GPC newsletter
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BMA

Tuesday 22 November 2016 **Issue 3**

Content

GPC - England meeting

GPC England held its meeting on Thursday 17 November.

At that meeting GPC England received:

- An initial update on the progress of GMS contract negotiations.
- A presentation on the top line results of the national GP survey (England).
- The updated version of "Sessional GPs and LMCs – working together more effectively."
- Updated GPC guidance for GP practices and LMCs in England on co-commissioning.
- A paper from the BMA Professionalism and Guidance team on End of Life Care.

The committee also spent some time discussing the BMA's recently revised **firearms guidance** and the wider context within which GPs are asked to respond to firearm application requests from their local police forces.

At the meeting GPC England felt very strongly that the current system whereby GPs are obliged to respond to firearm application requests was potentially not fit for purpose. With that in mind, GPC England passed the following resolution:

GPCE believes:

a) **That the interpretation of medical evidence to assist the Chief Constable in their decision regarding the grant or renewal of a firearms or shotgun certificate should be undertaken by an appropriately qualified medical practitioner who is not the patient's General Practitioner.**

b) **That the role of the GP is to continue to provide access to the applicant's full medical record, in line with statutory legislation.**

And:

GPCE mandates the GPCE Executive to negotiate arrangements to reflect the above, in collaboration with the BMA's Professional Fees Committee.

GPCE directed the setting up of a Task & Finish Group to progress this resolution as a matter of urgency on a UK wide basis. It was agreed that the Group would both include representation from the devolved nations and work closely with the BMA's Professional Fees Committee.

The next meeting of GPC England will take place on 19 January 2017.

Just a reminder that this session will see fewer GPC meetings (four meetings of GPC England and two meetings of GPC UK) which we believe will result in savings being made which mean more funds can be retained for effective use locally.

As fewer GPC meetings necessarily mean that we will be sending fewer GPC newsletters, we are committed to improving other means of communication with LMCs, and with that in mind will be sending regular fortnightly updates from the GPC England Executive to LMCs.

It is hoped that such improved communication, and the changes to the way that GPC will work with LMCs will lead to greater involvement of LMCs in the work of GPC.

Chair's engagements

Please find an update on the Chair of GPC's most recent key engagements attached at Annex 1.

Transgender prescribing guidance

Earlier this year, the GMC published advice about treating transgender patients. This included advice about prescribing where there is a delay in the patient accessing specialist services.

The GPC is committed to ensuring that this vulnerable patient group have the access to the high quality, specialist treatment that they need and, in May, we wrote to the GMC to highlight that the underlying cause for concern was a lack of these specialist services. The letter was informed by responses from many of you who felt the GMC guidance required you to prescribe in the absence of specialist input and in situations in which you did not feel comfortable doing so.

Representatives of GPC discussed these issues with GMC staff at a meeting a few weeks ago. The GMC took on board our comments about commissioning and we are discussing with them how we might best raise these concerns with NHS England. The GMC also agreed to revisit the wording of their guidance to make sure it is clear and does not have any unintended consequences.

In September we also produced our Focus on Gender Incongruence in Primary Care which aims to explain what should be provided in primary care, signposts further sources of guidance, and highlights some of the underpinning ethical and legal considerations. Our ultimate aim is to ensure high quality service provision is made for this particular group of patients.

We will, of course, keep you informed of progress.

GMS contract and PMS agreement – England

As the PMS review process continues, many practices will have their funding reduced over the next few years. GPC strongly encourages consideration of a return to the nationally negotiated GMS contract, where this is financially possible. The GMS contract offers greater stability and security than PMS agreements. It is not subject to local negotiation, which is likely to place obligations on practices over and above those required by the regulations; or to unilateral termination with six months' notice without reason.

Under national arrangements, Minimum Practice Income Guarantee (MPIG) payments once available to some GMS practices are being removed over a seven year period and reinvested in core global sum payments. This will increase the value of global sum funding and is likely, over time, to make a return to GMS a more attractive and viable option for some, if not most, PMS practices. This consideration may not apply to some practices with unusual populations, for whom PMS contracts may remain the best option.

