This year we are celebrating the centenary of the first meeting of the BMA committee set up to represent GPs. In February, current and former members of the GPC came together with government ministers, civil servants and other guests to mark the occasion. It was wonderful to see so many old faces and to have the opportunity to reflect on the important work that the committee has done over the years. Our history is one of numerous reorganisations of the health service throughout which we, the LMCs and general practice, have prevailed.

In England, we currently find ourselves in the midst of the most fundamental health service reforms we have seen in a generation. When we were originally told about the government's plans for clinically-led commissioning, we welcomed the increased role for GPs in service design and, as the creation of Clinical Commissioning Groups (CCGs) continued apace, the GPC published a series of guidance documents to keep the profession informed. The concept of clinically-led commissioning is one that many GPs continue to support. Yet, as the Bill progressed through Parliament, it became increasingly clear that it represents a grave threat to the health service. The reforms are the most top-down reorganisation the NHS has ever seen and will introduce new layers of bureaucracy with limited freedom for clinical commissioners, increased competition and a bigger role for private companies. The welcome rhetoric on clinical commissioning has been spoilt by the reality that the bill imposes on GPs. Elements of the bill have had the potential to damage the doctor-patient relationship. In November last year the BMA moved to a position of total opposition to the Bill, a move which is fully endorsed by the GPC and which has subsequently been mirrored by a growing number of professional bodies.

Scotland, Wales and Northern Ireland are spared the market-based reforms but are similarly subject to ongoing budgetary challenges. All UK GPs have suffered another year with no increase to net pay in line with current government policy, though we did manage to secure a 0.5% uplift to contract value to support practices in meeting increased expenses.

At the same time that the BMA has been throwing its weight behind our response to the health reforms, we have been threatened with major pension changes. At the end of February BMA Council decided to ballot members on industrial action short of strike. This carefully considered step has been taken very reluctantly. Though the decision to take industrial action demonstrates the profession's strength of feeling, our decision not to take strike action reflects our determination not to cause harm to our patients. At the time of writing the details of this action are being finalised.

Whatever the future holds, local medical committees will continue to support GPs, the GP Defence Fund will be there to back them up and the GPC, its negotiators and BMA staff will keep on working tirelessly to represent the entire GP body. As ever, I am grateful for your continued support and for the work of colleagues and staff in the BMA's NHS GPs Division, national offices, press office, parliamentary unit, legal and health policy departments.

We are in for another roller-coaster year.

Laurence Buckman, Chairman, GPC
Policy and negotiations

The Health and Social Care Bill has been the primary focus of both Government and the GPC over the past year (see Commissioning and Service Development section for detail). As a result, negotiations between GPC and NHS Employers were not intended to introduce major changes to GP contracts for 2012/13.

GMS negotiations 2011/12
Following the public sector pay-freeze for all professionals earning over £21,000, the BMA was again prevented by the government from appealing to the DDRB for our legitimate pay award. NHSE and GPC agreed that in line with government policy there would be no uplift to GPs’ net pay in 2012/13 but that the overall value of the GMS contract would be uplifted by 0.5% to support practices in meeting the costs of increased expenses, including pay increases for employed staff with a full time equivalent salary of less than £21,000. This uplift was delivered through an increase in the value of a QOF point.

QOF changes
Changes were made to various clinical indicators and thresholds in QOF and two new disease areas were introduced – osteoporosis and arterial disease.

It was agreed that the quality and productivity prescribing indicators, which were introduced into QOF in 2011/12, would be replaced by new one-year (2012-13) indicators to reduce avoidable A&E attendance. We also agreed that the quality and productivity indicators covering emergency admissions and outpatient referrals would continue for another year until April 2013.

Choice of GP practice (England only)
NHSE and GPC agreed that practices in England will agree with their PCT an outer boundary where they will retain, where clinically appropriate, existing patients who have moved into the outer boundary area.

We also agreed a choice pilot in which patients present but not resident in parts of London, Manchester and Salford and Nottingham will be able to visit selected practices (participating by voluntary agreement) either as a non-registered or registered out-of-area patient. These pilots affect all PCTs in England as each must ensure arrangements are in place to look after remotely registered patients should they need attention nearer home. The GPC is now working with the Department and NHS Employers to finalise the design of the pilot evaluation. We remain unconvinced that these schemes are a worthwhile use of scarce NHS resources and anticipate considerable difficulties in communicating information between “home” and “away” practices and trying to organise patient care between remote PCTs. We hope that LMCs will let us know how these pilots are affecting services and patients in their areas.

