

GPC NEWSLETTER

Friday 19 December 2014

Issue 10

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GPC meeting

The GPC held its meeting on Thursday 18 December and this newsletter provides a summary of the main items discussed.

CQC Update (England only)

Following the CQC’s introduction of intelligent monitoring, based on a narrow range of indicators, the GPC wrote to Professor Steve Field to express concern about the process and the way GP practices had been publicly banded ahead of inspection.

The GPC argued that the data used to band practices had been published without proper context and was misleading patients. The information did not take into account the differing circumstances in which GP practices operate, including levels of deprivation in the practice population, the level of support the practice receives from community services, or the state of its facilities. These and other factors outside the practice’s control had a major impact on how well it performed against these indicators.

It was predictable that the publication of the indicators and in particular the bandings for all GP practices in England would result in hostile press coverage that did not reflect the reality of good health care being delivered by the vast majority of them. While the CQC stated on its website that “intelligent monitoring” was not a judgement on GPs that is exactly what it became, with some uninformed and inaccurate stories at both a local and national level. The negative reporting in local media was particularly damaging as GPs and their practice



staff, rooted as they are in local communities, had their reputation undermined with practices being subject to unfair criticism.

Subsequently, on 5 December, the CQC announced that it was revising the intelligent monitoring indicators, as a result of which a number of practices were placed in different bandings. The GPC reacted strongly to this announcement, urging for the banding system to be withdrawn.

The GPC is now considering whether any further action might be possible on behalf of practices who were banded inaccurately. We would like to hear from any practices that were subsequently informed by the CQC that had been placed into the wrong band. Please contact [Greg Lewis in the GPC secretariat](#) with details.

Co-commissioning (England only)

The GPC recently published its guidance about co-commissioning (available [on the BMA website](#)). This guidance is designed to inform GP practices and LMCs about co-commissioning, including the commissioning and performance management of general practice contracts. It is important that all practices understand these changes and their implications. Practices should be aware of what is happening in their area so they can exercise their rights as a member to democratically influence the decision of their CCG.

This guidance follows the release of NHS England's plans for primary care co-commissioning, outlined in the '*Next steps towards primary care co-commissioning*' report [[available on the NHS England website](#)].

The *Next steps* report provides information on the scope of co-commissioning arrangements that CCGs can apply to take on board from April 2015. **This includes the option for CCGs to maintain their current arrangements and not apply for any of the co-commissioning models proposed.**

The three models described in the report are:

- (1) greater involvement in primary care commissioning,
- (2) joint commissioning with area team (application deadline is 30 January), and
- (3) delegated commissioning (application deadline is 9 January).

Amongst the many changes outlined in the report, a number are of great concern to the GPC. These include the proposal to extend the following powers to CCGs who take on board delegated commissioning:

- newly designed enhanced services;
- design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF);
- the ability to establish new GP practices in an area;
- approving practice mergers; and
- making decisions on 'discretionary' payments (e.g. returner/retainer schemes).

The GPC will be issuing further specific guidance covering conflicts of interest in early 2015.

Personal Independence Payments

From 26 January 2015 DWP will extend the areas in which existing Disability Living Allowance (DLA) claimants will start to be reassessed for Personal Independence Payment (PIP).

Details

From 26 January DWP will further extend the rollout of PIP natural reassessment to some DLA claimants living in the postcode areas beginning **G (Glasgow), NE (Newcastle), WA (Warrington), WN (Wigan), DH (Durham), SR (Sunderland) and IV (Inverness)** where:

- an existing DLA claimant's fixed term award is coming to an end,
- they are approaching age 16,
- the DWP receives information about a change in their care or mobility needs, or
- an individual chooses to claim PIP instead of their DLA.

The DWP had said it would take a controlled approach to the introduction of PIP, including the reassessment of existing DLA claimants. In the areas chosen to extend the natural reassessment rollout, the DWP reports the assessment provider has sufficient local capacity to handle the increased volumes.

The DWP will continue to monitor progress before making any decisions on extending natural reassessment further.

Existing DLA claimants who have a lifetime or indefinite DLA award will not be affected until at least October 2015, unless DWP receive information about a change in their condition that would affect their rate of payment or if they reach the age of 16.

Payment of NHS Pension Scheme contribution

Employers who do not pay NHS Pension contributions on time, may be charged interest at a rate of 4.7% pa and an administration charge of £75.00.

Please see the [employer newsletter](#) for further details and a recommended processing schedule for the remainder of 2014/15.

If you have any enquiries please email nhsbsa.pensionsfinance@nhs.net in the first instance.

Sessional GPs monthly e-newsletter

The second monthly e-newsletter for sessional GPs was sent out last Thursday. It focuses on the recent BMA Conference for sessional GPs, initial findings from our survey on sessional GP experiences of appraisal and revalidation and working as a GP appraiser.

