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## **GPC meeting**

The GPC met on 21 October 2010 and this newsletter provides a summary of the main items discussed.

## **Contract negotiations**

Negotiations with NHS Employers on contractual changes for 2011/12 are ongoing. We will let you know the outcome of these discussions as soon as we can.

## **NHS White Paper**

### **Equity and excellence: Liberating the NHS**

On 1 October, the BMA published its response to the NHS White Paper consultation 'Equity and excellence: Liberating the NHS' and the four supporting consultation documents. These are a very thorough and considered set of documents, and we would urge LMCs and practices to read them. The [main response is on the BMA website](#) and the responses to the [supporting consultations can also be found on the BMA website](#).

The consultation deadline has now passed, and we are expecting that the government will publish a draft Health Bill in early December. We hope they will take account of the concerns that we have raised, and continue to raise in the many meetings at which the GPC is represented where the White Paper is discussed.

As you are aware, the GPC has produced a series of guidance notes to advise and inform practices and LMCs as to what the new proposals may mean for them, and what they should think about as they consider how they would be implemented. We encourage you to read these documents to gain understanding of how general practice may change. The GPC guidance on the White Paper is [available on the BMA website](#).

The GPC has published a report of a round-table meeting, hosted by the GPC and attended by a range of national health organisations and local commissioning groups, to discuss the White Paper commissioning proposals. This report is also [available on the BMA website](#).

The GPC, with its subcommittees, continues to work hard in trying to understand what the White Paper proposals, and in particular, the commissioning proposals, will mean. We intend to publish further guidance on a number of areas in the coming weeks, including more detail on electing and appointing officers in the embryonic shadow consortia and some of the human resources implications.

### **Next steps on commissioning**

Andrew Lansley has written a letter to all GPs as part of the ongoing engagement with the profession on the White Paper proposals and to set out the next steps on commissioning. The letter discusses the responsibilities of GPs with respect to the commissioning proposals, the support GPs will receive and the organisational and governance arrangement of commissioning consortia. There has been no decision on the value of the management allowance, while the letter reiterates that the size of consortia will not be determined centrally, and there is no pressure to form new arrangements at this stage. [The letter is available on the BMA website](#).

## **Quality and Outcomes Framework Achievement Data 2009/10**

The QOF achievement data for 2009/10 was published this week. A summary of the results and full spreadsheets [can be found online](#).

## **QOF indicator diabetes 23**

Following on from an article published by GP Notebook on 30 September titled 'Targeting Type 2 diabetes', NHS Employers and the GPC would like to clarify that there have been no changes to the HbA1c targets for diabetes in 2010/2011.

NICE published their menu of recommended changes on 3 August 2010 which included a recommendation to increase to the HbA1c target for DM23 from 7, as it is currently, to 7.5. In line with the new QOF process, this menu of recommendations is now subject to agreement through formal negotiations between NHS Employers and GPC on changes to QOF across the UK.

Once negotiations have concluded, any changes to the QOF will be published by NHSE and the BMA and the QOF guidance will be updated and published on the relevant websites ahead of the new QOF year.

## **QOF indicators depression 2 and 3 business rules**

In response to a number of queries regarding the business rules for depression indicators 2 and 3, NHS Employers has published a clarification [which is available online.](#)

## **Summary Care Record (SCR)**

The SCR review is now complete and guidance from NHS Connecting for Health (CfH) to PCTs/SHAs was copied to LMCs by e-mail and on the listserver on Monday 18 October; appendix 2 contains the letter sent by CfH to PCTs and SHAs last week. This will have implications to GP practices that have created SCRs containing more than the core clinical information of medication, allergies and adverse reactions. Further guidance will follow from NHS Connecting for Health for the practices concerned. In addition, constructive discussions are taking place around the practicalities of implementing the SCR Review recommendations and further communications/guidance will follow in due course. Until this guidance is forthcoming, we would advise LMCs and practices to continue dialogue with PCTs but practices should not feel pressured to create SCRs.

## **Annex 8 (excessive prescribing) sanctions threats**

We would like to send evidence to NHSE of cases in which PCTs have inappropriately used or threatened to misuse the sanctions described in Annex 8 of the GMS contract. Any examples you are able to provide will be very useful in our discussions with NHSE on the misuse of Annex 8 sanctions without justification. Please could you send details to Stephanie Ashmore by Friday 29 October ([sashmore@bma.org.uk](mailto:sashmore@bma.org.uk)).

## **Partnership agreements**

We strongly recommend that GPs in partnership enter into a written partnership agreement and seek legal and accountancy advice in doing so. Partnership agreements reduce both financial and non-

financial risk and provide a detailed framework on which the ongoing management and administration of the partnership can be based.

The BMA offers a partnership agreement drafting service exclusively for general practitioners. The service is provided by Neal Hooper, a BMA lawyer, offering high-quality legal advice and drafting, and can be accessed by calling **020 7383 6128** or emailing [info.pds@bma.org.uk](mailto:info.pds@bma.org.uk). To take advantage of the service at least one of the partners in your practice must be a BMA member. BMA members are entitled to the service at a competitive price of £1,500 plus VAT. Members can also take advantage of a fee of just £25 per annum plus VAT for the BMA to hold and store a final signed version of their agreement on behalf of their practice.

## **Dispensing doctors fee scale**

Attached (appendix 1) is a document detailing the changes to the dispensing doctors fee scale for England and Wales, with effect from 1 October 2010.

## **SFE changes - paragraph 7JA.25 learning disabilities DES**

The latest SFE amendment incorporates a minor feescala correction relating to the learning disabilities DES (changing the fee from £50.87 to £51.08). This will have virtually no implications for GPs as it should only apply where the contractor:

- undertakes the LD DES;
- has been part of a practice merger since 1 April 2010, and who has not, when the merger took place, previously agreed a health check learning disabilities register in respect of all the patients of the new practice.

In addition this paragraph 7JA.25 payment is an aspiration type payment that is fully recovered when the annual payment is calculated at year end (it is a cash flow issue). We are informed by the DH that PCTs should have no difficulty in identifying these merged practices. This change will take effect from 1 October 2010. [Please go to the Department of Health website.](#)

## **Real time feedback to GPs – Report of a pilot from DH**

The Department was interested in finding out whether real-time patient feedback could help GP practices to better understand patients' views on services, identify opportunities for improvement and evaluate whether changes made in response are effective. To investigate this, a six month pilot study was undertaken into the use of real time feedback in 22 GP practices in England between October 2009 and March 2010. The pilot's objectives were to understand how effectively real-time feedback could help to drive performance improvement in GP practice settings, and to identify the key learning from the GP practices that took part. A mixture of three devices for collecting patient feedback (tablet PC, kiosk, desktop device) was piloted across 22 GP practices. The GP practices who volunteered to take part varied in size, patient list, staffing levels, geography and demography.

The project's objectives were:

- to establish whether real time feedback is effective and practical in a general practice setting;
- to encourage practices to focus on specific areas highlighted by patients in their responses to the GP Patient Survey or local surveys; and
- to use the information gathered to make improvements to services offered to patients.

Six key findings from the pilot study identified that real-time patient feedback:

- was implemented successfully and enthusiastically across the range of different GP practices;
- has potential as a means of engaging with patients in the future;
- can drive performance improvement in GP practice;
- needs to be actively promoted in order to engage patients and staff and works best when they are fully and actively involved from the outset;
- costs could be a challenge for individual GP practices – but this is not such a significant barrier where there is PCT/consortium support and costs can be significantly reduced if technology devices are shared across practices to use on an issue specific or rota basis; and
- complements and builds further on the data practices have received via the national GP Patient Survey future.

These points are set out in the Best Practice Guide to using Real time Patient Feedback, which shows, using case studies, that it has had a positive impact on practices' performance and patient engagement where it has been piloted.

[The Best Practice Guide can be accessed online.](#)

## **Clinical waste pre-acceptance audit**

There has been some confusion over the requirements for GP practices to fill in clinical waste pre-acceptance audits. We contacted the Environment Agency (EA) for clarification and the confusion appears to have stemmed from the fact that there are two main disposal routes for clinical waste - incineration and treatment (disinfection), and the deadline of 1 October only referred to those using treatment facilities rather than incineration.

