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GPC meeting

The GPC met on 20 October 2011 and this newsletter provides a summary of the main items discussed.

NHS Reforms

The Second Reading of the Health and Social Care Bill took place over two days in the House of Lords on 11 and 12 October. There was a very large turn out from peers to participate in the debates, which raised interesting constitutional issues. Some peers were concerned about accountability and the constitutional issues the Bill raised, such as Government’s and Parliament’s constitutional responsibilities to the NHS and namely, the Secretary of State’s duties. Other peers also raised the constitutional role of the Lords itself in scrutinising legislation.

Two motions were debated; one from Labour peer and former GP, Lord Rea, calling for a halt to further progress of the Bill and another from Lord Owen, a former GP and Labour health minister, now a Crossbench peer, asking for parts of the Bill to be referred to a special select committee for further scrutiny. When it came to the votes on the two motions, Lord Rea's amendment for the reforms to be abandoned failed by 220 votes to 354. Lord Owen's amendment, which would have referred parts of the Bill to a special select committee, failed by 262 to 330.

The Bill will now start a normal Committee Stage (in the Lords, a 'Committee of the Whole House', with all peers able to contribute to detailed discussions on the Bill) on 25 October which is expected to conclude just before Christmas. After this stage is finished, it is expected the Bill will have its 'Report Stage' and 'Third Reading' early next year followed by 'ping pong' between the Lords and Commons before 'Royal Assent' – making the Bill law – in the spring. [Read the latest on the Health and Social Care Bill.](#)

Commissioning

The authorisation process

A government document outlining the authorisation process (the process by which CCGs are deemed ready and able to take on full budgetary responsibility) was published at the end of September. The document, "[Developing Clinical Commissioning Groups: Towards Authorisation](#)" specifies six domains that will indicate a competent CCG, including evidence of a strong clinical focus, the support of constituent practices, engagement with patients and the public, robust governance processes and clear commissioning plans.

The process will be overseen by the National Commissioning Board and will commence with a risk assessment of shadow CCGs to be undertaken by SHA clusters by the end of this year. This risk assessment will include consideration of the size of the CCG (CCGs need to be large enough to be able commission effectively for their population and secure sufficient commissioning support) as well as the boundaries of the CCG – these will need to be co-terminus with local authority boundaries unless there is very good reason.

The GPC is working to ensure that the authorisation process facilitates the development of robust and successful CCGs, which have engagement from their constituent practices and LMCs, and avoids placing unnecessary bureaucratic burdens on CCGs. We will be producing further guidance on authorisation process shortly.

Health and Wellbeing Boards

The GPC has released [guidance relating to Health and Wellbeing Boards](#). The Boards will work to encourage collaboration between local authorities and health professionals, linking health care, public health and social care. They will also have potential to yield considerable sway over CCGs, as they will have a role in scrutinising commissioning strategy, although this in itself could be very useful for CCGs seeking assurance that a commissioning plan is free from perceived or actual vested interest. This guidance urges GPs and CCGs to involve themselves in the establishment of the Boards and foster good relationships.

Commissioning Update

At the end of September the GPC published the first edition of "[Commissioning Update](#)", a newsletter focussing on commissioning news. This edition discusses the new structures in the NHS. Developments are moving quickly, so keep an eye out for the next issue at the beginning of November.

Position of LMCs

The GPC has sought clarification and assurances from the Secretary of State on the position of LMCs under the changed NHS structures detailed in the Health and Social Care Bill. A helpful response has been received from Andrew Lansley, the key paragraphs of which are as follows:

"I very much recognise the important role played by LMCs in relation to local provision of primary medical services. We want this to continue – and that is why the Health and Social Care Bill continues to provide a legal framework within which LMCs may operate. The proposed amendments to section 97 of the NHS Act, which are set out in Schedule 4 to the Health and Social Care Bill, fully preserve the existing primary legislative provisions, with references to Primary Care Trusts being replaced, as you note, by references to the NHS Commissioning Board. This is a straightforward consequence of the proposal for the NHS Commissioning Board to take on statutory responsibility for commissioning of primary medical services.

Under the proposals in the Bill, the NHS Commissioning Board will, as you say, be able to arrange for clinical commissioning groups (CCGs) to undertake some of the Board's functions relating to primary medical services. Where these functions include a duty on the Board to take certain actions with regard to LMCs, the delegation of the function would not alter this duty – and the Board would need to make arrangements to ensure that LMCs were appropriately involved. For example, if the Board were to delegate the function of investigating excessive prescribing to a CCG, the Board would need to decide whether to involve the LMC itself (through one of its local offices) or whether to make delegated arrangements for the CCG to involve the LMC. The statutory duty would, however, remain in either case with the NHS Commissioning Board.