[You can view this newsletter on the BMA website.](#)

The newsletter has been sent out to all the sessional GPs on the BMA's membership database but to ensure that it gets to as many sessional GPs as possible please distribute the link as widely as you can. Using the new format it is also possible easily to highlight different sections of the newsletter via social media.

BMA 2015 research grants

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research. Ten research grants are administered under the auspices of the Board of Science, all funded by legacies left to the BMA. Grants totalling approximately £500,000 are awarded annually. For further information on the 2015 research grants, and to apply, please visit [the BMA website](#). The application deadline is **9 March 2015 at 5pm**. Applications are invited from medical practitioners and/or research scientists, for research in progress or prospective research.

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 info.sciencegrants@bma.org.uk or telephone 020 7383 6755.

Launch of MEDFASH educational tool on HIV testing for primary care

MEDFASH has developed *HIV Testing in Practice (HIV TIPS)*, an online educational tool, to help increase rates of HIV diagnosis in primary care. Launched in National HIV Testing Week, the interactive webtool will enable GPs, practice nurses and their teams to raise their knowledge of HIV and enhance their confidence in offering HIV testing. This in turn will reduce the avoidable illness and deaths that still occur because of late diagnosis.

GPs or practice nurses who wish to increase their own skills in HIV testing, or who would like to work with their teams to boost overall testing rates, will find plenty to do using *HIV TIPS*. It provides updates about HIV testing in primary care and includes patient stories, quizzes, group exercises, downloadable teaching materials and an HIV testing audit tool. It will help GPs and practice nurses to:

- find out more about the importance of HIV testing in general practice
- reflect on obstacles (barriers & challenges) to HIV testing
- improve their own ability to diagnose HIV
- improve their team's ability to diagnose HIV
- change HIV testing practice in their team.

TIPs can be accessed at <http://www.medfash.org.uk/hiv-tips>

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 or to the appropriate secretariat policy lead. A copy of the LMC regional structure is also attached at appendix 2.

LMCs – change of details

If there are any changes to LMC personnel, addresses and other contact details, please can you email Karen Day with the changes at kday@bma.org.uk.

**Season's greetings**

On behalf of the GPC secretariat, we wish you all a joyful and restful Christmas and a happy 2015.

The GPC next meets on 15 January 2015, 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 January 2015. It would be helpful if items could be emailed to Nadia Kalam at nkalam@bma.org.uk. You may also like to use the GPC's listservers to exchange views and ideas.

GPC News

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.

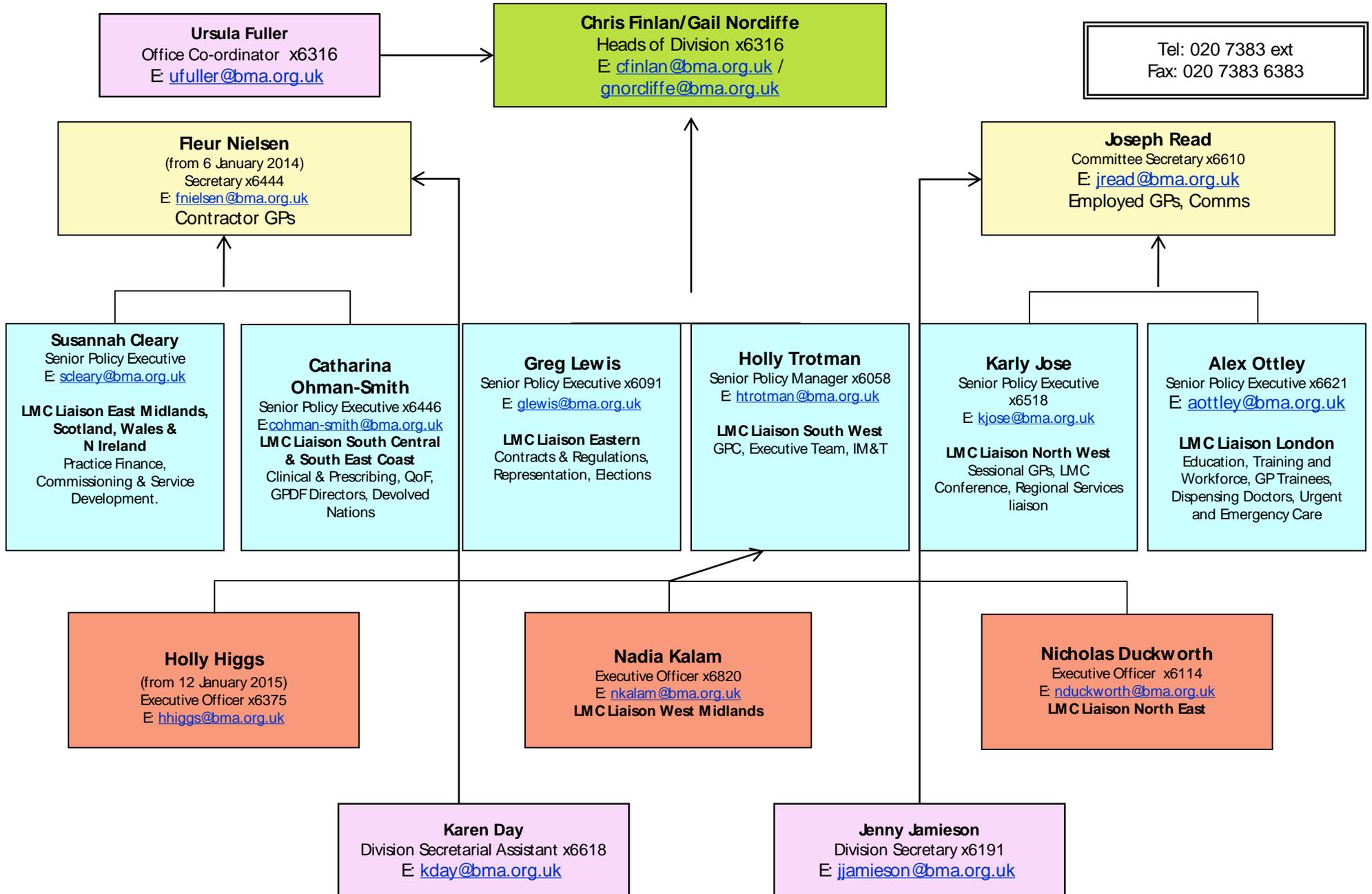
Finally, if LMCs require assistance on local issues, they can also contact the BMA's local offices: addresses are on page 3 of the GPC's yearbook.

