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Updated technical requirements guidance for 2014-2015 contract

The guidance on the technical requirements for the GMS contract for 2014-15, has been updated to include sections on shingles and avoiding unplanned admissions. One new Read code has also been added to the dementia section following the HSCIC review of the April Read code release. The guidance is available both on the [enhanced services page](#) and [vaccinations and immunisations page](#) on the BMA website.

Vaccination and immunisation programmes guidance and audit requirements

The final version of the of the supporting guidance for the 2014-15, vaccination and immunisation programmes has now been published and is available on the [vaccines and immunisations pages on the BMA website](#), which have been updated to reflect these changes. This guidance includes the detail for the shingles routine and catch-up vaccination programmes and the childhood seasonal influenza and seasonal influenza and pneumococcal vaccination programmes.

Focus on vaccines and immunisations update

The [Focus on vaccines and immunisations guidance](#) has now been updated following the changes to the regulations on 1 April 2014. This now includes information and links to documents in the devolved nations, and also changes to the new vaccination programmes hepatitis B for newborn babies at risk and meningitis C for freshers.

Carers and the annual flu vaccination campaign

The annual [Flu Plan](#) for 2014-15 has recently been published and as in previous years, carers (defined as 'people who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill') are one of the groups of people who can request a free flu vaccination. The Flu Plan suggests that 'consideration should also be given to the vaccination of household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable' potentially broadening the scope of previous programmes where only the 'main carer' would be eligible. However, as this is not clearly defined, practices should use reasonable clinical grounds and discretion about to whom to give it, in order to be eligible for payment.

Pharmacy direction schemes

Following reports in the press about a number of schemes that appear to encourage or have the potential to be associated with prescription direction, the GPC, Pharmaceutical Services Negotiating Committee (PSNC) and Pharmacy Voice have written to the Department of Health and NHS England to highlight concerns. Such schemes could also have an impact on rent abatement under the Premises Costs Directions.

We know that a number of practices have been approached recently and we would like to remind them not to tie themselves into any long-term and inappropriate arrangements. We would suggest that LMCs and practices report to GPC (info.gpc@bma.org.uk) any concerns about similar arrangements between practices and pharmacies which incorporate an element of prescription direction.

We would also like to remind practices about the [joint guidance to practices and pharmacies on prescription direction](#) which was published last autumn. A copy of the aforementioned letter is also available on this page.

QOF business rules (v29.0) and v4.0 of learning disabilities, rotavirus and dementia ES business rules

The HSCIC has published v29.0 of the QOF business rules and also v4.0 of the learning disabilities, rotavirus and dementia enhanced service business rules. Both sets can be found [on the HSCIC website](#).

GP trainees subcommittee regional elections 2014 - 2016

The GP trainees subcommittee is holding elections for the following 11 regional constituencies this summer:

- East Midlands
- Kent, Surrey and Sussex
- London, North Central & East
- London, South
- Lancashire (North West Deanery region of North West LETB)
- Scotland, West
- Scotland, South East / East

- Severn
- Thames Valley
- Wales
- Yorkshire

Anyone can stand who is either:

- (a) on a GP training programme that will not finish before 24 September 2014; or
- (b) starting a training programme between 27 June 2014 and 26 June 2015.

Successful candidates will be elected to serve for two full sessions: 2014/15 and 2015/16 unless the representative is set to qualify as a GP during the first session, in which case they will only serve for one session.

Full details of the election and nomination forms can be found on the [BMA website](#).

Nominations close at **5pm, Friday 18 July 2014**.

Please spread the word to any GP trainees you know that may be interested. If you have any queries, please contact Karly Jose (kjose@bma.org.uk).

BMA committee visitors scheme

The BMA is establishing a scheme by which grassroots members, who have never been involved in a BMA committee before, are able to attend meetings as an observer over a prolonged period of time. The details of how this will work for GPC are still being finalised but if you would like further information on the scheme, please contact info.gpc@bma.org.uk or see the [BMA website](#).

This scheme is separate to the existing LMC observers scheme for lay and medical staff to attend GPC meetings, which will continue. If you work for an LMC and would like to attend a GPC meeting to gain a better understanding of how the committee works, please contact Karly Jose kjose@bma.org.uk.

LMC conference report 2014

The 2014 LMC conference was held at the York Barbican from 22-23 May. The attached report outlines the key decisions taken, and gives a flavour of the main debates.

LMCs – change of details

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

The GPC next meets on 17 July 2014, 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 9 July 2014. It would be helpful if items could be emailed to Karly Jose at kjose@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

Report of the 2014 LMC Conference – 22 and 23 May



The 2014 LMC conference was held at the York Barbican from 22-23 May. This report outlines the key decisions taken, and gives a flavour of some of the main debates.

In his first speech as chairman of the GPC, which received a standing ovation, Dr Chaand Nagpaul said that GPs must fight a ‘quadruple whammy’ of a crisis in workforce, workload, premises and morale. The conference heard how general practice was in a parlous state, facing unprecedented challenges in workload and underfunding.

But GPs would not just ‘roll over and let this happen’ and action was being taken to save general practice with the launch of the BMA’s campaign “Your GP cares”, the UK GPs’ leader told the conference. He highlighted the fact that contract negotiations had generated improvements for GPs across the UK. Yet he said these changes had not taken general practice out of its perilous situation where intolerable pressures were putting off a new generation of GPs and causing a sharp rise in the existing workforce taking early retirement.



'These contract changes, while a step forward, don't address the fundamental issue of chronic underfunding and unsustainable pressures on UK general practice' he told the conference in York.

Dr Nagpaul said GPs must stand together to fight the challenges facing general practice and do this through the BMA campaign. GPs needed to fight for recognition, for fair resources, to promote the value and greatness of UK general practice and to remove obstacles that prevent GPs from doing their best for patients.

The campaign would be a sustained programme of activity, including an e-petition to government, parliamentary events and publicity and materials for practices, all aiming to influence the political parties in the run-up to the 2015 UK general election. Dr Nagpaul outlined the issues the campaign intended to focus on: workforce, practice premises and, crucially, long-term sustainable investment in general practice. He told the conference that the number of doctors choosing general practice as a specialty was down 15 per cent last year. Doctors were not shunning the discipline of general practice, but the intolerable pressures on GPs, together with relentless attacks and attempts to devalue general practice, which had led to GPs feeling no joy in their work or ability to care for patients properly.

Dr Nagpaul said that the ten minute GP consultation was 'an insult' to patients, particularly those with long term complex physical and mental health conditions. GPs needed the physical space to care for patients in practices fit for the 21st century. The number of patient contacts had increased by 40 million compared with even five years ago. The current priority had to be retention of the workforce, stemming the tide of early retirement and GPs migrating overseas. One way to do this might be to resurrect the retainer scheme, and remove some of the crazy hurdles that prevent many doctors from returning to general practice. