



General Practitioners Committee Annual Report

March 2013



Foreword



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I predicted in my foreword to last year's annual report that 2012/13 would be a roller-coaster year, but I don't think even I could have predicted what a rough ride it would be.

On 21 June the BMA made history by taking industrial action over the pensions dispute with government. I have been told that the ballot was the most complicated ever undertaken. In the run up to the day the BMA worked tirelessly to navigate its way through industrial relations law and to help the public understand the reasons for our action.

At around the same time, the negotiations opened with NHS Employers on the 2013/14 GP contract. We were presented with an unacceptable mandate from the UK health departments and spent almost five months working constructively with NHS Employers to translate the governments' priorities into something workable for practices. Yet, in late October we heard that the Government intended to force through changes to GP contracts from April 2013. Although we were invited to remain in negotiations, it was abundantly clear that the normal negotiating process had been entirely disregarded and that there was no immediate prospect in England of the Government being open minded during further talks. For this reason we did not return to the negotiating table, but remained in discussion with Government to press our concerns and try to ameliorate the proposals and were able to persuade the Government to make some significant changes. Fortunately for colleagues in Wales and Scotland, those Governments saw sense, returned to the negotiating table with a more open mind and have developed significantly less detrimental deals.

The proposed changes will increase GP workload considerably at a time when many are already struggling under the weight of work dumped onto general practice and wholesale NHS reorganisation, especially the implementation of CCGs and the introduction and associated workload of revalidation and CQC registration. We believe that most practices, already stretched to breaking point, will be unable to reach all of the new targets and will consequently experience a fall in practice income, and ultimately in take-home pay. The proposals also include fundamental changes to GMS and probably PMS practice funding.

Since October, much of the negotiators' work has been in response to these proposals. We have kept the profession informed with our analysis of the changes and have met ministers, patient groups and government to make them aware of the damage that will be done to general practice as a result of the imposition. In early 2013 we surveyed all GPs about the proposed changes and undertook the most important series of roadshows we have done since the introduction of the new contract. Thousands of GPs turned up at venues across the UK to hear how the proposals might affect their practices. We responded to the Government's proposals in full on 21 February. You can find my reply to the Government and our full response on the BMA website.

At the time of writing we are still waiting for final details of the imposition. Whatever happens, GPC will provide the profession with guidance to help navigate the changes. In the likely event that these damaging proposals are implemented more or less as planned, all practices will have to consider carefully how to adapt to the changes. For many this will mean acting more like businesses than they have previously done by carefully costing all the work undertaken by the practice. Locums too are likely to be affected by the proposals as the Government plans to transfer responsibility for employer's superannuation to practices, a move which we wholeheartedly oppose as it will harm both locums and many practices who use their services.

Meanwhile the entire profession in England is being forced to adapt to the world of CCGs, increased competition and an entire new health service structure. Most of us feel that we are hurtling into this new environment with little clarity about how things will operate. The GPC will continue to work to



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make the best of a bad situation. It is also up to us as a profession to develop our own vision of the future and to find ways to adapt to the current environment to ensure that general practice can flourish. A government that claims to want a change in the bullying culture of the NHS in the wake of the disaster of Mid-Staffs seems to have learned nothing and will continue to bully GPs unless we show them how pointless this will be.

As ever, I am grateful for the work of colleagues and staff in the BMA's NHS Primary Care Division, national offices, press office, parliamentary unit, legal and health policy departments. As I enter my final months as Chairman of GPC, I must also thank you all for your support, friendship and hospitality over the past six years. I can honestly say that, though the work has been relentless and frequently very challenging, there has never been a dull day. I plan to return to full-time practice, if the NHS survives long enough to allow this. I wish my successor good luck. They, and all of us, will need plenty of it.

Laurence Buckman
Chairman, GPC



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General Practitioners Committee (GPC)

GPC is the British Medical Association's branch of practice committee for general practitioners. It is the only body that represents all GPs in the UK and deals with all matters affecting NHS general practitioners, whether or not they are BMA members.

You can find out more about GPC and its Subcommittees on the BMA website:

<http://bma.org.uk/about-the-bma/how-we-work/negotiating-committees/general-practitioners-committee>

GPC has relationships with a number of other bodies –

British Medical Association (BMA)

The British Medical Association (BMA) is an independent trade union and voluntary professional association which represents doctors and medical students from all branches of medicine all over the UK. With a membership of over 152,000 worldwide, it promotes the medical and allied sciences, seeks to maintain the honour and interests of the medical profession and promote the achievement of high quality healthcare.

GPC is one of the BMA's 11 branch of practice committees. The others are: Armed Forces; Civil and Public Services; Consultants; Forensic Medicine; Junior Doctors; Medical Academics; Medical Students; Occupational Medicine; Public Health Medicine; Staff, Associate Specialists and Specialty Doctors.

Devolved Nation GPCs

There are separate GPC Committees in Wales, Scotland and Northern Ireland, which deal with issues specific to those devolved health systems.

The Northern Ireland General Practitioners Committee (NIGPC) deals with all matters related to NI GPs, whether or not they are members of the BMA. It negotiates with the Department of Health, Social Services and Public Safety (NI) giving the views of general medical practitioners in Northern Ireland on any subject relating to the work of the Health Services Acts (NI).

The Scottish General Practitioners Committee (SGPC) represents all GPs in Scotland and has autonomy to deal with matters exclusive to the NHS in Scotland.

The General Practitioners Committee (Wales) (GPCW) reports to the GPC on matters solely relating to the Principality, respecting the relation of the Welsh medical profession to the NHS Acts. It reports on any matters specially referred to it by the parent committee and represents the views of practitioners to the National Assembly on any matter relating to the NHS Acts.

Local Medical Committees (LMCs)

LMCs are independent statutory bodies, which have been recognised by successive NHS Acts as the professional organisations representing GPs at a local level. They have a number of statutory functions in representing individual GPs and GP practices in negotiations with the local Primary Care Organisation (PCO). Their non-statutory roles are in supporting individual GPs and practices and communicating important information to their members.

LMCs are funded by the levy system and the way this is collected varies between LMCs. A statutory levy may only be used to fund the running of LMCs (staffing costs, office accommodation, reimbursements to LMC officers etc.). LMCs also operate a voluntary levy, a proportion of which contributes to running of GPC, via the General Practitioners Defence Fund (GPDF). However, LMCs remain independent bodies 'and' with their own corporate governance arrangements.



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The 4 LMCs in Northern Ireland are funded by a voluntary levy which contributes to the running of the LMCs, NIGPC and the LMC (NI) Annual Conference. The levy is administered by the NIGPC Finance Committee NIGPDF.

To participate in GPC elections, whether as a candidate, nominator, or voter, a GP must contribute to the voluntary levy, although a medically qualified LMC Secretaries are also eligible for election.

In Scotland, statutory functions are carried out by the GP Subcommittee of the Area Medical Committee in each NHS board area. LMCs, which are independent organisations usually with the same membership as the GP Subcommittee, represent GPs in relation to non-statutory functions and collect a voluntary levy, deducted at source by the NHS board, to support that work and the work of the GPC.

All LMCs are entitled to send representatives to the Annual Conference of Local Medical Committees, which sets policy for the GPC each year. The number of representatives from each is based on GP population in the LMC area.

General Practitioners Defence Fund (GPDF)

The General Practitioners Defence Fund (GPDF) continues the work of the fund established in 1911; it supports General Practitioners' negotiations with Governments. The Fund is presently established as a company limited by guarantee, the members being the voting members of the GPC. The main expenditure of the fund is supporting the GPs who take time out of practice to work for the GPC, GPC Wales and Scottish GPC. The Annual Conference provides the principal channel of accountability between the GPDF/GPC and LMCs.

The fund also supports legal, accounting and other professional advice and, where required, contributes to the cost of legal challenges which are deemed of national importance. The GPDF works closely with the BMA, but it is not, unlike the BMA, registered as a Trades Union.

GPC Policy and negotiations



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GMS negotiations

The GPC made it clear from the start of negotiations for 2013/14 that practices have reached a point of workload saturation and are simply unable to deliver additional work without this having a negative impact on patient care. Notwithstanding this, we entered negotiations in good faith and, by the time of our last negotiating meeting on 11 October 2012, GPC negotiators believed they had offered enough to accommodate the health departments' agendas including:

- the introduction of some major new clinical indicators recommended by NICE
- appropriate QOF indicator retirements and amendments
- a new risk profiling scheme to be included in QOF
- a considerable reduction in the size of the organisational domain to fund the new clinical work
- an agreement in principle to reduce variability in practice funding in England
- an increase of 5% across nine QOF indicator thresholds

The GPC was therefore angered to hear on 23 October 2012 that the Government intended to disregard five months of detailed negotiations and force through changes to GP contracts from April 2013 that neither the GPC, nor practices, could ever have accepted through negotiation. The health departments' contract proposals for next year have been designed to extract much more work from GPs within an already constrained funding envelope.

Although the Department of Health stated after announcing its proposals that it hoped a negotiated settlement could still be reached, it was clear to GPC that the threat of imposition would make it impossible for a fair and meaningful agreement to be reached in further negotiations at that stage.

On 6 December 2012, the GPC received full details of the Government's proposals for GP contracts in England. This started a formal consultation period, which concluded at the end of February. We are now waiting to hear how the proposals will be taken forward and to see to what extent the consultation process has been a genuine one. As it currently stands, the Government in England intends to:

- phase out correction factor payments over seven years and review Personal Medical Services (PMS) funding to reduce variability in practice funding
- implement **all** changes to the Quality and Outcomes Framework (QOF) recommended by NICE, including those rejected for good reason by the General Practitioners Committee (GPC) and NHS Employers during negotiations over the last two years
- increase upper thresholds for 20 QOF indicators next year and for remaining indicators from 2014 to match upper quartile achievement. After 2015 upper thresholds will continue to rise with overall achievement apparently indefinitely
- end most of the organisational indicators and require GPs to take on a huge amount of new work to retain this funding
- reduce the time period for achieving most indicators from 15 to 12 months and from 27 to 24 months
- reform the Contractor Population Index (CPI) in QOF, which should be cost-neutral in the first year, but may not be in future years
- introduce significant new work through a Directed Enhanced Services (DES) or DESs, which will include:
 - screening for dementia in at-risk groups
 - a risk profiling scheme to anticipate the needs of physically and mentally vulnerable patients (details to be agreed locally)
 - on-line access to practice services: booking, ordering, prescriptions, test results and medical records
 - supporting people with long-term conditions to monitor their health remotely. The plan is to start slowly next year with the intention to make this work harder over time.



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- introduce new arrangements for vaccination and immunisation programmes for rotavirus and shingles from 1 September 2013
- make practices responsible for employers' superannuation contributions

The overall impact of this very broad range of proposals on individual practices is difficult to calculate, particularly as we do not know what the level of uptake or achievement of the new Directed Enhanced Services (DES) and Quality and Outcomes Framework (QOF) indicators will be. The BMA has however calculated that, taken together, the impact of threshold changes and removal of organisational points means that the average practice stands to lose up to £31,100 of QOF funding in 2014-2015. On top of this most PMS and many GMS practices could also expect to lose significantly more funding through the Government's proposals to reduce the variation in practice funding. Practices are also likely to face significant increases in their workload.

Contrary to the Department's assertions, the proposed changes to practice funding from April 2014 (which will redistribute correction factor payments and may remove some PMS funding to bring PMS practices more in line with their GMS colleagues) are very far from those discussed during negotiations, particularly as we have yet to receive any assurance that PMS funding will be retained by the profession. Some practices adversely affected by these plans will see the biggest change yet to their funding and will have to make radical changes to their service provision and personal income.

You can find a full analysis of the Government's proposals on the BMA's website, which will be updated as these proposed changes are confirmed.

Scotland, Wales and Northern Ireland will all have different arrangements put in place, with Scotland and Wales having reached negotiated settlements after their Governments engaged meaningfully with their respective GPC negotiators.

The Doctors and Dentists Review Body

We resisted initial attempts by Government to stop the DDRB reporting for GP contractors, and we submitted evidence to them in the normal way. At the time of writing we are still waiting to hear the outcome of this year's recommendations.