We have produced guidance to help you make the best decision for your practice.

Proposed CQC fee increase – Derbyshire LMC letter - England

GPC has been contacted by Derbyshire LMC who have called for the declaration of a formal dispute with the Government in relation to the CQC's proposal to increase fees in 2017 by 76%. GPC has already called for this scandalous proposal by CQC to be halted, and will do so again as part of the formal consultation process. GPs and LMCs are understandably furious at the high costs of regulating the GP sector in England. GPC has vigorously argued that the cost of regulating GP practices should in fact reduce as a result of CQC's own proposals to diminish the frequency and bureaucracy of GP inspections.

It is important to note that the cost of regulating the GP sector, and the overall fees that CQC seeks to receive from its consultation proposals, is not increasing. CQC's proposals are a result of government policy to cease central funding or any subsidy, and for all fee-setting regulators like the CQC to fully recover their costs through the fees they charge providers. This would see the costs recovered from GP practices rise from 56% of total recoverable costs this year (£21.3M) to 100% of recoverable costs next year (£37.5M).

Following pressure by GPC, the value of the CQC fee rise for 2016/17 was fully reimbursed by NHS England through an increase to core practice funding. GPC will be holding NHS England to its commitment in the GP Forward View that practices are appropriately compensated against further rises – we are now in active discussions to secure this additional new funding to fully cover the projected rise next year.

While NHS England has promised to reimburse GP practices for the proposed increase in fees, it nevertheless will divert overstretched NHS funds from frontline patient services simply to prop up a system of regulation and inspection in which the majority of GPs have little confidence.

In its letter, Derbyshire LMC proposed a number of actions for BMA/GPC to take forward – all of which have been considered by the BMA's regulation policy team and in-house senior solicitor, and externally via a formal legal opinion provided by Counsel.

The first was that GPC/BMA should declare a formal dispute with Government on this issue. Based on the legal advice received, it is clear that paying CQC fees is a statutory – rather than a contractual - obligation and that therefore opposition to the CQC fee increase falls outside of the definition of a trade dispute within the meaning of the relevant regulations . As such, declaring a formal dispute would not offer practices any protection. The consequences of non-payment of the fees are serious both for the GP practice/ service provider and also potentially for individual GPs depending on their responsibilities for payment. Without being able to do so, there is a gap in the legal protection offered to GPs who would wish to take part in any so called dispute.

The LMC also proposed the BMA/GPC establish an escrow account for practices to pay the required fees into, with these only being released when satisfactory arrangements have concluded to deal with a range of the profession's CQC concerns. The legal opinion is clear that unless the escrow payment method was the subject of a specific agreement between the BMA/GPC and CQC, payments to any such account would not meet the legal obligation to pay fees to CQC under the Health and Social Care Act 2008. As GP practice owners (as regulated service providers) are required by statute to make payments to CQC they do not have a legal basis to withhold the payment – accordingly it is extremely unlikely that GPC/BMA would be able to secure such an agreement with CQC.

The LMC also called into question a consultation process based on the principle that regulators must recover their costs from those they regulate. However, any challenge to the proposed increases for 2017 could only be based on calling into question the actual consultation process. Little evidence was found to support a legal challenge on these grounds given how this process is being managed. Although HM Treasury has stated that the move to full cost recovery must be achieved in as short a timescale as possible, resulting in CQC not consulting on options other than achieving full cost recovery next years, this does not render the consultation process legally deficient. It is also well established in case law that an authority such as CQC can have a "preferred option" and can proceed to consult upon that option. The fact that it has come to a "provisional view" or "preferred option" does not legally prevent a consultation exercise being conducted in good faith.

We reiterate that our we will vigorously negotiate to aim that GP practices are recompensed for any fee increase in CQC fees

We will be responding formally to Derbyshire LMC.