As part of the negotiated agreement, regulations are being changed to make practice list closure more straightforward and less detrimental to the practice.
Directed Enhanced Services in England

The osteoporosis DES was ended with effect from 1 April 2012. The GMS element of this resource will be reinvested in the global sum in 2012 with no corresponding increase to correction factor payments. Any money released through reductions in correction factor payments will be reinvested in the global sum.

NHSE and GPC agreed that the alcohol reduction scheme and the learning disabilities health check scheme will be recommissioned for 2012/13. The requirements and payment for these schemes will remain the same as for 2011/12.

The extended hours access DES will also be recommissioned unchanged for 2012/13.

Dispensing

In addition to the main contract negotiations for 2012/13 we have been negotiating with NHS Employers regarding an £8.6 million underspend on last year's dispensing funding envelope for England and Wales. These negotiations have also involved the Dispensing Doctors' Association (DDA). At the time of writing, a proposal had been submitted to the government for consideration but the agreement had yet to be finalised.

Personal Medical Services (PMS) practices

PMS contracts remain under threat in many parts of the country. Fairer funding reviews are being used in some areas to redesign PMS contracts to link income more clearly to specific service provision. Despite lacking negotiation rights for PMS contracts, the GPC supports LMCs in their PMS contract negotiations, and strongly encourages all PMS practices to negotiate as a single group with LMC support.

Communications, public relations and lobbying

Two major issues have dominated BMA communications this year – the Health and Social Care Bill and pensions. The BMA has led debate on the Bill and worked hard to ensure that GPC was well-positioned to lobby on the legislation. This has ranged from generating amendments to the legislation during the early stages of the Bill and latterly to strongly voicing GPC’s concerns about the government’s direction for clinician-led commissioning. GPC members themselves have played a significant role in helping to ensure that the organisation’s position on the Bill is well-known amongst opinion formers and policy makers. The numerous policy briefings the BMA produced on the Bill are available at: www.bma.org.uk/healthcare_policy/nhs_white_paper/consultationpaperswp.jsp

With regard to the government’s proposals to reform public sector pensions, efforts have been targeted at influencing changes to the government’s position and making sure that doctors’ concerns are fairly portrayed in the media.
Clinical and Prescribing Subcommittee

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

Chair: Bill Beeby
Deputy Chair: Andrew Green

Cervical screening and contraceptive implants training
The GPC continues to be in regular contact with the Department of Health (DH) regarding cervical screening issues. In December 2011, the DH published a letter confirming that there is no contractual requirement for GPs to have cervical cytology update training, and later confirmed that this also applied to nurses.

Vaccinations and immunisations
The GPC has had several meetings with the DH over the year to discuss how to bring up to date the additional services and regulations on vaccinations and immunisations. As a result of these discussions, an annex to the Statement of Financial Entitlements (SFE) will be published in April 2012. The subcommittee is drafting an updated Focus on vaccinations and immunisations, to be published after the amendments to the regulations have been launched. The subcommittee also published Focus on travel immunisations in December 2011.

Seasonal influenza
GPC has had regular meetings with the DH and RCGP to discuss seasonal influenza issues. We had concerns about the shortages of seasonal flu vaccinations last winter, and the lack of a national flu campaign, which the DH decided against due to lack of evidence that this had an impact on uptake in the at-risk groups. In September, GPC wrote to practices to remind them to give priority to at-risk groups and to encourage vaccination of staff.

Medicines supply chain shortages
The GPC is concerned about shortages of both branded and generic medicines and have discussed the issue with National Pharmacy Association and Community Pharmacy Scotland, and have written to Kevin Barron MP. The GPC continues to be involved in discussions with the DH, MHRA and other representative pharmaceutical organisations (via the ‘Medicines Supply Chain Forum’) regarding shortages of prescription medicines in the UK. In 2011, the Forum produced joint guidance entitled ‘Best Practice for Ensuring the Efficient Supply and Distribution of Medicines to Patients’.
Other work streams

The subcommittee has commented on the prescribing chapter of the updated Medical Ethics Today and the GMC’s Good practice in prescribing medicines, and has also responded to a number of consultations, including a Home Office consultation on controlled drugs and a consultation on physiotherapy and podiatry prescribing. Other work streams include: Patient Reported Outcome Measures (PROMS); Prescribing numbers; Anticipatory Prescribing; Monitored dosage systems; Prescribing of special medicines; Controlled drugs prescribing; Minor surgery; Fitness to drive.