Personal Medical Services (PMS) practices

PMS practices will be affected very considerably by the contractual changes to be introduced from next year. They will be affected by the imposition as a whole and above all, they are likely to be affected by changes to funding which may be made as part of the Government's attempt to reduce variation in practice resources. At the time of writing we are awaiting further clarification of the funding review process for PMS practices. We are also waiting to hear what provision, if any will be made for PMS practices towards their locum employers superannuation costs from April 2013.



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Communications, public relations and lobbying

With the passage of the Health and Social Care Act last year, the BMA's Public Affairs Division has focused its efforts on influencing the huge amount of regulations following the Act. It has also ensured that GPs are heard in the media to highlight the problems they face on the ground as clinical commissioning groups are established.

2012/13 was also dominated by the Public Service Pensions Bill. The Public Affairs Division mobilised thousands of doctors to contact their local MP as the Bill went through Parliament. Although the Government was fixed on the overall direction of travel set by the Bill, the BMA was instrumental in pushing the Government to make an effort to limit its powers to change pensions in the future and retrospectively.

More recently, the BMA has mounted a vigorous response to the Government imposed changes to GP contracts. The Public Affairs Division produced a series of communications, including briefing papers for MPs and blogs to inform GPs about the proposals. It also communicated the results of the GP survey to the media.

As we move further into this year, the Public Affairs Division will make sure that GPs continue to have their voice heard loudly in the media and in Parliament.

Clinical and Prescribing Subcommittee



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Remit: To advise the Committee and the BMA, on matters relating to drugs, prescribing, vaccines and immunisations, clinical practice and the Quality and Outcomes Framework.

Chair: Bill Beeby
Deputy Chair: Andrew Green

Prescribing

The subcommittee continues to push for the introduction of a unique prescribing number to be allocated to each prescriber, which is particularly important with the introduction of revalidation and also in terms of patient safety. We have provided comments on the GMC's *Good practices for prescribing and managing medicines and devices*, and are writing to the GMC regarding our concerns about the section in the guidance in relation to unlicensed medicines. The subcommittee has also published guidance on anticipatory prescribing for end of life care.

Vaccinations and immunisations

The subcommittee has worked with the Department of Health (DH) to update the additional services regulations on vaccinations and immunisations, which were published as annex BA to the Statement of Financial Entitlements (SFE) in April 2012. The subcommittee subsequently published an update of *Focus on vaccinations and immunisations*, to take into account the new regulations, and also updated and re-published *Focus on travel immunisations*. In addition, *Focus on hepatitis B immunisations* has also been published.

The GPC also negotiated an agreement with the Department of Health on the Pertussis NES specification for the vaccination of pregnant women and provided guidance to practices.

PIP breast implants

The subcommittee was concerned about the lack of communication from the Department of Health with regard to providing clear guidelines for GPs regarding PIP breast implants, and not discussing the implications for GP practices. This has been discussed with the Chief Medical Officer (England), and a joint letter from the GPC and Department of Health has been sent to the Federation of Surgical Speciality Associations requesting that their guidance is amended. Our advice to practices has been published, suggesting that all eligible patients should be referred to a consultant breast surgeon for review.

Quality and Outcomes Framework (QOF)

The GPC took part in the negotiations for new 2013/14 contract and following the Government's imposition, responded in detail to the consultation of the contract proposals. In our response, we highlighted our concerns that the Government imposed their plans, without taking into account the profession's concerns, as expressed in the discussions in the QOF subgroup negotiations. The GPC continues to liaise with NHS Employers in providing guidance on QOF to practices.



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Other work streams

The subcommittee has responded to a DH consultation on controlled drugs and in Health & Care Professions Council consultation on prescribing standards for independent prescribers, as well as to a number of NICE clinical guideline consultations. Other work streams include: DNACPR forms; Fitness to drive; Medicines supply chain shortages; Medicines waste; Multi-compartmental Compliance Aids (MCAs); Patient Group Directions; Seasonal Influenza; and Vitamin D deficiency.



For more information about the work of the Clinical and Prescribing subcommittee, please contact Catharina Ohman-Smith – cohman-smith@bma.org.uk

Contracts & Regulation Subcommittee



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Remit: To develop policy on all regulatory and contractual issues relating to GPs working within the NHS, whether as individuals or contractors.

Chair: John Canning
Deputy Chair: Robert Morley

Care Quality Commission (CQC) Registration

We have continued to lobby and work with the CQC to make the CQC registration process as proportionate and appropriate as possible, within the constraints of the legal framework, for GPs. We held discussions with the CQC on the arrangements for CQC registration fees, and responded to their consultation on this subject. We also published guidance to assist GPs with the registration process.

Performers List Regulations

We responded to the Department of Health's consultation on amendments to the Performers List Regulations, which introduce one national performers list for England to be held by the NHS Commissioning Board. We opposed one of the main proposals in the consultation, to introduce an additional power allowing the Board to remove performers who have not undertaken a minimum service in twelve months. We were therefore pleased that the Department of Health decided not to introduce this power at this stage.

GMS/PMS Regulations

We were consulted and commented on the content of amendments to the GMS Contracts and PMS Agreements regulations, which have been amended to take into account changes arising from the Health and Social Care Act.

Work Capability Assessment

Following resolutions passed at the LMC Conference and BMA's Annual Representatives Meeting, we responded to the third Harrington review of the Work Capability Assessment call for evidence, outlining a number of concerns with the Work Capability Assessment process. We met with the DWP before and following the publishing of the third Harrington report, particularly to discuss the recommendations about collecting further documentary medical evidence early in the assessment process. We have also met with the Disability Benefits Consortium and Citizens Advice Bureau to get their perspective on this issue.

NHS Commissioning Board Policies

We have held discussions with the NHS Commissioning Board on a number of their policies that will form part of their Single Operating Model, including policies in individual and practice performance management. We are expecting a number of the policies to be published shortly.



For more information about the work of the Contracts and Regulation subcommittee, please contact Joe Read – jread@bma.org.uk

Commissioning and Service Development Subcommittee



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Remit: To consider and develop policy on all matters relating to the commissioning and provision of services, including: the implementation of the Health and Social Care Act, competition, integration, patient choice, enhanced services and all other relevant initiatives as they arise.