Co-commissioning guidance - England

We have just updated our guidance about options to help your CCG take greater commissioning control (co-commissioning) ahead of the 5th December deadline for delegated commissioning for April 2017.

It is important for practices to be aware of what is happening in their areas so that they can exercise their rights as a member to democratically influence the decision of their CCG. Our guidance will help practices to understand the different co-commissioning models and their implications for practices, including the benefits and risks of each model.

CCGs must consult their membership and obtain a mandate from members before making any decisions about co-commissioning. They should also be consulting their LMC well in advance of any decisions about co-commissioning. If these steps have not taken place then your CCG should not be going forward with delegated commissioning.

If you have not heard from your CCG please do contact your LMC to play your part in holding them account for decisions which affect you.

Access the guidance on the BMA website

Physiotherapy guidance and cost calculator

This new guidance produced by the Chartered Society of Physiotherapy (CSP) in conjunction with the BMA and the RCGP aims to provide GP practices, practice groups and commissioners with information and advice on employing a physiotherapist and the potential of their role within general practice.

The guidance can be used in conjunction with the CSP's Physiotherapy Cost Calculator to make a practical assessment of the potential benefits of employing a physiotherapist.

Access the guidance and the cost calculator on the BMA website.

Sessional GPs e-newsletter

The latest edition of the sessional GPs e-newsletter is available online. There is a message from Zoe Norris setting out what she has been working on, including the implications of the recent Uber judgement. There is also a blog about the important relationship between Sessional GPs and LMCs in advance of the LMC secretaries' conference this week.

The long run from Read to SNOMED - England

NHS Digital is working with the GP Principal Suppliers and the transition to using SNOMED CT instead of Read codes is progressing well. All suppliers need to have transitioned to SNOMED CT before **1 April 2018**.

A SNOMED expert reference group (of the Joint GP IT Committee) are providing oversight and guidance to the programme. Further work is being done on mapping tables which will enable a SNOMED CT code to be recorded automatically alongside a Read code. This will ensure historic data can still be retrieved when the system has transitioned to SNOMED CT.

Technology has moved on substantially since the Read codes were designed in the 1980's. Read v2 has run out of codes in some places, has outdated terms and duplicates as well as other anomalies that can make reporting difficult. SNOMED resolves these.

Personalised Health and Care 2020 sets out SNOMED CT as the single terminology for use across the NHS. When all of healthcare use the same vocabulary, electronic documents will be able to be sent and used across systems. This should save time and effort for all practices, and remove transcription errors.

Live webinars on SNOMED CT are available free of charge every month. Further details can be found on the NHS Digital website. Pre-recorded versions are also available on the UKTC Education and Resources website by selecting 'View Releases' of the webinar you are interested in. A new webinar specifically designed for GP Practices will be available in 2017.

Updates on the move to SNOMED CT can be obtained by subscribing to the GPSoC bulletin, please email the Contact Centre to subscribe, or by visiting the SNOMED in primary care website.

Doctors of the World survey on charging migrants for Primary Care

Doctors of the World are working with the RCGP's Junior International Committee on a short survey regarding GPs attitudes towards charging migrants for Primary Care. The aim of the survey is to gain a broad view of attitudes of GPs across the country in light of the Government's consultation on extending charges into primary care. Often the opinions of frontline staff are discussed in the media and by Department of Health, but as far as we are aware there has be no research on this.

You can complete the survey here

The deadline for completing the survey is 21 December.

FSEM launches updated professional code

The Faculty of Sport and Exercise Medicine (FSEM) UK has launched a new version of its Professional Code. Designed for use by Fellows and Members of the FSEM, this important guide is also relevant to any doctor working in Sport and Exercise Medicine (SEM) or looking after a sports team at any level.

The code informs the public and athletes that the best interest of the individual athlete will always be paramount should they receive medical care from a Fellow or Member of the Faculty of Sport and Exercise Medicine UK.