However, the EA has been in further discussions with the waste collection trade associations and initially decided that an interim additional six month period for undertaking pre-acceptance audits for general practices would be put in place to enable their discussions with the industry to continue. These discussions are still ongoing, but the EA has now published an updated briefing note (replacing that published in October 2009) with a **revised timescale for implementation of pre-acceptance audits which will be 1 July 2011 for both incinerators and alternative treatment facilities.**

[The Environment Agency Pre-acceptance Producer Update - October 2010 is available online.](#)

The EA has also temporarily withdrawn their guidance document *EPR 5.07: Clinical Waste* which will be republished by the end of 2010. The GPC is liaising with the Environment Agency in producing a

self-audit pre-acceptance tool for practices to use and we are also drafting further guidance on this issue.

## **Care Quality Commission registration**

We have had reports of some PCTs telling NHS GP practices that they must comply with Care Quality Commission standards. We would like to make clear that NHS GP practices do not yet need to do so. The registration window for CQC will open from October 2011 and NHS GP practices will need to be registered from 1 April 2012. Monitoring of compliance with the CQC standards will not commence until 1 April 2012.

However, it is worth noting that PCTMS practices should be registered with CQC because PCTs needed to be registered from 1 April 2010. Also organisations that provide some NHS primary medical services but whose main purpose is to provide other services, such as private healthcare, social care or NHS acute services need to have been registered for all of their services from 1 October 2010.

If your PCT requests that a practice in your area complies with CQC standards then please email William Jones at [wjones@bma.org.uk](mailto:wjones@bma.org.uk). We will share any information we receive with CQC so that they can investigate.

The GPC will be producing 'CQC for GPs' guidance that will explain registration and act as a 'how to' guide on compliance with the CQC standards. It is intended for this guidance to include template documents that could be used to reduce the burden and bureaucracy for practices. We aim to publish this document in the first quarter of 2011.

## **PMS contract reviews/termination threats – assisting LMCs**

In some parts of the country, PCTs are reviewing PMS contracts and in a few cases threatening to terminate PMS contracts without cause. LMCs that are faced with PMS contract reviews or termination threats should contact their regional liaison officer in the GPC secretariat so that advice can be provided. To assist the secretariat, we would appreciate it if LMCs could also send correspondence that practices/LMCs have received to their regional liaison officer. Details of problems may also be shared with NHS Employers and the Department of Health so that they can investigate.

The GPC is able to offer guidance to GPs on PMS reviews, assistance to LMCs with the handling of local negotiations (through both BMA regional services and the GPC PMS contract review support group) and legal advice as to whether a PCT can terminate a PMS contract.

The GPC secretariat is also very keen to hear about the outcome of any completed negotiations and effective negotiating tactics. Please email any examples of successful negotiations to your regional liaison officer (see appendix 4).

## **Update on changes to tax relief on pensions**

Following the publication in July of the discussion document entitled "Restriction of pensions tax relief: a discussion document on the alternative approach", the government has now announced the changes that will take place for restricting pensions tax relief. The main points are:

- (1) Annual allowance reduced from £255,000 to £50,000 from April 2011.
- (2) Lifetime allowance (LTA) reduced from £1.8 million to £1.5 million from April 2012.
- (3) Deemed contributions to defined benefit schemes calculated using a simple "flat factor" method set at 16.
- (4) Proposal that unused allowance from up to three previous years will be carried forward to offset against the excess contribution.

Further details on how the annual allowance test would apply on cases of ill-health have not been fully concluded yet, but it has been confirmed that exemptions will not be granted in cases of redundancy.

The government has also announced that it will consult on options to give individuals and schemes more flexibility over the payment of these charges in November 2010, for cases where the tax charges incurred are unmanageable from current income.

The Treasury's paper, which includes a summary of the responses to the [previous discussion document can be read online](#).

The BMA is named in the list of respondents in Annex D.1 of the paper. We are pleased to note that the original proposals have been toned down considerably and that relief has been granted to members who receive 'spikes' in pay. As suggested in the BMA response, unused annual allowance will now be able to be carried forward for up to three tax years which would mean that a specialist registrar, on qualifying as a consultant, would in the vast majority of cases no longer face a tax charge of up to £25,000.

Even the highest earners in the NHS Pension Scheme are likely to avoid tax charges. The document confirms that the valuation factor for annual increases to pension against the annual allowance will be 16:1. This means that as long as an individual's pension accrual does not increase by more than £3,125 (£50,000 divided by 16) in a single tax year then they would not face a tax charge.

The BMA will continue to monitor developments in this area and notify members accordingly.

## **British Heart Foundation executive summary on the 2010 National Audit for Cardiac Rehabilitation**

Cardiac rehabilitation is a structured program of care, consisting of exercise and information sessions, which helps patients to manage their condition and improve their health and quality of life after a heart event. The British Heart Foundation (BHF) has just published the fourth National Audit

of Cardiac Rehabilitation, and it shows that **only 41% of heart patients** from the target groups (heart attack, bypass surgery and angioplasty) took part during 2008–2009.

The recently published NICE guideline on chronic heart failure (August 2010) recommends cardiac rehabilitation for many of the heart patients that live with heart failure. Disappointingly, there has been no improvement in the numbers of patients with heart failure attending cardiac rehabilitation. The BHF are also concerned that women are under-represented in the programme – they made up only 26% of participants.

The Department of Health in England has worked with patients, the NHS and other partners in the field to develop a pack to help the NHS commission high quality cardiac rehabilitation services for those who are eligible, including people with heart failure. This will be published on the Department of Health website and will be available to view later this month.

We are calling on those that commission local services to use this vital tool to improve their cardiac rehabilitation services for the benefit of local heart patients.

For more information on our campaign please [go to the British Heart Foundation website](#).

## **Delegation of GPC powers to Sessional GPs Subcommittee**

The GPC yesterday changed its standing orders and formally agreed to delegate power to act on matters that relate wholly or primarily to sessional GPs to the GPC Sessional GPs Subcommittee. The delegation of powers will take effect from the subcommittee's first meeting of the session, on Thursday 2 December.

The decision follows the publication of the report of the Sessional GPs Representation Working Group earlier this year, which included recommendations to:

- increase the size of the Sessional GPs Subcommittee from eight to sixteen members
- establish a Sessional GPs Executive Committee
- allocate four permanent seats on GPC to members of the Sessional GPs Subcommittee.

A copy of the full report can be [found on the BMA website](#).

## **Sessional GPs Subcommittee elections**

Ballot papers for elections to the Sessional GPs Subcommittee were sent to sessional GPs on Tuesday 19 October.

All sessional GPs, regardless of whether or not they are BMA members, are eligible to vote in this election. If you are a sessional GP and have not received a ballot paper by Friday 29 October, please check that your contact details are registered with the BMA and that they are up to date, so that we can make sure you receive a ballot paper.

You should email the BMA's membership department at [membership@bma.org.uk](mailto:membership@bma.org.uk) expressing your wish to vote and confirming your updated details. Please include either your BMA or GMC number in all correspondence.

Please note that as ballot papers must be returned by Tuesday 9 November, you should check your details before Wednesday 3 November.

More information about the election can be [found on the BMA website](#).

## **LMC Secretaries Conference**

Details of the LMC Secretaries Conference have been sent to those LMCs who have indicated they wish to attend. Please return your break out group choice forms by Friday 6 November either by email to Sue Love at [SLove@bma.org.uk](mailto:SLove@bma.org.uk) or by post to: Sue Love, GPC, BMA House, Tavistock Square, London, WC1H 9JP.

## **LMC Conference**

Please note that the dates and venue of the LMC Conference 2011 have not yet been confirmed. We will inform all LMCs within the next two weeks once the dates and venue have been finalised.

## **GPC secretariat**

A copy of our staffing structure to reflect staffing changes is attached at appendix 3. 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 4.

## **Media coverage report**

Please find attached (appendix 5) a GPC media coverage report prepared by the BMA's press office, detailing GPC media activity during the last few weeks.

**The GPC next meets on 18 November 2010, 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 10 November 2010. It would be helpful if items could be**

emailed to William Jones at [wjones@bma.org.uk](mailto:wjones@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