Chair: Nigel Watson

Deputy Chair: Simon Poole

Implementation of the Health and Social Care Act and secondary legislation

The main focus of the subcommittee this year has been influencing the implementation in England of the Health and Social Care Act and secondary legislation. The primary legislation left much of the detail to local determination or to be worked out in secondary legislation. The subcommittee has influenced the implementation of the reforms through close working with the Department of Health and the NHS Commissioning Board, raising concerns where issues have arisen at a local level. The subcommittee has fed in to a range of consultation responses on this legislation, including consultations relating to the role of Monitor, procurement regulations and the Quality Reward.

Development of Clinical Commissioning Groups (CCGs)

The subcommittee has closely monitored the development and authorisation of CCGs in the run up to April 2013, when CCGs will become statutory bodies and all GP practices in England will be obliged to be a member of a CCG. A major focus for the subcommittee has been providing advice and guidance for Local Medical Committees and GPs as CCGs develop their constitutions and seek authorisation. The subcommittee has been vocal in criticism where CCGs have not appropriately engaged with LMCs and GP practices or have included inappropriate clauses in CCG constitutions.

Commissioning of primary care

The subcommittee have worked with the NHS Commissioning Board to influence how primary care will be commissioned in the new structures. This has included working with the Contracts and Regulation Subcommittee to influence NHS Commissioning Board policies for primary care contract management and liaising with the Department of Health and NHS Commissioning Board on mechanisms for the commissioning of Local Enhanced Services post-April 2013.

Guidance and briefings

The subcommittee has produced a wide range of guidance documents to advise LMCs, GPs and CCGs over the past year. This guidance has included extensive material on CCG constitutions, procurement law, ethical guidance relating to conflicts of interest for GPs as commissioners and providers and briefings on the NHS Standard Contract and the Quality Premium. A new commissioning hub on the BMA website is in development to bring up to date news, blogs and case studies.



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Department of Health and NHS Commissioning Board stakeholder meetings

Representing the subcommittee and the GPC, the chair (in particular) and a number of other members have attended a large number of Department of Health and NHS Commissioning Board stakeholder meetings, to influence the implementation of the Health and Social Care Act and minimise the negative impact on patient services, GPs and other NHS staff. The Chair and Deputy Chair have also liaised with a broad range of other stakeholders including the NHS Confederation, NHS Clinical Commissioners, the Royal Colleges and other unions.



For more information about the work of the Commissioning and Service Development subcommittee, please contact Anna Garrod – agarrod@bma.org.uk

Education, Training and Workforce Subcommittee



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Remit: To consider GP education, training and workforce issues including appraisal, revalidation, the role and remuneration of GP educators and trainers, GP training structures and GP career progression.

Chair: Terry John
Deputy Chair: Beth McCarron-Nash

Revalidation

A national group has been set up, including representatives from the GPC, RCGP and COGPED to try and ensure the successful implementation of revalidation for GPs. The group has issued joint statements on quality improvement activity and safeguarding children and young people, with further statements planned for the future.

For remediation, an agreement has been reached that the NHS Commissioning Board will establish funding to support GPs who need remediation away from their place of work. We are pushing for details about how this fund will be accessed.

GP Workforce

The subcommittee has been considering its strategy on GP workforce, in the context of calls from varied sources for an increase in GP numbers. While there are a number of good reasons for the calls to increase GP numbers, there are also a number of barriers to implementing this. The subcommittee has also been feeding into a number of groups looking at GP workforce, including one looking at reducing loss from general practice and the induction / refresher and retainer schemes.

Education, training and workforce reforms

The subcommittee has been considering information about the make-up and governance of Local Education and Training Boards (LETBs), and remains concerned that the reforms to education and training will lead to an inconsistent, overly localised and service-focused approach to education, training and workforce planning. We also have concerns that GPs are under-represented on Local Education and Training Boards (LETBs) and have been lobbying for increased GP influence on these boards.

Extending/Enhancing GP training

The GPC agreed with COGPED, the RCGP and COPMED on a set of principles that would have to be adhered to in order for an extended training programme to be implemented satisfactorily. The RCGP's educational proposals for an extended GP training programme were approved in 2012 by Medical Education England (MEE). Following the approval by MEE, meetings have now begun with the COGPED, the RCGP and COPMED on the implementation of the proposals. The subcommittee is represented on the liaison group which meets on this issue.



For more information about the work of the Education, Training and Workforce subcommittee, please contact Joe Read – jread@bma.org.uk

GP Trainees Subcommittee



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Remit: To represent the interests of all doctors who are training to be GPs

Chair: Krishna Kasaraneni
Deputy Chair: Sangeetha Sornalingam

Extending/Enhancing GP training

The RCGP's educational proposals for an enhanced and extended GP training programme were approved in 2012 by Medical Education England (MEE). The GPC and GP Trainees Subcommittee had agreed with COGPED, the RCGP and COPMED on a set of principles that would have to be adhered to in order for the programme to be implemented properly. Following the approval by MEE, meetings have now begun with the COGPED, the RCGP and COPMED on the implementation of the proposals, however these remain at a very early stage.

Training provision and extensions to training

The subcommittee has been following up concerns that some deaneries have reduced the overall amount of time spent in general practice posts during training. The RCGP and COGPED state that 18 months is the minimum amount required to safely deliver the curriculum for GP trainees, and the subcommittee has been challenging deaneries that have fallen below this figure. This issue is ongoing and there are real concerns about how an extension to GP training could be introduced when some deaneries are unable to offer the recommended minimum amount of GP training within the existing structure.

The Clinical Skills Assessment (CSA)

The subcommittee wrote to the RCGP regarding concerns about the failure rate for International Medical Graduates in the CSA. The Chairman has been involved in meetings with the RCGP and other organisations looking into these concerns and now a pan-BMA group has been set up to look at the disparity in IMG pass rates across all examinations. The subcommittee will be continuing to lead on matters relating to general practice examination concerns and will be reporting to the pan-BMA group.

Junior Doctors Contract

The Chairman has been attending early meetings in the Junior Doctors negotiations process as we seek to establish the extent to which the negotiations will affect GP trainees. The negotiations remain at an early stage and are set to continue over the coming months.