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

http://www.bma.org.uk/representation/branch_committees/general_prac/prescribingctte.jsp
Contracts and Regulation Subcommittee

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
All primary medical services providers will have to be registered with the CQC by April 2013, with the process leading to registration beginning in July 2012. The subcommittee has been lobbying the CQC to make the process as proportionate and appropriate as possible, with bureaucracy at a minimum. The GPC and CQC have agreed a joint statement, agreeing on the need for this to occur. The subcommittee published a CQC toolkit for practices in May 2011 and will shortly be publishing some new guidance to assist practices with the registration process.

NHS Reforms
Although much is still unknown about the future structure of the NHS, the subcommittee has been developing the GPC’s policy on the future NHS contractual, performance and regulatory arrangements.

Limits of Primary Medical Services
The subcommittee has received a number of anecdotal reports of GP practices being asked to register and treat patients in secondary care institutions, with a resulting blurring of boundaries between the care provided by the GP and the secondary care institution. We plan to issue guidance on this shortly, and have raised this matter with the Department of Health.

Prison GPs
The subcommittee held the first GPC prison GP conference in September 2011, covering matters such as revalidation, continuing professional development, prison GP contracts and representation. The conference was well-received and a number of actions will be taken forward to improve GPC’s representation of prison GPs.

Charges to Patients
The subcommittee is in discussions with the Department of Health on the regulatory rules around practices charging NHS patients, with the intention of issuing clear guidance on this in the near future.

For more information about the work of the Contracts and Regulation subcommittee please contact Joe Read – jread@bma.org.uk – or visit our webpage:

http://www.bma.org.uk/representation/branch_committees/general_prac/statregssub.jsp
Commissioning and Service Development Subcommittee

**Remit:** To consider and develop policy on all matters relating to the commissioning and provision of services, including: the commissioning reforms in the Health and Social Care Bill, enhanced services, OOH, new providers, the internal market and all other relevant initiatives as they arise.

**Chair:** Nigel Watson  
**Deputy Chair:** Simon Poole

**NHS Reforms**
The main focus of the subcommittee's work has been contributing to the BMA's lobbying on the commissioning proposals in the Health and Social Care Bill. This has involved responding to consultations relating to the reforms (for example, the proposed NICE Commissioning Outcomes Framework), contributing to BMA briefings on commissioning-related issues as the Bill progressed through its legislative stages and meeting the Department of Health and other stakeholders to influence the development of the proposals.

**Development of clinical commissioning groups**
As the implementation of the reforms has progressed, the subcommittee has developed policy and raised awareness of problems relating to the development of clinical commissioning groups. Issues raised include the democratic structures of CCGs, the quality reward and commissioning support services. The subcommittee has sought the views of GPs and LMCs to inform their work, gathering information about how clinical commissioning groups are developing in different areas in order to ensure that clear advice can be communicated to doctors involved and where necessary, issues can be escalated to the Department of Health and other stakeholders for consideration.

**Guidance documents**
As the Government's proposals have developed, the subcommittee has produced a number of guidance documents to advise LMCs, GPs and clinical commissioning groups on the issues that will affect them, including: a new commissioning newsletter, CCG Constitutions, Health and Wellbeing Boards and The Authorisation Process. The subcommittee has also worked with the Centre for Public Scrutiny to produce joint guidance, Accountability in the new structures. All of the documents can be found here: [http://www.bma.org.uk/healthcare_policy/nhs_white_paper/gpcwhitepaperguidance.jsp](http://www.bma.org.uk/healthcare_policy/nhs_white_paper/gpcwhitepaperguidance.jsp)

**Commissioning of Primary Care**
The subcommittee continues to meet with the Department of Health, other primary care organisations and stakeholders to influence the development of proposals relating to commissioning of primary care. Issues discussed have included who should have responsibility for primary care contract administration, performance management of general practices and the commissioning of Local Enhanced Services in the new commissioning structures. Of particular focus has been defining an appropriate role for clinical commissioning groups in setting local quality standards in primary care whilst ensuring that this does not stray into contract management of their constituent practices and the local profession.
Department of Health and stakeholder meetings

Representing the subcommittee and the GPC, the chairman (in particular) and a number of other members have attended a large number of Department of Health and other stakeholder meetings, to influence and raise concerns about the implementation of the Government's proposals such that, if they do become law, the negative impact on patient services and GPs and other NHS staff is as minimal as possible.

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

http://www.bma.org.uk/representation/branch_committees/general_prac/csdsubcommittee.jsp
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: Vicky Weeks

Revalidation
The subcommittee has continued to lobby for a revalidation system that is properly funded, proportionate and equitable for all GPs through representation on official groups, informal meetings, and written submissions to relevant bodies. Despite revalidation being due to commence relatively shortly, there are still a number of outstanding issues and the subcommittee will continue to work to resolve these. It is also working to ensure that PCOs do not pre-empt the introduction of revalidation by implementing more stringent appraisal frameworks before it has begun.

Extending GP Training
The subcommittee has been feeding into discussions with the RCGP and COGPED regarding proposals to extend GP training. There are currently a number of areas that need to be resolved, and the subcommittee is working to ensure that any extension works for the educational benefit of GP trainees, is properly funded and that GP trainers are remunerated appropriately.

NHS Reforms
The subcommittee has been feeding into the BMA response to the education, training and workforce arm of the NHS reforms. We remain concerned that the reforms will lead to an inconsistent, overly-localised and service-focused approach to education, training and workforce planning. We also have concerns about Local Education and Training Boards (LETBs) lacking GP representation, and will be lobbying for increased GP influence on these boards.

RCGP E-Portfolio
With the GP trainees subcommittee, we have been raising concerns about the RCGP ePortfolio, particularly highlighting GP trainer concerns about its complex and time-consuming nature.

GP Workforce
The subcommittee has been feeding into a cross-branch BMA group that was set up to develop the BMAs workforce policy. It also contributed to published GPC guidance encouraging GP practices to take on GP partners.

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

http://www.bma.org.uk/representation/branch_committees/general_prac/educationtrainwork.jsp

GPC Annual Report 2012
GP Trainees Subcommittee

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

Chair: Krishna Kasaraneni
Deputy Chair: Chris Williams

Extending GP training
The subcommittee has been working with the RCGP and COGPED in relation to a plan for an extension to GP training. This has involved responding to the RCGP’s educational case, commenting on COGPED’s implementation strategies and meeting with these organisations to try to establish a mutually acceptable way forward. At the current time, there are some outstanding concerns and the subcommittee are working with the negotiating team to promote the importance of ensuring that any extension to training has a sound educational basis and is properly funded.

ePortfolio
The subcommittee wrote to the RCGP highlighting the concerns raised with the complexity and time consuming nature of the ePortfolio. As a result, we were invited to send a representative to the College’s ePortfolio development group, and we are now seeking improvements to the functionality of the system via this forum. In addition, the RCGP have produced a position paper clarifying expectations around the collections and review of learning log entries. This states that the expectation for the number of learning log entries is 1-2 per week and shifts the emphasis from quantity to quality.

GMC GP Trainees Survey
The subcommittee wrote to the GMC in 2011 to highlight some problems that had been identified with the GMC survey; in particular many of the questions are not relevant to GP trainee posts. The GMC invited the GPC to sit on the 2012 survey question setting group, and we will be continuing to work with them to help with improvements to the survey.

Subcommittee Elections
The subcommittee held elections for casual vacancies in January 2012, electing members to serve until the summer when the next full round of elections will take place. The next full round of subcommittee elections will be held in summer 2012, electing representatives to serve for two years. If you are interested in supporting the subcommittee’s work, please email Christopher Scott, whose contact details are below, for more information.

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

http://www.bma.org.uk/representation/branch_committees/general_prac/gptraineessubcommittee.jsp
Information Technology Subcommittee

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: Tbc

Information strategy
The subcommittee has continued to engage with the Department of Health on the forthcoming Information Strategy publication. The strategy will provide an overview of the information needs of clinicians and patients and will include proposals to provide patients with access to their records online. The subcommittee has provided initial views on these proposals to Connecting for Health and will follow developments closely.

The future of GP IT
The GP Systems of Choice (GPSoC) scheme will be replaced by a new framework from April 2013. IT Subcommittee and Joint GP IT Committee (JGPITC) members have attended a series of workshops run by Connecting for Health to help develop the new arrangements for the provision and development of the GP clinical IT systems used in all practices in England. The IT Subcommittee and JGPITC will also provide representation on the GP IT National Requirements Group set up to review, prioritise and recommend the requirements.

Confidentiality of patient data
The subcommittee contributed to the BMA guidance ‘Requests for disclosure of data for secondary purposes’ which provided high level principles on releasing patient data for purposes other than direct patient care. The subcommittee has also established quarterly liaison meetings with the NHS Information Centre and will work with them to develop a code of practice for data extractions mandated by the Health and Social Care Bill.