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

GPC STAFF STRUCTURE

As at 19 December 2014



Regional Structure – as at 19 December

Tel: 020 7383 ext Fax: 020 7383 6383

East Midlands (Yorks & Humber in part) –

Susannah Cleary x6246

Email: sccleary@bma.org.uk

Barnsley
Derbyshire
Doncaster
Hull & East Yorkshire (Yorks & Humber)
Leicestershire & Rutland
Lincolnshire
North & North East Lincolnshire (Yorks & Humber)
Northamptonshire
Nottinghamshire
Rotherham
Sheffield

Eastern – Greg Lewis x 6091

Email: glewis@bma.org.uk

Bedfordshire
Cambridgeshire
Hertfordshire
Norfolk
North Essex
South Essex
Suffolk

South West – Holly Trotman x6058

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Avon
Cornwall & Isles of Scilly
Devon
Gloucestershire
Somerset

North East (Yorks & Humber in part)

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Calderdale (Yorks & Humber)
Cleveland
County Durham & Darlington
Gateshead & South Tyneside
Kirklees (Yorks & Humber)
Leeds (Yorks & Humber)
Newcastle & North Tyneside
Northumberland
Sunderland
Wakefield (Yorks & Humber)
YOR LMC Ltd (Bradford & Airedale Branch) (Yorks & Humber)
YOR LMC Ltd (North Yorkshire Branch) (Yorks & Humber)

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Bolton
Central Lancashire
Cheshire
Cumbria
Lancashire Coastal
Lancashire Pennine
Liverpool
Manchester
Mid Mersey
Rochdale & Bury
Salford & Trafford
Sefton
Stockport
West Pennine
Wigan
Wirral

South Central & South East – Catharina Ohman-Smith x6446

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Berkshire
Buckinghamshire
Croydon
Dorset
Hampshire & Isle of Wight
Kent
Kingston & Richmond
Oxfordshire
Surrey
Sussex
Wiltshire

West Midlands – Nadia Kalam x 6820 Email: nkalam@bma.org.uk

Birmingham
Coventry
Dudley
Herefordshire
Midlands Centre
North Staffordshire
Sandwell
Shropshire
Solihull
South Staffordshire
Walsall
Warwickshire
Wolverhampton
Worcestershire

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Barking & Havering
Barnet
Bexley
Brent
Bromley
Camden
City & Hackney
Ealing, Hammersmith & Hounslow
Enfield
Greenwich
Haringey
Harrow
Hillingdon
Islington
Kensington, Chelsea & Westminster
Lambeth
Lewisham
Merton, Sutton & Wandsworth
Newham
Redbridge
Southwark
Tower Hamlets
Waltham Forest

Scotland, Wales & Northern Ireland –

Catharina Ohman-Smith x6446

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Scotland

Ayrshire & Arran
Borders
Dumfries & Galloway
Fife
Forth Valley
Greater Glasgow
Grampian
Highland
Lanarkshire
Lothian
Orkney
Shetland
Tayside
Western Isles

Wales

Bro Taf
Dyfed Powys
Gwent
Morgannwg
North Wales

Northern Ireland

Eastern
Northern
Southern
Western