For more information about the work of the GP Trainees subcommittee, please contact Christopher Scott – cscott@bma.org.uk

You can find out more about the subcommittee at <http://bma.org.uk/about-the-bma/how-we-work/negotiating-committees/general-practitioners-committee/gp-trainees-subcommittee>

Information Technology Subcommittee



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Remit: To consider the development of information management and technology in NHS general practice across the UK and to offer guidance to general practice on such matters.

Chair: Paul Cundy
Deputy Chair: Mark McCartney

Patient online access

By 2015, the Government expects all general practices to make available to patients electronic booking and cancelling of appointments, ordering of repeat prescriptions, communication with the practice and access to records. The IT Subcommittee has provided detailed views to the RCGP, who have been asked by the Government to lead on elements of these proposals. The Government are proposing to include a Directed Enhanced Service (DES) for patient online access in the GP contract changes for 2013/14 and the subcommittee are also providing detailed views on the content of the DES.

GP Systems of Choice (GPSoC)

The IT Subcommittee have been working with NHS Connecting for Health (CfH) on the requirements of the new framework of GP clinical systems to replace GPSoC. We have restated the need for freedom for practices to choose or change their clinical system and for competition and innovation within the GP clinical system market and 3rd party supplier market to be enhanced under the next generation. The Subcommittee and Joint GPC/RCGP Committee (JGPITC) have provided representation on the GP IT National Requirements Group set up to review, prioritise and recommend the requirements.

GP IT services operating model

The IT Subcommittee and JGPITC have provided detailed views to the NHS Commissioning Board (NHSCB) on the future operating model for GP IT, the purpose of which is to ensure a safe transition of GP IT services from PCTs to the NHSCB and Clinical Commissioning Groups (CCGs) from April 2013. The NHSCB has recommended, in line with our suggestion, that funding for GP IT is protected for at least two years, and have provided reassurances that PCTs will accurately identify the IT services they provide to practices so that these can be safely transferred. We have kept practices and LMCs up to date with developments.

General Practice Extraction Service (GPES)

GPES will begin to be implemented from April 2013, with the first major deliverable being data for the Quality and Outcomes Framework. The IT Subcommittee and JGPITC have worked with the NHS Information Centre on the information governance arrangements for GPES and the extraction of data from GP practices. We have contributed to the content of the information governance pack to be sent out to practices.



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Sharing electronic records

The Subcommittee and JGPITC contributed to the BMA's 'Principles for sharing and accessing local shared electronic patient records for direct patient care'. The principles support GP practices considering implementing shared record systems and are high level principles the BMA believes represent best practice in terms of allowing records to be shared to facilitate patient care, whilst maintaining high standards of confidentiality. The Subcommittee continue to receive queries from practices and LMCs who are considering shared record systems and the principles are a useful resource.



For more information about the work of the IT Subcommittee, please contact Holly Trotman – htrotman@bma.org.uk

Practice Finance Subcommittee



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Remit: To consider and develop policy on all financial and resource issues relating to GP practices as businesses and GP-specific payments.

Chair: Ian Hume
Deputy Chair: Om Aggarwal

Premises

The big issues for GPs at the moment are practice funding, premises development and related reimbursement. In addition, there are outstanding issues concerning stamp duty land tax (SDLT) and anxieties over leases for GP tenants occupying public premises transferring into the ownership of NHS Property Services (NHSPS). The Subcommittee will be providing a whole suite of advice and guidance documents as necessary in the coming weeks and months.

The Subcommittee Chairman and the GPC's principle negotiator for premises have held regular meetings with NHSPS and Department of Health officials during this session. These discussions have enabled GPC to share concerns of LMCs and members and have garnered a strong working relationship. There is a shared consensus that GP tenants and the NHS Commissioning Board should mutually benefit from the efficiencies that can be made by NHSPS through efforts to reduce rents and service charges. Discussion regarding future investment and development are ongoing and regular meetings are scheduled going forward.

Premises Costs Directions 2013

Since December the GPC's negotiating team, led by the Subcommittee Chairman and the principle negotiator for premises, have been meeting with the Department of Health and NHS Employers to discuss revisions to the Premises Costs Directions. The negotiating parties have sought to agree revisions that are fair and reasonable for both GPs and the NHS Commissioning Board. Legal advice has been sought on matters relating to VAT, and advice on SDLT is also being obtained too. The Directions are to be laid by 1 April 2013 and, at the time of writing, the negotiating team was working hard to finalise the remaining outstanding areas for agreement. Full details of the negotiated revisions and accompanying guidance for the Directions will be published following final agreement.

Funding

The Subcommittee will be closely watching the impact that the Government's contract imposition will have on practice finances and viability. Other issues that remain a high priority include CCG related VAT, PCO administered funding, locum superannuation payments and pensions. Further resources will be made available to LMCs and members as necessary.

NHS 111

Since the NHS Commissioning Board assumed strategic and policy responsibility for NHS 111 on 1st November, arrangements have been made to meet with officials on a regular basis (from March onwards) to discuss implementation. Guidance has been sent to LMCs regarding the planning of local services and the way in which practices receive patient information from call handlers. Ministers have persisted with rushing ahead with implementation, so the GPC remains in close liaison with Department of Health officials in order to share feedback from LMCs and members relating to problems in localities. As the official launch date for full national implementation looms (1st April), the volume of queries and concerns raised about local services is expected to continue rising.



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Non-geographic telephone numbers

Liaison has taken place with Ofcom regarding the regulator's ongoing review of non-geographic telephone numbers. 084 numbers are included in this review and the intention is to cap the cost of calls to these numbers (at 7p per minute). Implementation is expected to take place over the next 18 months and the GPC will pass on relevant information to LMCs and practices. Lobbying has also taken place to ensure that telephony providers have prepared a statement of compliance with regard to the regulations for non-geographic numbers.

Dispensing

The GPC was consulted on the Pharmaceutical regulations, which were published in October 2012. Concerns remain about the lack of progress of the Dispensing Doctors' Reimbursement Review. We also continue to have concerns about the impact of category M pricing and its impact on the viability of dispensaries particularly in rural environments.

The future of General Practice

The Subcommittee has begun preliminary work relating to models of practice federation or merger in light of the latest restructuring of the NHS. The intention is to produce guidance for LMCs and members on the range of potential options available. Contributions from expert advisors will be sought, in particular on legal and accounting matters, and the guidance will help practices in deciding how to maintaining business viability and plan for the future.



