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## **GPC meeting**

The GPC met on 15 September 2011 and this newsletter provides a summary of the main items discussed.

## **GP contract negotiations for 2012 / 13**

The Committee received an update from the chairman on progress with negotiations for the financial year beginning April 2012. Negotiations are ongoing and we will inform LMCs and GPs of the outcome in the usual way at the conclusion of the process.

## **QOF - frequently asked questions**

NHS Employers and the GPC have published joint QOF FAQs for use by primary care organisations and general practice. These FAQs apply across all four countries and cover a number of historical issues and commonly asked questions and can be [accessed via the BMA website](#).

The QOF queries process is clearly outlined in this FAQs document and we ask that this document is consulted before any queries are raised with the relevant parties.

## **NHS Reforms**

MPs debated the Health and Social Care Bill at its Commons Report Stage and Third Reading on 6 and 7 September. The Government had tabled over 1000 amendments (approximately 700 of which replaced the word 'consortia' with 'clinical commissioning group'), covering issues relating to competition, duties of the Secretary of State and the NHS Commissioning Board, amongst others. All the government amendments were passed and in a final vote on the Bill on 7 September, 316 MPs voted for the Bill, 251 against; with 4 Liberal Democrats out of a total of 57 voting against the Bill. The Bill will be debated in the Lords on 11 October, where it will have its Second Reading.

Despite achieving some amendments to the Bill, the BMA remains seriously concerned that the damaging aspects will undermine the potential benefits of more clinician involvement in commissioning. The BMA has been calling for the Bill to be withdrawn, or at the very least, significantly amended. The BMA has been lobbying MPs and Peers ahead of the parliamentary debates, including launching a lobbying toolkit to help members contact their local MP prior to the debates in the House of Commons. Social media is now a recognised and powerful tool for heightening awareness and activating engagement on an issue and the BMA held an online day of action on 5 September to maximise the profile of members' concerns about the Bill and the direction of travel on NHS reform. More information about the BMA's lobbying activity the NHS reforms can be found on the [BMA NHS reform webpages](#).

The GPC discussed the draft Department of Health document 'Developing clinical commissioning groups: towards authorisation'. Members expressed concerns that, although the document was ostensibly a 'draft', GPs on the ground were under pressure to begin implementing the recommendations. Concerns were also expressed that, contrary to the Secretary of State's original vision, the reforms were resulting in increasing central control and additional bureaucratic layers that would stifle the ability of clinical commissioning groups (CCGs) and the clinicians involved to exert their influence over the commissioning process. Members emphasised the importance of LMC involvement in the development of CCGs and strongly urged LMCs to ensure that they were being consulted and engaged in the development of the new local structures.

## **Information provisions in the Health and Social Care Bill**

The GPC received an update on progress on the information provisions in the Health and Social Care Bill. BMA Council had agreed that the BMA should accept the concessions offered by the Department of Health on the information provisions in the Bill. These included a restriction on the number of bodies that would be able to mandate the NHS Information Centre to collect data from providers and a limit on when these powers could be applied. Any release of data from the

Information Centre would remain subject to existing legal protections. In addition, provision would be made for a statutory code of practice in order to implement effective information governance controls around extractions.

The BMA has made it clear that ongoing acceptance is dependent on the outcome of the work on the code of practice. The BMA has highlighted the need for an approval body, which will consider requests for data. In addition, the Association has emphasised that the public must be aware of the new arrangements and patients should have the opportunity to dissent from sharing identifiable information. The BMA has agreed two places on the code of practice working group with specific representation from the General Practitioners Committee.

The GPC emphasised the importance of maintaining the highest standards of confidentiality and was concerned by any attempt to undermine this principle. This was reflected in the following motion which was passed:

*GPC insists that any "Code of practice" must, where relevant to GPs, incorporate the General Practice Extraction Service Information Governance Principles published in March 2010.*

### **Guidance on requests for disclosure of data for secondary purposes**

Doctors often receive requests for patient data for secondary uses. These requests may come from researchers, from NHS managers who require the data for health service planning or from private companies providing risk stratification services, for example.

This document provides guiding principles to assist LMCs and practices in considering how to respond to these types of requests.

[The guidance is available on the BMA website.](#)

### **NHS 111**

The GPC discussed the views of a number of LMCs regarding the implementation of the NHS 111 service. The principal areas of concern are:

- the hasty implementation of NHS 111, without sufficient time to evaluate the results from the pilots;
- the lack of new resources to assist with implementation;
- the potential for the destabilisation of in and out-of-hours services because call triage will be undertaken by staff who are not medically trained;
- the lack of consultation and communication by PCT clusters and urgent care providers with LMCs and local practices in some areas about the implementation of the service.