It is also worth bearing in mind that much of the valuable work done between LMCs and local NHS partners does not only arise because of the legislation permitting LMCs to be recognised, nor through the requirement for PCTs to seek their views in certain circumstances. A large part of this valuable work happens because both parties recognise the benefits of co-operation and dialogue for the effective provision of services for patients.

This sort of co-operation will, of course, continue to be very valuable in improving the quality and efficiency of local health services. As well as protecting the existing legislative framework, we would therefore very much wish to encourage both the NHS Commissioning Board and emerging CCGs to identify ways in which they can work with LMCs for the greater good. I understand that officials working on the setting up of the

NHS Commissioning Board are already seeking help from the GPC in developing a set of proposals that will allow local relationships to develop and flourish.”

Patient participation DES - Third party ‘Starter DES sessions’

Following a query regarding the implementation of the Patient Participation DES, please note the extant GPC and NHS Employers guidance [Patient participation directed enhanced service \(DES\) for GMS contract](#), which clearly sets out the key objectives of the DES for practices.

The guidance encourages practices to seek the support of voluntary organisations in engaging with marginalised or vulnerable groups. This should help ensure the Patient Reference Group (PRG) is representative of the practice profile, while the onus remains on practices taking the initiative in achieving each component of the DES.

However, it is unnecessary for practices to accept offers from third party organisations for ‘getting started’ DES packages in return for payment. This goes against the spirit of the DES and defeats the object of practices forging closer relationships with their patients, better understanding local need and improving outcomes.

Pensions Day of Action

The BMA issued guidance for doctors this week in the form of frequently asked questions (FAQs) regarding the forthcoming Pensions Day of Action on 30 November, including specific guidance for GP partners. [The FAQs and other information can be accessed from the BMA website.](#)

The BMA has decided against a ballot on industrial action at this stage. However, the BMA is supporting the Day of Action and needs the help of Local Medical Committees to assist GPs who wish to demonstrate their opposition to the reforms, and to provide them with advice on issues arising from industrial action by other unions.

LMCs are being asked to join the BMA in encouraging members to visibly show their support for the Day of Action. Campaign materials, carrying a simple message of support, will be mailed out to individual members with the BMJ ahead of the day.

A letter from Laurence Buckman giving an update on threats to NHS pensions has been sent to all GPs.

Pension Dynamising Factor for April 2012

The dynamising factor for April 2012 will be 6.7%. This is as a result of the Consumer Price Index (CPI) figures, released this week, of 5.2%. The Retail Price Index (RPI) for September 2011 was 5.6%.

Information cascades for sessional GPs

The GPC and its Sessional GPs Subcommittee has raised concerns about problems with information cascades to GPs. Further to this, the Department of Health National Managing Director of Commissioning Development, Dame Barbara Hakin, has written to PCT clusters recommending the use of personal contact details of salaried and local GPs held on the medical performers list to communicate important information. The letter advises that the DH 'shares the BMA's view that all GPs should have access to communications from PCTs', and states that using the details from the medical performers lists is unlikely to be considered a breach of data protection rules due to the need to communicate important information to all GPs in an area.

The GPC welcomes this as progress in ensuring that sessional GPs receive important communications. PCTs have also been asked to discuss with CCGs how to develop the most efficient and effective ways of engaging sessional and locum practitioners in their area.

LMC are asked to ensure that PCTs are acting on this letter.

Practice nurse indemnity

The Royal College of Nursing have sent the attached letter (appendix 1) to their members regarding indemnity for work undertaken in practices. As a result of this, we advise practices to check their indemnity arrangements to ensure that the work carried out by their practice nurses is appropriately covered.

Locum agreement guidance

The GPC has recently published a Locum agreement guidance document. This guidance is aimed at both locum GPs to help them put together written agreements with the practices for which they work, and to practices who engage locums. [The guidance can be viewed on the BMA website.](#)

Prescribing specials guidance

The National Prescribing Centre (NPC) has published guidance for prescribing specials. The guidance explains what specials are and advises on when to prescribe a special. Appendix 2, *Prescribing Specials: a quick checklist for prescribers*, may be of particular use for GPs.

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

Social determinants of health – what can doctors do?