Information governance for GPs
The information governance requirements for GP practices were clarified this year by the IT Subcommittee, with guidance produced covering the Department of Health’s Information Governance Toolkit and the 13 requirements for practices to self assess against. The subcommittee has liaised with the Department of Health to ensure that future versions of the toolkit are more relevant and user friendly.

National end of life care co-ordination information standard
The subcommittee has provided detailed views on an information standard for end of life care records, proposed by the National End of Life Care Programme. Particular input has been provided on the codes to be used in the care records to aid future interoperability with GP systems. Further input will be provided through implementation and review of the system.
The subcommittee continues to advise on GP IT entitlements under the General Medical Services contract.

For more information about the work of the IT Subcommittee, please contact Matthew Isom – misom@bma.org.uk – or visit our webpage:

http://www.bma.org.uk/representation/branch_committees/general_prac/gpcitsubcommittee.jsp
Practice Finance Subcommittee

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 Strategy
A relative period of inactivity from the Department of Health (DH) in relation to premises occurred prior to the NHS Commissioning Board being established and confirmed. However, a number of future developments have been announced since the beginning of 2012.

The GPC principle for premises development remains firmly in favour of mechanisms that allow GPs to invest in their own premises, allowing the NHS to get the most cost-effective and efficient premises that are fit for purpose and able to deliver high quality primary health care services. Negotiation on revisions to the Premises Costs Directions, as announced by DH recently, will be taken forward on this basis. Also on the agenda for discussion will be a fair, clear and robust appeals mechanism for disputes arising as a consequence of funding decisions.

NHS Property Services Ltd Co
A close eye is also being kept on developments with regard to the establishment of the recently announced NHS Property Services Ltd (a company wholly owned by the DH that will take ownership of and manage existing primary care trust estate that will not transfer to NHS community care providers under the plans for reform set out in the HSCB). Regular meetings with DH officials continue to take place and the objective of the discussions is to ensure that future estate planning delivers primary care premises that are sustainable and support the transfer of treatment from secondary to primary care.

Dispensing
The DH has issued its consultation document on the implementation of the new control of entry regulations in December. GPC submitted a response and this is currently being considered by DH officials. The ministerial announcement on when the regulations will be formalised is anticipated for late spring.

Protecting Small and Rural Practices
Particular interest is being given to the forthcoming choice of GP practice pilots that are due to begin in April 2012. Younger, healthier patients often move away from rural areas for employment purposes, and the opportunity to register with a practice nearer to the place of employment may lead to a further decrease in income for rural practices. This may jeopardise the practice’s ability to provide for the health care needs of remaining patients.
The rising operational costs associated with practice premises may become a significant issue depending on the remit and responsibilities of the new NHS Property Services Ltd Company. The subcommittee continues to monitor the situation and intends to provide further advice, e.g. regarding rising service charges, once imminent discussions have been held with DH officials.

**Practice Staff**

Consideration continues to be given to issues relating to practice staff (nurses and administrative staff), particularly in relation to the Health and Social Care Bill and how the abolition of PCTs and the creation of Clinical Commissioning Groups (CCGs) will affect these staff and the practices they work for.

The subcommittee intends to publish guidance on changes to the Royal College of Nursing’s (RCN) nurse indemnity cover that were announced earlier this year. Advice has been sought from the medical defence unions and the GPC guidance will be published in the near future.

For more information about the work of the Practice Finance Subcommittee, please contact Alexander Ottley at aottley@bma.org.uk – or visit our webpage:

http://www.bma.org.uk/representation/branch_committees/general_prac/practicepremises.jsp
Representation Subcommittee

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

GP Trainees Subcommittee
The subcommittee worked with the GP Trainees on amendments to their standing orders. While their subcommittee’s move to 2 year-terms had provided benefits, it had raised some representation concerns, particularly in relation to subcommittee regional representatives who could qualify as GPs early in the 2 year term. In the future, regional representatives will be required to step down from the subcommittee should they qualify as a GP in the first year of their subcommittee term.

Elections to Clinical Commissioning Groups (CCGs)
The subcommittee advised the GPC that elections to CCGs should be carried out on the basis of ‘one GP, one vote’, irrespective of contractual status, to ensure that salaried and sessional GPs were not disenfranchised. In addition, all types of GP should have the opportunity to stand in elections. This advice was included in the ‘Clinical Commissioning Groups Constitutions’ guidance note.

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. There had been a plan to move towards electronic methods of voting, and although some difficulties have been encountered, work in this area will be continued.