The code maps the duties and responsibilities of a doctor working in SEM, particularly in team care, with the general duties and responsibilities of a doctor in the General Medical Council's Good Medical Practice. The code also covers areas of practice relevant to the treatment of sportsmen and sportswomen, particularly elite athletes; such as the provision of indemnity, a code of practice when accompanying teams abroad, media coverage, dual responsibility to sportspersons and clubs and anti-doping.

President of the Faculty of Sport and Exercise Medicine, Dr Paul D Jackson, comments: *"Doctors working in sport, particularly elite sport, can sometimes face unique challenges when providing medical care for an individual or a team. The second edition of the FSEM Professional Code is designed for use alongside the GMC's Good Medical Practice; it is an important part of the FSEMs remit to set standards for doctors working in Sport and Exercise Medicine and is applicable to all doctors working in sport."*

The FSEM has also updated its statement on performance enhancing drugs in sport. Both documents can be accessed using the links below.

- FSEM Professional Code
- FSEM Statement - Performance Enhancing Drugs in Sport

BMA clinical academic trainees conference 2017

Saturday 4 February 2017
BMA House, London
The next BMA clinical academic trainees conference will take place on Saturday 4 February 2017 at BMA House, Tavistock Square, London, WC1H 9JP.

Through a programme informed by the views of academic trainees from across the UK, this exciting one-day conference will provide a national forum in which to network, learn how to make the most of academic training and developing careers. Attendees will be able to gain practical advice from both experts and colleagues in the field, and personalise the programme to meet needs with a choice of workshops and parallel sessions geared to the different stages in an academic trainee's career. We hope to have sessions focussing on less than full time training, personal health and resilience, podcasts, patient and public involvement in research, mentoring, presentation skills, and leadership and management.

One of the key note speakers for 2017 will be Professor Azeem Majeed, professor of Primary Care and head of the Department of Primary Care and Public Health at Imperial College London and a GP principal in Clapham. Professor Majeed has been asked to reflect on his career and the helps and hindrances on the way.

To register your interest please simply reply to confunit@bma.org.uk and we will then notify you when registration opens shortly.

BMA staff table of responsibilities

We know that several of you have asked to see a BMA policy directorate staff list along with accompanying areas of respective expertise. I hope that you find the document attached as Annex 2 helpful.

LMC access to the BMA website

It has been drawn to our attention that some LMCs may be having difficulty accessing the BMA website. All LMCs do have access, but need to use the login details registered for submitting conference motions. This may, however, be an individual's email address, registered to input conference motions only.

If you wish to create an office account, using the office email address as part of your login and a password that everyone can use, or if you are unsure of your current login details and password, please email Karen Day at kday@bma.org.uk and she will email you your relevant information.

LMC observers at GPC meetings

LMC observers are welcome to attend GPC UK and GPC England meetings. If your LMC would be interested in sending an observer, please contact Michelle Palmer (mpalmer@bma.org.uk). A maximum of three LMC observers may attend any one meeting.

GPC UK and GPC England will meet on the following dates in 2016/17. GPC meetings will commence at 10:00am and will usually finish at 5:00pm (never later than 6:00pm). Meetings are held at BMA House, Tavistock Square, London WC1H 9JP.

Thursday 19 January 2017	GPC England
Thursday 16 March 2017	GPC UK
Thursday 15 June 2017	GPC England

Please note that all travel and other expenses for LMC observers should be met by the relevant LMC.

LMCs – change of details

If there are any changes to LMC personnel, addresses and other contact details, please can you email Karen Day with the changes at kday@bma.org.uk.

GPC England next meets on 19 January 2017 and GPC UK next meets on 16 March 2017. 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 for the GPC England meeting is 10 January 2017. It would be helpful if items could be emailed to Michelle Palmer at mpalmer@bma.org.uk. You may also like to use the GPC's listservers to exchange views and ideas.

GPC News

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. 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. Their details are available on the BMA website.

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