A BMA report about health inequalities has now been published, giving some practical examples of what doctors can do to make a difference. This report follows on from the work led by the previous BMA President, Sir Michael Marmot, focusing on health inequalities as one of the many priority areas of work for the BMA. There have been a number of events raising awareness of this issue, and earlier this year the BMA asked for examples of good practice in the UK that tackle health inequalities and the wider determinants of health, some of which have been included in this report.

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

NHS general practice workforce census

Practices and LMCs may be aware that the annual NHS general practice workforce census is about to take place. The GPC generally supports this as a means of getting accurate information for negotiators on both sides, to support negotiations in the coming year. This census (as at 30 September each year) is one of three which together deliver statistics on the total NHS workforce. The other two censuses relate to hospital and community health service staff in medical, and non-medical, roles.

General practice workforce statistics in England are compiled from data supplied by or on behalf of around 8,300 GP practices. The NHS Information Centre for health and social care liaises with these organisations and their agents to encourage complete data submission, and to minimise inaccuracies and the effect of missing and invalid data.

The general practice census aims to gather information on all practices and practice staff in England, including GPs. It delivers a detailed view of the workforce including staff type, headcount, full-time equivalence, age, gender, and country of qualification (in the case of GPs). It also delivers information on practice size (in terms of number of GPs, and list size). It has historically been published at the level of SHA and PCT. [Recent census publications may be viewed online.](#)

The collection of information is rigorously vetted and controlled by the Review of Central Returns process which demands ministerial approval for any collection and specifically seeks to reduce the burden imposed on the service.

The majority of the information for the census is obtained automatically from the Connecting for Health / NHAIS / 'Exeter' GP practice re-imburement system, the aim being to reduce the burden imposed on practices. The census has a number of uses, including:

- workforce planning
- planning and development of education and training
- evidence to Doctors' and Dentists' Review Body
- policy development
- monitoring changes in general practice provision (eg by contract type)
- parliamentary accountability (eg in answering parliamentary questions)
- public accountability under the Statistics and Registration Act.

The NHS Information Centre will be distributing templates to PCTs shortly and PCTs will then contact practices to ask for this information. We would encourage practices to participate, as it is important that accurate and complete information is available. LMCs are therefore asked to ensure practices are aware of the background to this census and the GPC's support for it.

LMC Secretaries Conference 2011

Letters of confirmation has now been sent out to all the representatives attending the LMC Secretaries Conference in BMA House Thursday 1 December 2011. Confirmed speakers are Sir David Nicholson (Chief Executive of the NHS) and Mike Farrar (Chief Executive of the NHS Confederation). If you haven't filled in your preferences for the morning and afternoon workshops, please do so by Friday 11 November. For any queries, please contact Karen Day (kday@bma.org.uk).

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 shortly.

GP trainees conference

"Get Ahead: The Essential GP Trainee Skills Day" will take place on Wednesday 30 November at BMA House. This one day conference will give GP trainees practical guidance about the variety of career options available to them and is designed to help individuals choose the right path. A wide choice of breakout sessions will provide the chance to personalise the programme to suit each attendee, and there will also be plenary sessions updating on current issues in general practice alongside guidance on financial matters for young doctors.

[Further details are available on the BMA website.](#)

This event will help anyone who wants to make the most of their training and prepare for the future, so please do send the above link to any current trainees or recently qualified GPs you know.

GPC secretariat

A copy of our staffing structure to reflect staffing changes is attached at appendix 2. 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 3.

Find your 1% GP campaign

We have been asked to draw your attention to the **Find your 1% campaign**, hosted by Dying Matters, in association with NCPC, Royal College of General Practitioners, NEoLCP and QIPP end of life care workstream. The campaign aims to help GPs identify patients who are likely to die in the next 12 months, support them in having difficult conversations about end of life issues and help them better meet the needs of patients and carers.

[A new campaign website](#) has been launched, where GPs who sign up can access useful information on end of life planning and a range of helpful resources. Regular campaign emails signposting to tools, tips and the latest news and events in end of life care will also be sent out to GPs who register.

GPS are encouraged to visit www.dyingmatters.org/gp to find out more and to sign up to the Find your 1% campaign.

Royal Medical Benevolent Fund

Please find attached (appendix 4) details of the Royal Medical Benevolent Fund Christmas appeal.

The GPC next meets on 17 November 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 8 November 2011. It would be helpful if items could be emailed to Christopher Scott at 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

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