The GPC will discuss these matters with NHS 111 and the Department of Health.

## **CQC registration**

The committee was updated on developments regarding CQC registration for primary medical services providers. Subject to parliamentary approval, the Department of Health has formally announced a delay to the CQC registration of GP practices, including NHS walk-in centres, until April 2013. Out-of-hours providers that are not GP practices looking after their own registered patients will still have to register in 2012. The CQC will shortly be sending out letters to both groups of providers with further details. We remain of the view that the compliance requirements on GP practices need to be radically reduced, and are continuing to lobby the CQC and other stakeholders to ensure that this occurs.

## **Firearm / shotgun licences**

Following discussion between the BMA and the Association of Chief Police Officers (ACPO) in 2010, it was agreed that when an individual applies for a licence, or applies for a renewal of a licence for a firearm or shotgun, a letter will be sent from the police to his or her GP informing them of the fact. The purpose of the letter is to provide an opportunity for the GP to alert the police to any medical concerns that may have a bearing on the individual's ability safely to possess a shotgun or firearm. If there are no concerns, the letter does not need to be replied to. Unless, in the GP's view, the patient presents an immediate risk of serious harm to themselves or another, consent for any disclosure will be required from the patient. If the GP does wish to disclose a concern, and the patient refuses consent to any disclosure, the refusal will have to be relayed to the police, thereby potentially jeopardising the application. Following advice from the Information Commissioner, copies of the original letter from the police should not be retained in the medical record. However, doctors are at liberty to make a note in the medical record, as they would with any other request for health information by a third party.

You can find full guidance on this subject, including on applicants who may pose a risk and the use of tags in the medical record, [on the BMA website](#).

## **GP educator seniority**

We have heard reports of some PCOs not classifying GP educator work as NHS work for seniority purposes thus, according to PCO calculations, reducing their superannuable income and affecting their eligibility for seniority payments. It is our view, supported by the GPC's lawyers, that GP educator work should in fact be classified as NHS work for these purposes and that calculations of eligibility for seniority payments should be made on this basis.

## **Review of the procurement of the seasonal flu vaccine**

The BMA has responded to the Department of Health consultation on the review of the procurement of the seasonal flu vaccine. In the response we highlighted our concerns about the proposals to move to central procurement of seasonal flu vaccines in England. We believe that GPs should retain the right to procure the seasonal flu vaccine, but that the system could be improved by allowing practices and PCTs to share vaccines, and for emergency stocks to be available to be called on if necessary. We were also concerned about the lack of evidence that central procurement would

improve vaccination uptake in England. The consultation response can be [accessed via the Department of Health website](#).

### **Seasonal flu vaccination programme for 2011 / 12**

The GPC has written to all GPs to remind them of the arrangements for the seasonal flu vaccine programme in 2011 / 12. Evidence show that patients in at-risk groups are much more likely to die from seasonal flu than healthy individuals, and given that the seasonal flu vaccine uptake in the at-risk groups in patients under 65 and pregnant women was much lower last year than that recommended by the WHO, we would encourage practices to ensure that those in the at-risk groups are given priority. We are also concerned about the low uptake in healthcare workers, so we would encourage practices to ensure that staff are better protected. [The letter is also available on the BMA website](#).

### **Typherix and Hepatyrix vaccines**

We are aware of reports of recent supply chain problems with Typherix and Hepatyrix vaccines. The Department of Health has now published an update on the situation.

"A delay in a new manufacturing facility coming on line at GSK has meant that capacity normally reserved for producing typhoid antigen has had to be switched to the production of critical childhood vaccines. This situation is expected to last until the end of 2013. Current stocks of Typherix are expected to last until the end of July, and Hepatyrix until the end of the year. GSK stresses that this break in supply has nothing to do with vaccine quality or safety issues. Alternative Hep A vaccines are available from GSK, Sanofi Pasteur MSD or Crucell while typhoid vaccines are available from Sanofi Pasteur MSD or Crucell.

For more information please contact GSK's customer contact team on 0808 100 9997, Sanofi Pasteur MSD's customer service department on 0800 085 5511 or Crucell's customer services on 0844 800 3907."

[The full article has been published by the Department of Health on its website](#).

### **Dispensing doctors - Category M drug prices**

The DH announced reductions in the prices of category M drugs in the Drug Tariff on 8 September. The Drug Tariff is part of the Community Pharmacists' contract, but is linked to the dispensing doctors fee scale via the SFE. We are currently in negotiations with NHS Employers regarding the dispensing doctors fee scale.