For more information about the work of the Practice Finance Subcommittee, please contact Alex Ottley – aottley@bma.org.uk

Representation Subcommittee



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Remit: To monitor and review as necessary the GPC's representative and electoral structures. To consider the implications of continuing NHS change for LMCs and advise as appropriate.

Chair: Rob Barnett
Deputy Chair: Stewart Kay

NHS Reform

The subcommittee has been closely monitoring the impact of NHS Reform on GPC's regional structures and on LMCs. In particular, the subcommittee is aware that some LMCs may be changing their boundaries in order to map to CCG or Local Area Team boundaries. This may have implications for GPC's representative structures, including its regional constituencies, and the subcommittee is planning an information gathering exercise to address this issue.

Elections

The subcommittee has successfully organised the following elections in the past year: Election of members to GPC, all internal GPC elections, all elections at LMC Conference, and the election of GP representatives to ARM. It has also assisted with elections to GPC's Trainees Subcommittee and Sessional GPs Subcommittee. Electronic voting is being used where appropriate to encourage wider participation.

GPC meetings

Following LMC Conference policy, the subcommittee developed a proposal to introduce a Convenor to chair GPC meetings. The proposal was not supported by GPC in the final outcome, but a substantive debate was heard, with a range of views put on both sides.

Representation on GPC and LMCs

The subcommittee has been considering, with the help of the BMA's Equality and Diversity Committee, how it might encourage a wider range of GPs to become involved with both GPC and their local LMCs. It is currently working on some guidance with GPC's Sessional GPs Subcommittee on how LMCs might encourage participation by sessional GPs.

Prison GPs

The subcommittee is committed to ensuring that GPs working in prisons, young offender institutions and detention centres are appropriately represented by GPC. Work is ongoing with the BMA Membership Department to try and identify all GPs working in secure units with a view to holding elections for a representative to GPC.



For more information about the work of the Representation subcommittee, please contact Faye Bunch – fbunch@bma.org.uk

Sessional GPs Subcommittee



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Remit: To represent the interests of all salaried and locum/freelance GPs.

Chair: Vicky Weeks

Deputy Chair: Mark Selman

Additional Executive Subcommittee Members: Stephen Bassett, Malcolm Kendrick

Revalidation

The subcommittee has continued input into the BMA's work on revalidation to ensure that revalidation is achievable and relevant for salaried and locum/freelance GPs. We have had ongoing discussions with the Royal College of General Practitioners to make sure that their guidance on revalidation for GPs is applicable for sessional GPs, especially those who do not have a permanent practice base. For example, we recently agreed a statement with the RCGP, in conjunction with COGPED, on the alternative forms of Quality Improvement Activity that might be appropriate for sessional GPs.

Workforce

The continued rise in the number of sessional GPs within the workforce underlines the importance of the work of the Sessional GPs Subcommittee. Given that being a sessional GP is a positive career choice, but partnership remains a desired pathway, we will continue to work with the Education, Training and Workforce Subcommittee on modelling career development options and portfolios within general practice and ensuring a successful career within a strong general practice.

Retainer and Returner Schemes

Arrangements for both GPs returning to general practice after a period of time out, and those who have reduced their time commitment through the retainer scheme, have been a priority for the subcommittee over the past year. We have been working with the GPC Negotiators and the Education, Training and Workforce subcommittee to impress upon the Department of Health the importance of these schemes and the need for sufficient funding for the retainer scheme and Induction & Refresher schemes.

Pensions

Working with the BMA Pensions Department, we have continued to raise various pensions issues for sessional GPs with the Department of Health and NHS Employers. These include death in service benefits for locum GPs and the current inability of locum GPs to superannuate GP appraiser work and work for CCGs. Of particular note are the planned changes to locum employer's pension contributions, which the Government intends will be paid by practices, rather than PCOs, from April. We are working with the Negotiators to ensure that the arrangements for both freelance/locum GPs and for practices are transparent, and do not disadvantage freelance/locum GPs.

Locum/Freelance GPs

The subcommittee has continued to consider the support and advice that it can provide to locum/freelance GPs. It published its Locum Handbook, which has been sent out to locum/freelance GP BMA members, and is also available for members via the BMA website. The Handbook was officially launched at the 2012 Sessional GPs Conference, which took place in October and was attended by nearly 90 sessional GPs from across the UK.



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Representation

Following the changes introduced in 2010 as part of the work of GPC's Sessional GPs Representation Working Group, which increased the membership of the subcommittee and introduced regionally elected posts, we are currently running new elections to the subcommittee for 2013-2016. We have also been working with GPC's Representation Subcommittee on how to encourage sessional GP engagement with LMCs and CCGs. We continue to support GPC's policy of 'one GP, one vote' and we are working to ensure that all GPs, regardless of contractual status, are engaged with all levels of clinical commissioning. Within GPC, the Subcommittee's Chair has become more involved with the work of the GPC Negotiators, and regularly attends their meetings.



For more information about the work of the Sessional GPs subcommittee, please contact Faye Bunch – fbunch@bma.org.uk, or visit the Sessional GPs contracts page on the BMA website – www.bma.org.uk/sessionalgps

Northern Ireland General Practitioners Committee



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Remit: To represent the interests of all GPs in Northern Ireland and consider those matters relating to GPs providing GMS under the Health and Personal Social Services Act (NI).

Chair: Tom Black
Deputy Chair: Alan Stout

There is as ever a great deal of change going on in the Health Service in Northern Ireland. The profession is facing a contract imposition for 2013/14 which is the worst imposition in a generation. The Compton Review 'Transforming Your Care' was published in December 2011 <http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf> and the development of commissioning is gathering momentum against a background of cuts and increasing demand.

The main issues in 2012/13 were:

Contract Imposition 2013/14

The profession in Northern Ireland is faced with the worst imposition in a generation. With new QOF indicators, a high number of increased thresholds and no recognition of a population increase of 7% over the last 10 years, Northern Ireland is much worse than the other three countries.

