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GPC meeting

The GPC met on 19 March 2009 and this newsletter provides a summary of the main items discussed.

2009-10 uplift

This week the GPC published a Focus On document to remind practices of the 2009-10 arrangements for contractual uplift. The negotiators will also be presenting explanatory slides at the forthcoming LMC roadshows. We are expecting the DDRB's report very soon and once we have heard from the DDRB we will, as usual, be writing to all GPs with as much information as we have available to us.

Obviously we hope that the DDRB's recommendations will be favourable to the profession but recognise the context of the current economic climate. We hope the ratio approach to contractual uplift agreed with the NHSE for 2009-10 will at least help to persuade the DDRB and government to implement some uplift.

Negotiations

The negotiators have a meeting with NHS Employers next week to continue our informal discussions about the arrangements for 2010-11.

Quality and Outcomes Framework

The government [published its response to the QOF consultation yesterday](#). The proposal for NICE to take over the arrangements for managing the new process for indicators is being implemented from April. With regard to local QOFs, a wide range of views were expressed in response to the proposal. The government recognises that the majority of indicators will be relevant at a national level. However, it also recognises that arrangements to support more local investment decision will need to develop carefully over time, including the balance between investment in the national QOF and locally commissioned services.

Patient responsiveness consultation

We hope to be able to launch the GPC consultation *Developing general practice, listening to patients* before the end of this month. This consultation will encourage GPs to discuss practice services with their patients and to feedback to the GPC examples of improvements they have made in their practices and barriers they encounter to making desired changes. At the end of the consultation process, the GPC will gather comments and case studies to inform our discussions with the UK governments and disseminate examples of innovative practice across the profession. Encouragement from LMCs for practice involvement in this consultation process would be very helpful. During the consultation and over the following months, we would particularly like to see practices engaging with patients to find out what patients value about the practice or would like to see improved. Many practices already do this on a regular basis, but others may benefit from GPC and LMC encouragement.

New complaints procedure

The new complaints procedure will start on 1 April 2009. From this date onwards, if any complainants are not satisfied with the way a local NHS body or practice has dealt with their complaint, they can ask the Parliamentary and Health Service Ombudsman to look into it. A complaint can still be submitted to the Healthcare Commission prior to 1 April 2009, but the Healthcare Commission will submit it to the Ombudsman to ensure it is dealt with appropriately.

The main differences between the old and new complaint procedure are:

- (1) Oral complaints made to the practice do not have to be dealt with under the legislation if they are resolved to the patient's satisfaction by the end of the next working day;
- (2) Practices must acknowledge receipt of a complaint within three days (via telephone is acceptable);

- (3) The complaints manager does not have to be a practice employee and can perform this role for more than one practice in the vicinity.

The GPC will be producing a FAQ document shortly.

Revalidation

Professor Mike Pringle, RCGP revalidation lead, attended the GPC meeting to present and discuss the RCGP's plans to date for revalidation.

RCGP proposals

The RCGP will be publicising its current vision for revalidation in early April 2009. This will be in the form of a 'living' document which will be [available on the College website](#). The RCGP is keen to receive feedback on this (which can be submitted via its website), and will be amending the document as necessary to reflect the comments received.

The RCGP document will provide an indication to GPs of the type of data that they will need to start collecting from April 2009 for the revalidation process.

GP appraisal

Given that PCO support for the enhanced GP appraisal process will be vital, the GPC is collecting information on those PCOs who currently fail to support the appraisal process adequately. Examples would include those PCOs who do not pay locum GPs for participating in NHS appraisal and those PCOs who do not offer annual NHS GP appraisals at present. An email from Julie Goodway has been sent to all LMCs requesting this data, and we urge LMCs to provide this at their earliest convenience.

Revalidation costs

The GPC wants to ensure that revalidation, appraisal and remediation are adequately supported. Work is currently underway to assess an estimate of the funding that will be required.

Outstanding issues

The GPC and RCGP are currently working together to try to remedy many of the outstanding issues, for example the need to ensure that revalidation meets the needs of peripatetic GP locums and to ensure that revalidation is not unnecessarily onerous. The RCGP hopes that GPs' concerns will be addressed by their document (see above), but also welcomes further ideas.

Opting out of summary care records

There have been recent media reports that patients who wished to opt out of having a summary care record (SCR) in NHS South Birmingham and NHS Stoke-on-Trent, which are early summary care record adopter sites, have been required to explain why they chose to do so in face-to-face interviews.

The GPC was extremely concerned about these reports as this practice was in contradiction to the Connecting for Health's (CfH) stated guidelines on asking patients for consent using the summary care record consent model.

The GPC Joint Chairman of the Joint GP IT Committee has received verbal assurances from CfH that they will tell all early adopter sites to remove reference to Section 10 of the Data Protection Act from their leaflets, cease any requirement for face-to-face interviews with patients that wish to opt out and provide leaflets that patients will be able to sign and send to practices to opt out easily, including an online downloadable version.

The GPC has carried a motion that condemned any PCT or government organisation which requires a patient to justify their wish to opt out of the SCR face to face. The motion also required that patients be able to opt out easily by using a provided leaflet, by writing to their practice, or by verbally advising their GP practice. The motion included that GP practices should record the fact and manner of a patient's request to opt out of the SCR.

The BMA's policy from 2006 was to support an opt-in model of consent and that patients should provide explicit consent for their data to be added to the spine. The evaluation of the SCR, by University College London in May 2008, recommended a 'consent to view model'; medication and allergies would be uploaded on an implied consent basis but would only be accessed with the permission of the patient. Further information, such as major diagnoses, would be added at the discretion of the GP. The BMA felt that this was an acceptable way forward on the basis that this model had worked in Scotland and Wales and that patients would be asked explicitly, at each episode of care, prior to access.

