information as to whether PCTs have approached practices to arrange the encryption of mobile devices like PDAs. Please send any information to William Jones at wjones@bma.org.uk.

Referrals communications to senior partners

We would be grateful to receive details of any acute trusts/PCTs who are sending all referral information/correspondence to senior partners, rather than the referring GP. Changes to acute trust computer software in some parts of the country have resulted in all referral communications being sent solely to senior partners. Please send any information to William Jones at wjones@bma.org.uk

Specifications for printing prescriptions onto prescription forms

We have been asked by NHS Prescription Services for practices to be reminded that there are specifications for how practices should print prescriptions on to prescription forms. NHS Prescription Services uses information on prescription forms both to reimburse dispensing contractors and to attribute costs to PCTs.

Practices are urged to check that they are printing prescriptions in line with these specifications, so that forms are consistently overprinted to a high standard.

Things to look out for include:

- ‘Title, initials, surname’ matches the ‘prescriber pin’.
- Only the information that is needed is printed in a particular area – for example post code only in the post code area, telephone number in the telephone field.
- Nothing is missing, for example PCT code.
- Information is up to date.

Specifications and examples of printed forms can be found online.

This reminder will also appear in the DH's GP and practice manager bulletin.

Prescription cost exemptions for patients battling cancer

The Department of Health has advised that it is planning to have the necessary arrangements in place so that the relevant patients will be entitled to exemption from prescription charges in respect of all items dispensed on or after 1 April 2009.

In line with other medical exemptions, entitlement will arise through an exemption certificate. Application forms (FP92A) are being revised to include the new category and will be distributed direct to practices by the NHS Business Services Authority (BSA). Otherwise, the arrangements will be the same as for the current medical exemptions. The BSA plans to distribute sufficient pads of forms to practices so that each doctor may hold a pad. (Additional pads may be ordered via the PCT as usual as can pre-addressed envelopes for dispatch of the forms.) Pads will be distributed before 1 April and applications will be accepted by the PPD as soon as the new forms are available although exemption certificates for cancer patients will not start until 1 April 2009. Locally amended versions of the current application form cannot be accepted.

The PPD will write direct to practitioners in the near future outlining the arrangements and asking them to run down stocks of the current version of the application forms. The PPD will also write to trusts to ask oncology departments or order pads of forms for their current patients. GPs will be asked to give an application form to relevant patients as they present but will not be expected to search through records to identify other patients.

The Department of Health is running a publicity campaign to alert patients to the new arrangements and expect relevant patients to identify themselves to GPs but the Department of Health has stressed that any help GPs and their staff can offer patients to obtain their entitlement to exemption would be helpful.

The use of 084 telephone numbers in the NHS: DH consultation

The Department of Health (DH) in England is considering banning the use of 084 numbers to access services provided by the NHS and has launched a consultation seeking the views from ‘all interested parties’. The GPC has co-ordinated the BMA response to this consultation, with input from other branch of practice committees.

In our response we highlight that we believe that people should be charged as low a cost as possible to call NHS services but that this has to be balanced by the quality of service the patients are accessing. Many practices value the extra functions that a number such as 084 and 03 numbers can provide, as they want to improve access to patients by providing telephone numbers with extra functionality.

Our main concern is that when the new telephone systems were put in with the new 084 numbers, many surgeries had to sign up to a long contract and even if they want to change, they cannot at moment due to contractual obligation.

We also noted that the Department and PCTs actively encouraged practices to adopt the systems that 084 numbers can provide to improve access, which it has done. Practices should not be penalised for following the Department's advice and as they brokered a deal with the companies before to move them from the old 0870 numbers to 0844, they should be able to do so again by supporting a move back to local numbers.

We would therefore support a **voluntary** switch for practices to revert to local numbers but if the Government decides to **ban** the use of 084 numbers, the Department of Health should ensure that practices are allowed to serve out the terms of their contract if 084 numbers are banned.

We also welcome BT's decision to allow 0845 numbers to be free within their call packages. This suggests that the Government could encourage all telephone companies to review their call charges to NHS services, and include 084 numbers in comprehensive call packages so that patients do not incur additional costs.

The closing date for response to the Department is 31 March 2009 and the full consultation is available on the DH website.

Equitable access to primary medical care procurements: GPC questionnaire update

We would like to thank all LMCs who have provided information on their equitable access to primary medical care procurements. Answers have been added to our database and are proving valuable in providing an overview of the situation nationwide. If your LMC has not yet completed the questionnaire, please ensure that once your PCT has announced the contract winners and released the relevant information, the completed spreadsheet is forwarded to rstebbings@bma.org.uk.

National screening programme for diabetic retinopathy

We have been contacted by the National Screening Programme for Diabetic Retinopathy asking us to ensure that GPs are correctly advised when they receive requests to share data with the screening programme.

In the BMA's secondary uses of patient data guidance, we have established that there are some limited circumstances where it would be appropriate to share very limited amounts of identifiable information for strict purposes, supported by a relevant information campaign. Screening for diabetic retinopathy is one such circumstance. Limited patient data may be released without first seeking consent from each patient based on the agreed Code issued by the NHS. There are, of course, rules around such disclosure and patients should be informed via posters displayed in the surgery and practice leaflets.

The screening programme is concerned that patients at risk are not being screened and that this is having detrimental consequences for their health.

Election of regional representatives 2009-2012

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

- Birmingham/Solihull
- Derbys/Notts
- Durham/Cleveland
- E Sussex/W Sussex
- Enfield & Haringey/Camden & Islington/Barnet/Kensington & Chelsea/Westminster
- Forth Valley/Fife/Lothian/Tayside
- Grampian/Highland/Orkney/Shetland/Western Isles
- Gwent/Bro Taf/Morgannwg
- Herefordshire/Worcs/Warks/Coventry
- Merton, Sutton & Wandsworth/Croydon/Kingston & Richmond
- Norfolk/Suffolk/Great Yarmouth & Waveney
- Salford & Trafford/Manchester/Stockport
- Sefton/Liverpool/Wirral
- Somerset/N & E Devon

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 (7 May 2009); 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 6621; 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 Andrew Young, General Practitioners Committee, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP by no later than **5pm on Friday 13 March 2009**. 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 16 April 2009.

Feeling left behind in a changing NHS?

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- Networking events
- Business support workshops

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Networking events (BMA members £35 / Non-member £70) + VAT
10 March 2009 18:30 - 20:30 Park Plaza Hotel, Leeds
12 March 2009 18:30 - 20:30 BMA House, London

Essential business law workshops (BMA members £150 / Non-member N /A) + VAT
24 March 2009 17:00 - 21:00 Park Plaza Hotel, Leeds
1 April 2009 17:00 - 21:00 BMA House, London

Business planning workshops (BMA members £150 / Non-member N /A) + VAT
23 March 2009 17:00 - 21:00 Park Plaza Hotel, Leeds
30 March 2009 17:00 - 21:00 BMA House, London

Effective tendering & winning bids workshops (BMA members £150 / Non-member N /A) + VAT
25 March 2009 17:00 - 21:00 Park Plaza Hotel, Leeds
31 March 2009 17:00 - 21:00 BMA House, London

Delivered by industry experts About Health and Tribal for more information please go to the BMA website.

April GPC meeting

Please note that the GPC meeting in April 2009 has been changed from the 16 to the 23. GPC members have already been notified about this fact.

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 1. 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 2.

Media coverage report

Please find attached (appendix 3) 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 19 March 2009, 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 11 March 2009. It would be helpful if items could be emailed to Catharina Ohman-Smith at cohman-smith@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