GPC meetings
The subcommittee and GPC approved a proposal to allow LMC observers to attend GPC meetings.

Representation of Prison GPs
The committee is committed to ensuring that GPs working in prisons are appropriately represented by GPC; work is ongoing 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 Christopher Scott – cscott@bma.org.uk – or visit our webpage:

http://www.bma.org.uk/representation/branch_committees/general_prac/representationsub
Sessional GPs Subcommittee

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

Chair: Vicky Weeks
Deputy Chair: Stephen Bassett
Additional Executive Subcommittee Members: Mark Selman, Malcolm Kendrick

NHS Reform
The Sessional GPs subcommittee supports GPC’s policy of ‘one GP, one vote’ and is working to ensure that all GPs, regardless of contractual status, are engaged with all levels of clinical commissioning. The subcommittee has endeavoured to keep salaried and locum GPs up-to-date with the reforms through its regular newsletter and has encouraged sessional GPs to contact their LMCs and CCGs to ensure that they receive local information on commissioning.

Information cascades to sessional GPs
The subcommittee remains concerned that sessional GPs often miss out on the important information sent to partner GPs by PCTs, LMCs and Deaneries. It has been considering ways to ensure that these communications reach all GPs and has been in discussion with the Department of Health about this issue. After hearing our concerns, the Department wrote to PCT clusters to remind them to use their Performers Lists to identify individual GPs when sending out communications.

Retainer and Returner Schemes
As part of the subcommittee’s work in the important area of sessional GP workforce issues we remain concerned at the continued lack of funding for both the retainer and returner schemes. These schemes provide value for money for the NHS by ensuring that the training of GPs who have spent time out of the workforce, or who have to significantly reduce their commitment to general practice, is not wasted. Supported by a motion passed at the 2011 LMC Conference, we are working to raise the profile of the schemes, and would like to see central funding for them re-instated.

Locum GPs
The subcommittee has continued to consider the support and advice that it can provide to locum GPs. It has published guidance for locums on drafting agreements with the practices they work for and a handbook for locum GPs, similar to the popular salaried GP handbook, is planned for publication in spring 2012.
Revalidation

The subcommittee is anxious to see that revalidation, when introduced, is a fair process for all sessional GPs. The subcommittee has continued to promote its belief that all GPs should be allowed equal opportunity to revalidate, regardless of contractual status and remains concerned that non-practice based GPs will be at a disadvantage. It had input into the recent pilot for locum doctors run by the London Deanery and has engaged with the Revalidation Support Team, alongside the wider BMA’s cross-craft committee on revalidation.

For more information about the work of the Sessional GPs Subcommittee, please contact Faye Bunch – fbunch@bma.org.uk – or visit our webpage:

http://www.bma.org.uk/sessionalgps/
Northern Ireland General Practitioners Committee

Remit: To represent the interests of all GPs in NI 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 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 2011/12 were:

NI Review of Health and Social Care

NIGPC and RCGPNI are working with the Department of Health Social Services and Public Safety (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 NI with a significant reduction in hospitals. 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.

Completion of Medical Assessments under Mental Health (NI) Order 1986

NIGPC and RCGPNI are working with the Department of Health Social Services and Public Safety (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 NI with a significant reduction in hospitals. 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.

NIGPC is grateful for BMA Law’s help on discussions over the past year with the Department, the Board and with GPs on the Mental Health (NI) Order 1986 to find a solution to the confusion experienced by GPs signing Form 3s for formal admissions. We have debated the various concerns; i.e. responsibilities, potential medico-legal implications and all the different scenarios in or out of: hours, hospital, GP area, as well as governance arrangements and a requirement for funded training.

NIGPC’s 2 main areas of concern are that we believe that the definition of GMS essential core services has been unduly extended and is not in accordance with the Regulations or the Mental Health (NI) Order 1986. NIGPC has taken issue with our Board whose legal approach was to take a hard line on this and GPs who fail to sign on request are in breach of their contract, even though they may have no prior knowledge of the patient.

Towards the end of 2011 NIGPC agreed to produce a document for the Board to find a practical solution to this important issue. I am pleased and grateful to the NIGPC Domestic Negotiations team.
that we are now close to signing off a guidance document which will cover all the different scenarios under which GPs are called to complete Form 3s and any grey areas will be outlined and tested.

**Patient Complaints and the Ombudsman**

NIGPC has been working with the local BMA(NI) office and BMA Law on the issue of patient complaints. We met recently with Mr Frawley, the Ombudsman, to raise our concerns on the consolatory payments awarded by him to patients against practices. NIGPC had received many complaints on the arbitrary nature and amount of the payments as well as concerns from vexed GPs on how practices were often helpless in the face of patient complaints taken directly to the Ombudsman.

The meeting was very constructive and NIGPC and BMA(NI) are now developing an honest broker service with the Board and clear guidance for GPs about how best to avoid the Ombudsman’s attention.

**Employers Superannuation Contributions**

I would like to thank Dr Brian Dunn on behalf of NIGPC for continuing to take on this area of work. NIGPC and the LMCs are trying to find a resolution, and dealing with affected GPs and their accountants on their individual superannuation circumstances. This is being caused by the ongoing delay in the payment of the Treasury transfer of additional employers superannuation contributions which was not effected in Northern Ireland at the same time as in the other countries and which still remains outstanding. We have been working hard with the BMA HPERU and the DHSSPS officials on allocating as equitably as possible additional contributions to practices. This issue is becoming increasingly complicated but pending the resolution of some tax ramifications with the Department and HMRC, we are hopeful to conclude this soon.

**Sessional Doctors**

NIGPC has decided to make the integration of sessional GPs a priority. We have excellent sessional representation on NIGPC, on GPC’s Sessional Doctors Sub-Committee and across the 4 LMCs in Northern Ireland. We are keen to encourage greater knowledge sharing through integration of Sessional Doctors into the “information cascade” and working with NI Medical and Dental Training Agency (NIMDTA) and our Health Board to make this happen.

We’re also working with NIMDTA on a voluntary “affiliate” scheme which is gathering pace where each Sessional Doctor is affiliated to a practice so that they can engage in Continuing Professional Development, revalidation and governance arrangements. Sessional Doctors now have a regular column in my quarterly Newsletter which enables the 2 Sessional Doctor representatives on NIGPC to raise any pertinent issues and which is received by all GPs in Northern Ireland.

For more information about the work of the Northern Ireland General Practitioners Committee, please contact nigpc@bma.org.uk or visit our webpage:

http://www.bma.org.uk/representation/branch_committees/general_prac/aboutnigpc.jsp
Scottish General Practitioners Committee

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

Chair: Dean Marshall
Deputy Chairs: Andrew Buist and Alan McDevitt

Policy and Negotiations
SGPC negotiated Scottish specific QOF guidance relating to the Quality and Improvement indicators to ensure that these were appropriate for Scottish practices, especially relating to prescribing indicators and reporting methods. In addition, SGPC agreed a revised Specification for the Palliative Care DES to be introduced in 2012/13 along with additional flexibility for practices providing the Extended Hours DES. SGPC also managed to secure additional QOF payments for Scottish practices to rectify a QMAS underpayment issue. Through discussions with the Scottish Government, SGPC ensured that an attempt by one large NHS Board to withdraw Hospital and Community Health Service Funding paid to practices under GMS arrangements was unsuccessful.

A progress report, which sets out the action taken on recommendations made in the 2010 SGPC report General Practice in Scotland: The Way Ahead has been developed and will be published before the Scottish LMC Conference in March 2012. Finally, the Scottish Government has been consulting with SGPC on proposals for Scottish specific changes to the GMS contract for 2013/2014 which it believes will better support Scottish health priorities and policy aims relating to health and social care integration. This is likely to involve extended negotiations over the coming year.

Sessional GPs
Increased communication with sessional GPs in Scotland to identify and resolve issues affecting this group of GPs has been a key focus of activity this year.

Retainer Scheme
SGPC has raised concerns with the Scottish Government Health Directorates that some NHS Boards in Scotland have been capping their total number of retainer sessions to 2 per week per retainer. SGPC considers 2 retainer sessions per week to be inadequate to maintain 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. In particular, this could reduce opportunities for a predominately female section of the potential GP workforce. SGPC is continuing to pursue this matter and has urged the Scottish Government to take action to address this matter.

GP Trainees

GPSTr Employer Change
SGPC successfully negotiated a change of GPSTr employer from GP practices to NHS Education for Scotland (NES) which took place on 3 August 2011. SGPC and NES have worked together to ensure that the UK BMACOGPED agreed contract for GPSTRs, with only the minimal necessary changes, remains in place in Scotland. With the transfer of the contract to NES, GPSTRs will receive more
comprehensive HR support and will have greater clarity of arrangements through a single employer, whilst remaining on the terms of the UK contract.