Further guidance on the SCR, including the use of 93C3 as a Read code [can be accessed online](#).

GPC guidance on referral letters from acute trusts to GP practices in England

The GPC has been informed of many occurrences across England where acute trusts have been sending all referral information/correspondence to senior partners, rather than the referring GP. Changes to acute trusts computer software in some parts of the country have resulted in all referral communications being sent solely to senior partners. The issue has been raised with Connecting for Health and the GPC has written guidance for practices on referral letters from acute trusts to GP practices in England. This guidance is attached in Appendix 1.

Mental Capacity Act 2005 - Deprivation of liberty safeguards

The aim of the deprivation of liberty safeguards is to provide legal protection for those vulnerable adults who are not detained under the Mental Health Act 1983, but are nevertheless restricted in their freedom owing to their inability to consent to care or accept treatment. The deprivation of liberty safeguards will come into effect from 1 April 2009 and will cover mentally incapacitated adults in hospitals as well as those in care homes registered under the Care Standards Act 2000. [More details are available on the Department of Health website.](#)

Doctors are eligible to undertake a mental health assessment as part of these procedures provided they are three years post-registration and they must have undertaken the deprivation of liberty safeguards Mental Health Assessors training programme made available by the Royal College of Psychiatrists. This is now available online, free of charge, to all NHS funded doctors in England.

[Doctors can register online.](#)

This work is not part of essential services for GPs; the Department of Health is unwilling to agree to a national fee for this work and the BMA's Professional Fees Committee advises doctors only to undertake this work if they have agreed the level and payment arrangements for the work in advance. Responsibility for payment lies with the PCT or local social services authority according to whether the person is in hospital or a registered home at the time of the assessment. However, in some areas, PCTs and LSSAs may have made joint local arrangements. For further information please [contact askbma.](#)

GPC regional election results, 2009-2012

The following candidates have been elected unopposed to GPC for the period July 2009 - June 2012.

- Robert Morley - Birmingham/Solihull
- Peter Holden - Derbys/Notts
- Bill Beeby - Durham/Cleveland
- Clarissa Fabre - E Sussex/W Sussex
- Eleanor Scott - Enfield & Haringey/Camden & Islington/Barnet/Kensington & Chelsea/Westminster
- David Bell - Grampian/Highland/Orkney/Shetland/Western Isles
- Charlotte Jones - Gwent/Bro Taf/Morgannwg
- Grant Ingrams - Herefordshire/Worcs/Warks/Coventry
- Paul Cundy - Merton, Sutton & Wandsworth/Kingston & Richmond
- Rob Barnett - Sefton/Liverpool/Wirral
- Roger Bulley - Somerset /N & E Devon

Two candidates were nominated in each of the following constituencies, and elections will therefore be held.

- Andrew Buist / Andrew Thomson - Forth Valley / Fife / Lothian / Tayside
- Ian Hume / Richard West - Norfolk / Suffolk / Great Yarmouth & Waveney
- Ravi Mene / John Hughes - Salford & Trafford / Manchester / Stockport

Electoral Reform Services will distribute ballot papers on Thursday 16 April 2009. The closing date for receipt of ballot papers by ERS is 5pm, Thursday 7 May 2009, and we anticipate announcing the results on Friday 8 May 2009.

Election of regional representative 2009-2010

Nomination of members

Nominations are sought in the election of a voting member of the General Practitioners Committee of the British Medical Association as regional representative for the constituency detailed below.

Local medical committees covered

- Surrey & Croydon*

* Please note that this election is for a one year term of office. A further election will be held in this constituency in 2010.

Candidates must be:

- GPs who contribute to the voluntary levy of an LMC in the constituency and who provide personally or perform NHS primary medical services for a minimum of 52 sessions distributed evenly over six months in the year immediately before election (5 June 2009); or
- GPs who are on the doctors retainer scheme and who contribute to the voluntary levy of an LMC in the constituency; or
- Medically qualified officers of a local medical committee in the constituency.

Nominations should be made on forms available from the General Practitioners Committee at the British Medical Association. BMA House, Tavistock Square, London WC1H 9JP (tel: 020 7383 6621; fax: 020 7383 6406) and [on the BMA website](#).

Each nomination form must be signed by the candidate, five proposers and a representative of the local medical committee who can confirm that the candidate and proposers contribute to the voluntary levy.

Nomination forms and statements in support of candidature should be returned to: Andrew Young, General Practitioners Committee, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP by no later than **5pm on Tuesday 14 April 2009**. Please note that it is the candidate's responsibility to ensure that GPC have received their completed nomination forms and statements.

In the event of a contested election, ballot papers will be issued by Electoral Reform Ballot Services on 15 May 2009.

LMC Conference - Deadline for motions

This is a reminder that the closing date for motions to amend Standing Orders of LMC Conference is **Thursday 9 April**.

The deadline for motions for the LMC Conference main agenda is **12 noon on Tuesday 14 April**. Please note that this date immediately follows the Easter break and LMCs are encouraged to plan accordingly to take this into account. We would be very grateful to any LMCs which assist the GPC secretariat by submitting their motions (one copy of the final version only please) as early as possible.

Please do not leave the submission of motions until the final morning if at all possible as it potentially risks slowing down the electronic system and your motions may fail to be received by the noon deadline. Motions received after the noon deadline on 14 April 2009 cannot be accepted.

If you have forgotten your password for inputting motions through the LMC Conference motions database, please contact Karen Day on kday@bma.org.uk as soon as possible.

Media coverage report

Please find attached (appendix 2) 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 23 April 2009, 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 14 April 2009. It would be helpful if items could be emailed to Catharina Ohman-Smith at cohman-smith@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