### **EMIS system failure**

Following a failure of the EMIS clinical system in August, Sean Riddell, EMIS Managing Director, made the following statement:

'On Thursday 18<sup>th</sup> August 2011 EMIS had a series of hardware failures resulting in an outage at its data centre. This caused some performance and stability issues at 333 GP practices out of a total UK user base of 5,496 NHS UK customers. Unfortunately this problem had knock on effects to a further 446 GP practices at 11.50am. Our software engineers worked in conjunction with the suppliers of our data centre hardware throughout this period to restore performance. The data centre commenced normal operation shortly after 1pm and practices then began coming back online. EMIS have not identified any data loss resulting from this issue.

EMIS has now launched a detailed investigation into the incident, working closely with Connecting for Health and the suppliers of the data centre hardware. Our support departments have been in contact with practices and we will be contacting them again with the results of our investigation and the steps that we have taken to prevent a recurrence.

Our first priority at EMIS is and always has been our users and their patients. We recognise the vital role that EMIS systems play in the efficient running of GP practices, and we apologise to affected users for this regrettable disruption to service'.

Practices are reminded that contingency plans need to be in place for dealing with system failures. The Good Practice Guidelines for GP electronic patient records v4 (2011) include guidance for unplanned downtime in section 9.4.3.2 (page 157). [The guidance can be accessed via the Department of Health website.](#)

## **Doctors providing assistance at sporting events**

The BMA's Board of Science has published an updated version of its resource for doctors providing assistance at sporting events, which can be [accessed via the BMA website.](#)

The aim of this resource is to provide information for doctors who are interested in providing medical care at sporting events in a professional (whether paid or unpaid) capacity. In particular, it emphasises the importance of a doctor contacting their medical defence organisation prior to assisting or providing care at a sporting event.

This resource was first published in 2001, with an updated version in 2009. This latest edition, published in August 2011, includes specific guidance for doctors providing medical care at the 2012 Olympic and Paralympic Games.

## **Primary HIV infection: knowledge amongst gay men**

We have been asked to draw to your attention the National AIDS Trust's (NAT's) new report '**Primary HIV Infection: knowledge amongst gay men**', outlining the results of a recent survey of over 8,000 gay men.

Early diagnosis of HIV is very important, both in terms of preventing onward transmission and in

terms of maximising the long-term health of people once infected. However, 52% of people diagnosed with HIV last year were in fact diagnosed late, meaning greater risk both of onward transmission and harm to future health. Primary HIV infection is for many a key early opportunity to diagnose HIV infection before a long asymptomatic period. The survey revealed that over 60% of gay men incorrectly believe there are no symptoms of primary HIV infection. However, when experiencing the most common combination of symptoms: sore throat, fever and rash, the most popular choice of action for respondents would be to go to their GP. GPs present an excellent opportunity to diagnose more people early, so it is vital that GPs have sufficient knowledge to recognise the indicators of primary HIV infection and feel comfortable suggesting an HIV test.

[The report can be accessed via the NAT website.](#)

### **Revalidation pilot - Please pass this on to locum GPs in your area**

The London Deanery are currently co-ordinating a further revalidation pilot on behalf of the Revalidation Support Team. They are looking for GPs, particularly locum GPs, to participate in the pilot. In order to participate, you will need to have your appraisal between October and December of this year. Unlike the last Revalidation Support Team pilot, there is no online appraisal toolkit and one short evaluation survey to complete. Appraisees are also paid £100 to participate in the pilot. The pilot is taking place in the North West London, South East London and Outer North East London PCT cluster areas. For further details, please contact the London Deanery at [sonali.roy@londondeanery.ac.uk](mailto:sonali.roy@londondeanery.ac.uk).

### **BMA Law – services to members**

BMA Law has launched a new service for GPs involved in CCGs. The package includes advice from BMA Law on six legal questions on any issue falling within the description of services set out in BMA Law's Terms and Conditions and 15% off total fees on any one BMA Law service. Further information can be found on the [BMA Law webpages](#) (you will need to log in to the BMA website to view these pages).

### **LMC conference 2012**

We can now confirm that next year's LMC Conference will be held in the BT Convention Centre in Liverpool on **Tuesday 22 and Wednesday 23 May 2012**. Further information about the venue, nearby hotels, dinner venue and expenses will be sent in the letter from the Chairman later this autumn.

### **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.

The GPC next meets on 20 October 2011, and LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items is 12 October 2011. It would be helpful if items could be emailed to Christopher Scott at [cscott@bma.org.uk](mailto:cscott@bma.org.uk). You may also like to use the GPC's listservers to exchange views and ideas.

### **GPC News**

GPC News is available via the Internet, via the BMA's web pages: [www.bma.org.uk](http://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