**Scottish GP Training Agreement**

In line with Scottish LMC Conference policy, SGPC has also negotiated a training agreement which has clarified the respective responsibilities of both NES and training practices with regard to the new employer status of GPStrs in Scotland. GP Trainers will benefit from having a training agreement in place that clarifies their responsibilities as trainers and the support they can expect from NES in carrying out that role.

**Prison Health Care Transfer to NHS**

Prison health care transferred from the Scottish Prison Service to the NHS on 1 November 2011. SGPC had a number of meetings with the SGHD/Scottish Prison Service over the course of the year and was able to ensure agreement that no funding would be taken from the GMS budget to fund the prison medical service.

Additionally, SGPC was able to exert pressure on the SGHD/Scottish Prison Service to ensure that there would be no detriment to prison doctors’ terms and conditions of employment with the move to the NHS; and that employment contracts would be issued on an individual basis.

**Information Management & Technology**

The phasing out of GPASS in Scotland has been completed and SGPC was involved in discussions surrounding the successful transfer of practices to EMIS and VISION.

This year has also seen a cautious expansion of the Emergency Care Summary to allow limited access in specific secondary care settings. This extension was put in place following a joint data sharing agreement between RCGP, SGHD and SGPC.

Additionally, SGPC is now represented on the GP IT Service and Contracts Group which oversees the IT contracts awarded in Scotland.

For more information about the work of the Scottish General Practitioners Committee, please contact Carrie Young – cyoung@bma.org.uk – or visit our webpage

http://www.bma.org.uk/representation/branch_committees/general_prac/aboutscgpc.jsp
Remit: To represent the interests of GPs in Wales

Chair: David Bailey
Deputy Chair: Charlotte Jones

Pensions

Pensions are the main issue of concern for most doctors throughout the UK. A number of pension roadshows were held across Wales during January and were attended by a higher proportion of members than anywhere else in the UK. At each roadshow there was overwhelming support for industrial action. In Wales there was a 44% response rate to the BMA Pension survey with over 70% prepared to take industrial action. GPC Wales is working to feed back suggestions to the Pensions Project Board.

Dispensing

GPC Wales has stressed to the Welsh Government that there needs to be a mandate in place so Wales is signed up to the ongoing negotiations between the NHSE and GPC over the dispensing contract. A report has been submitted to the Health Minister outlining the position and Welsh Government have confirmed Wales is likely to continue to offer the same terms as England for dispensing doctors.

Welsh Government Manifesto on Access and Health Checks

The Welsh Government programme suggests they will deliver access to GP services in the evenings and Saturday mornings. GPC Wales has been working with Welsh Government to encourage satisfactory access to GPs but have insisted that the profession will not vary contractual hours from the UK contract. It has been suggested that the redistribution of existing appointments is one way forward.

The Manifesto also suggests the introduction of Health checks for the over 50s led by General Practice. GPC Wales has stressed that it is supportive of an online screening tool to identify high risk patients but not supportive of blanket checks in General Practice.

GP Returners

GPC Wales has raised concerns with Welsh Government that there are currently only five places funded in Wales for GP retraining. We are trying to keep professionals working in Wales and it seems very short sighted not to invest in these already qualified doctors to increase the shrinking workforce. GPC Wales has stressed that without a clear funding stream for returners there is no easy way for them to return to practice. We are continuing to work with the deanery to resolve this issue and ensure equitable terms for returners to rejoin the workforce.
Out-of-Hours Review

Welsh Government is undertaking a review of the out-of-hours service in Wales and GPC Wales is working with officials to establish the correct mechanisms to deliver a safe and effective service for patient care. We have stressed that an effective triage system utilising experienced primary care clinicians is needed to ensure patients are managed by the appropriate person in an appropriate place and time whether they present with life threatening or serious conditions or with more minor ailments and injuries.

For more information about the work of the General Practitioners Committee (Wales), please contact Donna Martin – dmartin@bma.org.uk – or visit our webpage:

www.bma.org.uk/representation/branch_committees/general_prac/aboutwagpc.jsp
Charities

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 2011, the Fund received 134 new applications for assistance and supported 156 beneficiaries.

Anyone who knows of someone experiencing difficulties, hardship or distress is urged to draw attention to the Cameron Fund’s existence 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 discuss 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: www.bma.org.uk/about_bma/charities/index.jsp

The Claire Wand Fund
The Claire Wand Fund is a charitable fund that makes grants to fund the further education of medical practitioners predominantly engaged in general practice and for the provision of scholarships (including travelling scholarships) for such 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