Regular updating of members has been taking place through roadshows and written communication. NIGPC continues to meet with representatives of the Department of Health Social Services and Public Safety (DHSSPS) and is lobbying to ensure elected members of government are aware of the detrimental impact to access and patient safety this imposition will cause.

NI Review of Health and Social Care

NIGPC and RCGPNI are working with the DHSSPS on the implementation of the Compton Review and are lobbying hard to ensure that changes are properly **planned, agreed, managed** and **resourced**. NIGPC feels that this work should be organised through the commissioning structures in parallel to GMS. Much of this work will be delivered by GPs with a special interest (GPWSIs) but this must be done outside of traditional general practice to ensure the stability of the GMS model.

The service also needs to focus on patient needs rather than wants and NIGPC insists that the "shift left" from secondary to primary care continues from primary care to self-care if general practice is to develop sufficient capacity. The Review will have a major impact on acute care in Northern Ireland with a significant reconfiguration of services. NIGPC stresses that an integrated approach must involve health professionals from both primary and secondary care to identify needs and design effective care pathways to meet those needs and ensure referral to the most appropriate service.

Premises

Premises remain a high priority for NIGPC. The Premises Sub-Group continues to meet with DHSSPS officials in relation to rent, rates and service charges. As part of the resultant 'shift left' from TYC, DHSSPS envisage a 'hub' and 'spoke' model of premises with primary care focused hubs providing a wide range of services. The hubs will be supported by spokes which will be general practitioner surgeries. NIGPC is keen to ensure that this model addresses the totality of issues with primary care premises. Work is ongoing to ensure hubs are not developed to the detriment of spokes.



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Professional Regulation and Revalidation

The BMA (NI), in conjunction with the other three nations, wrote to the GMC in April outlining a number of concerns regarding Northern Ireland's readiness for revalidation specifically the inadequacy of the supporting information and remediation. Work is ongoing with the DHSSPS to resolve a number of issues which have been identified including difficulties for doctors not in a more controlled environment such as non-standard doctors/locum doctors and retirees, and who would act as their Responsible Officer.

The GMC began in early December to tell doctors the date they wanted to receive their first revalidation recommendation from their Responsible Officer. Northern Ireland, like Scotland, opted for random implementation by GMC number. Members of NIGPC Domestic Negotiations team volunteered to be revalidated as part of the first wave of doctors.

The first wave has taken place and, whilst many elements were straightforward, there are still a small number of issues which need to be resolved. This is mainly around evidence supplied by those doctors who have a number of medical roles such as Out Of Hours and working with ATOS (the government appointed contractor for disability benefit assessments). NIGPC continues to work with the Health and Social Care Board in this regard.

Employer's Superannuation Contributions

2012/13 saw the resolution of issues around the level of Employer's Superannuation Contributions made by GPs. Dr Brian Dunn, on behalf of NIGPC negotiated tirelessly with all parties involved including HMRC and the Health and Social Care Board to broker a solution.



Committee Secretariat: Melanie Crockett & Zoe Collins (job share)
NIGPC@bma.org.uk

<http://bma.org.uk/about-the-bma/how-we-work/negotiating-committees/general-practitioners-committee>

Scottish General Practitioners Committee



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Remit: To represent the interests of all GPs in Scotland.

Chair: Alan McDevitt
Deputy Chair: Andrew Buist
Third Negotiator: Colette Maule

Contract Negotiations and Policy

In the context of stalled negotiations and consultation on a set of imposed changes to the 2013/2014 UK contract, SGPC took the opportunity offered by the Scottish Government to negotiate separately in Scotland, for 2013/2014 only, on some aspects of the GMS contract. Following a positive negotiating process SGPC unanimously supported the introduction of the contract changes their negotiating team had developed with the Scottish Government. The SGPC negotiators presented the contract changes to GPs across Scotland during a series of road shows.

Changes in Scotland are as follows:

Contractual Uplift

Although not part of the contract negotiation, the Scottish Government has indicated that it intends to apply an uplift to the value of the contract reflecting an element for expenses and a pay uplift, but this will also take account of the Scottish Government's public pay policy. The Scottish Government has assured SGPC that it remains committed to the Doctors' and Dentists' Review Body (DDRB) process and will await the DDRB's recommendation before deciding on the level of the uplift. The uplift will be applied to the Global Sum, with an element increasing payments to all practices and an element recycled against the Correction Factors of those practices which are still supported by such payments.

Quality and Outcomes Framework

Changes to the clinical QOF domains will be implemented in Scotland but with some amelioration to NICE recommendations. The Organisation Domain will be discontinued but a significant proportion of the points value will be transferred into core GMS practice funding, with the balance of points being used to implement clinical changes and patient safety work.

- Introduction of new Quality and Productivity indicators for patients at high risk of emergency admission to hospital, involving anticipatory care planning and poly-pharmacy reviews. This will alter and replace some of the current QP QOF A&E and Emergency Admission Pathway indicators.

Reducing variability of funding

As part of the 2013/2014 GMS agreement, over the next 18 months SGPC and the Scottish Government will consider the methodology for allocating core funding to general medical practices in Scotland and, taking into account appropriate evidence and modelling, look at the scope to introduce changes to reduce the variability of funding between practices.

Health and Social Care Integration

The Health and Social Care Integration Bill will be published in Scotland in May 2013. The Bill will bring forward legislation to create Health and Social Care Partnerships, which will replace Community Health Partnerships and will be the joint and equal responsibility of Health Boards and Local Authorities.



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The Bill aims to ensure that adult health and social care budgets are used effectively to achieve quality and consistency, and to realise a shift in the balance of care from institutional to community based settings. Partnerships will be jointly accountable to Ministers, Local Authorities, Health Board Chairs and the public for delivering the nationally agreed outcomes.

The SGPC Chairman is working to influence the shape of the legislation through his membership of the Bill Advisory Group. This will be a focal point of the work of SGPC going forward for 2013/14.

Sessional GPs Retainer Scheme

The GP Retainer Scheme in Scotland has also been a key focus of activity for this year. SGPC has repeatedly raised concerns with the Scottish Government about the potential negative consequences of some NHS Boards contravening legislative requirements by operating a cap of 2 sessions per week per retainer which may be insufficient to maintain clinical skills. The absence of a nationally agreed and appropriately funded GP returners' scheme in Scotland means that any dilution of the retainer scheme could lead to a loss of doctors to the general practice workforce. Following pressure from SGPC, the Scottish Government has issued a letter to all NHS boards reminding them that they do not have the authority to cap sessions under contractual arrangements.

SGPC continues to highlight other unresolved sessional GP issues with the Scottish Government including individual prescriber numbers for locum GPs and funding for participation in appraisal for all sessional doctors.

GP Trainees

SGPC continues to work with the GP Trainee Subcommittee on many areas, in particular the current proposals to extend GP training to 4 years, and necessary updates to the GPStR contract to reflect legislative changes.

SGPC has also been working closely with SJDC and the BMA International department to try to resolve an issue regarding NES becoming lead sponsor on tier 2 visas for a number of GP trainees in Scotland. The UK Borders Agency, NES and the BMA are considering how best to achieve a single sponsor system to host the oversight and co-ordination arrangements of all trainee doctors requiring tier 2 visas.

Information Management & Technology

SGPC is now represented on the GP IT Service and Contracts Group which oversees IT contracts awarded in Scotland. Additionally SGPC has established its own IT short life working group to consider and respond to current Scottish Government data sharing proposals.

Unscheduled Care Protected Learning Time

NHS24 has reaffirmed its commitment to supporting Protected Learning Time sessions for GP practices, albeit with a potentially reduced commitment in 2013/2014 due to internal technology changes, following concerns raised by SGPC that support for these was being withdrawn.

General Practitioners Committee (Wales)



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Remit: To represent the interests of GPs in Wales.

Chair: David Bailey
Deputy Chair: Charlotte Jones

GMS Contract Negotiations

Following numerous meetings with the Health Minister and negotiations with civil servants, GPC Wales reached an agreement with Welsh Government which, whilst significantly better than the situation in England and Northern Ireland, is still not a good deal for GPs in Wales from a workload and financial perspective. Threats to remove MPIG led to extensive discussions where GPC Wales stressed to Welsh Government that there was no one funding formula that would work for all GP practices. GPC Wales confirmed that it would not agree to any proposal that would destabilize a significant amount of practices across Wales but was willing to look at fairer funding for all practices. Welsh Government has now agreed not to redistribute correction factor.

Recruitment

Recruitment and retention is a significant problem in all areas of Wales. GPC Wales has been highlighting the factors adversely affecting recruitment and retention for many years and Health Boards and Welsh Government seem to be waking up to the impending crisis. The income differential between Wales and England (around £10k); pension changes; workload saturation/stress; low morale; together with revalidation implementation means that many GPs are reviewing their long term plans and considering reducing day time commitment or retiring. The pensions changes have meant that many older experienced GPs reduce their commitment or stop working out of hours. Other issues affecting recruitment include the failure to fill all 136 GP training places, GP trainees not wanting to work in the more rural areas of Wales and concerns about the availability of funding for the returner scheme. We have been encouraging Welsh Government to look at incentives to aid recruitment.

Enhanced Services

GPC Wales has been engaged in an All Wales review of Enhanced Service spends and has also written to Health Boards under the Freedom of Information Act to obtain detailed information on Enhanced Service spends in each Health Board to ensure that these monies are being used appropriately. GPC Wales remains concerned at the lack of transparency of data in this area given that this is the only mechanism that enables additional investment in practices across Wales.

Flu

GPC Wales had serious concerns over a pilot to use community pharmacies to deliver flu vaccinations in Wales introduced mid season this year. We wrote to the Chief Medical Officer in January asking for the evaluation of the pilot. Results have shown that take up of vaccinations by pharmacists has been very poor raising concerns over value for money. There were also problems with vaccination uptake data at practice level being misinterpreted by both Health Boards and Welsh Government giving an inaccurate picture of uptake across Wales; flaws in the specification used for monitoring pregnant patients and concerns about financial risks to practices ordering increased stocks as requested by the CMO with no guarantee that Welsh Government won't expand use of other providers.

Referral Restrictions and waiting lists

Increasing concerns are being raised about restrictions on patient referrals, which are being restricted across LHB and national borders whether or not patients could have a better service closer to their homes. We feel this is increasingly putting both finance and administrative convenience ahead of quicker and more appropriate care and are raising these concerns with Ministers on behalf of Welsh GPs.

Charities



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The Cameron Fund

The Cameron Fund is the only medical benevolent charity that provides help and support solely to general practitioners and their dependants. In 2012, the Fund received 133 new applications for assistance and supported 173 beneficiaries.

We are receiving an increasing number of requests for assistance from GPs experiencing financial hardship during retraining. Guaranteed interest-free loans are available to help GPs with living expenses during and immediately after the re-training period.

Anyone who knows of a GP experiencing difficulties is urged to inform them of the support the Cameron Fund might provide or alternatively to contact Jane Cope – janecope@cameronfund.org.uk

We are grateful to everyone who supports the Cameron Fund financially, enabling us to continue to help our beneficiaries appropriately. We would be delighted to hear from any LMC which would like to consider the operation of a charity levy on our behalf.

Contact David Harris – davidharris@cameronfund.org.uk – or visit our website – www.cameronfund.org.uk

BMA Charities

The **BMA Charities** are two charities established to help all doctors and their families in times of need.

The **BMA Charities Trust Fund** provides one-off grants to doctors and their dependents who are in financial crisis. This may include the provision of money advice, payment of priority bills and the costs incurred by refugee doctors in getting their professional qualifications validated in the UK. It also provides grants to medical students, most of whom are taking medicine as a second degree. In addition, the Fund makes donations to other charities which support doctors.

The **Dain Fund** helps with the educational costs of doctors' children where an unexpected life event has caused a financial crisis in the family.

For further information, or to donate, please email info.bmacharities@bma.org.uk or visit our webpage: <http://bma.org.uk/about-the-bma/who-we-are/charities>

The Claire Wand Fund

The Claire Wand Fund is a charitable fund that makes grants to fund the further education of medical practitioners.

Funding can include (but is not restricted to) grants for the funding of research and trials within and for general practice, research assistants, secretarial help for research, stationery, post or telephone costs, travel, dissemination of information costs, specialised conference fees.

For further information, please email clairewandfund@bma.org or visit our website: www.clairewand.org