

Monday 21 March 2016

Issue 8

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## GPC meeting

The GPC held its meeting on Thursday 17 March and this newsletter provides a summary of the main items discussed.

## Standards for the communication of patient diagnostic test results on discharge from hospital

NHS England has developed a set of [standards](#) for the communication of patient diagnostic test results when they are discharged from hospital. The standards describe acceptable safe practice around how diagnostic test results should be communicated between secondary, primary and social care and also with patients. The intention is to ensure that hospitals take responsibility for their own tests, and this is specified in the first key principle, which states ***'the clinician who orders the test is responsible for reviewing, acting and communicating the result and actions taken to the General Practitioner and patient even if the patient has been discharged'***.

Following concerns raised by LMCs about other statements within the guidance, please see the following clarification.

The standard stating that *'Where a consultant delegates responsibility for any tasks around the communication of diagnostic test results to general practitioners, they should ensure clinicians given the task understand and fulfil that responsibility'* raised concerns from LMCs that this might refer to the inappropriate delegation of tasks to GPs.

NHS England has agreed to amend the statement to ***'Where a consultant delegates responsibility to another team member for any tasks around the communication of diagnostic test results to general practitioners, they should ensure that person understands and fulfils the responsibility'***. For clarity, the statement was never intended to suggest consultants can 'delegate' these tasks to GPs.

The stated principle that ***'every test result received by a GP practice for a patient should be reviewed and where necessary acted on by a responsible clinician even if this clinician did not order the test'*** is not a new obligation. Please note that 'acted on' in many cases will mean ensuring the responsible secondary care clinician who ordered the test has taken, or will take, the



appropriate action, in cases where patient care will be affected. If safe systems are in place to enforce the first principle, even this action should rarely be required.

The BMA previously issued its own [statement](#) regarding the duty of care regarding communication of investigation results, which also confirms ultimate responsibility for ensuring that results are acted upon rests with the person requesting the test. GPC will be writing to CCGs and LMCs proposing that this principle is written into local service specifications with Trusts, as well as ending any unnecessary copying of hospital initiated test results to practices.

## Releasing capacity in general practice roadshows - England

GPC is co-hosting a series of free GP workshops with NHS England, looking at ways to reduce unnecessary workload and increase capacity in general practice. The workshops which commenced in February, and are running throughout March, with just four dates remaining:

23 March, Leeds

24 March, London

30 March, Birmingham

31 March, Brighton

The workshops have been well-attended and mostly oversubscribed, but there may still be an opportunity to book a place on one of the later dates. For more details on the [workshops](#) and on how to [register](#) please visit the [NHS England website](#).

## Zika guidance update

The joint [Zika guidance for primary care](#) has been updated to reflect the new wording for travel recommendations for pregnant women and clarification of advice on sexual transmission.

The changes include:

- Updated travel advice for pregnant women
- Clarification of advice on preventing sexual transmission to pregnant women and women planning pregnancy and their male partners
- Clarification of symptoms associated with typical Zika virus infection
- Further clarification on obtaining diagnostic samples and completing RIPL request forms
- Links to new advice on Zika and immunocompromised patients, and the Guillain-Barre syndrome
- New section on minor procedures in the primary care setting, including dentistry

[The Public Health England News Story has further information.](#)

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

## General Practice Nursing (GPN) in the 21<sup>st</sup> century

The Queen's Nursing Institute (QNI) GPN Transition resource is for nurses new to general practice. It might also be used to support revalidation, since it has a cloud based portfolio, and student nurses in GP placements.

Over 1200 people have already accessed the resource since it was launched on 18 January. The QNI is committed to updating this as required and plan a full review in two years.

[The GPN report is available online.](#)

## BMA GP committee chair's newsletter

The [newsletter](#) details the financial pressures faced by many GP practices across England, following the [latest release](#) of analysis from a survey of nearly 3000 GP practices as part of the [Urgent Prescription for General Practice](#) campaign. Findings show that one in three GP practices are facing financial uncertainty, with nearly 10 per cent of practices declaring themselves financially unsustainable, and almost half of practices expecting to lose GPs in the next year through early retirement or moving abroad.

The BMA GP committee chair also shares his view on the recently published [Public Accounts Committee report](#) on access to general practice. Read the [full newsletter](#).

## Sessional GPs newsletter

The March edition of the sessional GP newsletter was published yesterday and is available [here](#). The [chair's message](#) focuses on the NHS England's proposal to introduce maximum indicative locum rate for locum doctors' pay. Other blogs highlight the value of sessional GPs [getting involved](#) with their Local Medical Committees, and provide guidance on [managing clinical risk](#) for locum GPs, and [diagnosing scarlet fever](#). The newsletter also provides a useful update on the [GP campaign – Urgent Prescription for General Practice](#), and personal accounts of why one medical student is considering [a career in general practice](#) and another on coming through the other side of a [GMC investigation](#).

## BMA GPC elections

### Election of regional representatives 2016-2019

#### Nomination of members

Nominations are sought in the election of voting members of the GPC of the British Medical Association as regional representatives for the constituencies detailed below.

#### LMCs (local medical committees) covered

- Cambridgeshire / Bedfordshire
- Hertfordshire
- North and South Essex
- Barking & Havering/Redbridge & Waltham Forest/City & E London
- Cumbria & Lancs
- Wigan & Bolton/Bury & Rochdale/W Pennine
- Northern Ireland
- Ayrshire & Arran/Borders/Dumfries & Galloway/Lanarkshire
- S & W Devon/Cornwall & Isles of Scilly
- Hamps & IoW
- Kent
- Surrey and Croydon
- E Yorks / N Lincs / Lincs
- Calderdale / Kirklees / Leeds / Wakefield

#### Candidates must be:

- GPs who contribute to the voluntary levy of a 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 (7 June 2016); 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 secretaries of an LMC in the constituency.

Nomination forms are available from the election team of the Committee Services Division at the British Medical Association, BMA House, Tavistock Square, London WC1H 9JP (tel: 020 7383 6375) and on [the BMA website](#).

Each nomination form must be signed by the candidate, five proposers and a representative of the LMC 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: Jonathan Longley, Committee Services, British Medical Association, BMA House, Tavistock Square, London WC1H 9JP by no later than **5pm on Thursday 14 April 2016**. Please note that it is the candidate's responsibility to ensure that the elections team have received their completed nomination forms and statements.

In constituencies where contested elections occur, ballot papers will be issued by Electoral Reform Ballot Services.

If you have any queries please contact [elections@bma.org.uk](mailto:elections@bma.org.uk).

## **BMA Public Health Medicine conference – 4 May 2016**

The BMA's Annual Conference for Public Health Medicine is being held at BMA House on Wednesday 4<sup>th</sup> May.

This is a great opportunity for public health doctors from across the UK to meet together to discuss key issues, network, share experiences and set priorities for the BMA public health medicine committee for the coming year. GPs with a special interest in public health may be particularly interested to attend as observers and you don't need to be a BMA member to attend, however there is a £40 fee for non-members.

Further details and a link to the registration form are here on the [BMA website](#)

## **LMC observers at GPC meetings**

LMC observers are welcome to attend GPC UK meetings. If your LMC would be interested in sending an observer to a GPC meeting, please contact Michelle Palmer ([mpalmer@bma.org.uk](mailto:mpalmer@bma.org.uk)) and we will try to find a suitable date. Please note that a maximum of three LMC observers may attend any one meeting.

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

The meeting dates for 2015/16 are as follows. Meetings begin at 10am and usually finish by 5pm (where subcommittees are held, GPC meetings will finish at 1pm).

- 21 April 2016, BMA House
- 16 June 2016, BMA House (subcommittees in the afternoon)

Meetings are held at BMA House, Tavistock Square, London WC1H 9JP.

## **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](mailto:kday@bma.org.uk) and she will email you your relevant information.

## **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](mailto:kday@bma.org.uk).

**The GPC next meets on 21 April 2016 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 12 April 2016. It would be helpful if items could be emailed to Michelle Palmer at [mpalmer@bma.org.uk](mailto: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. 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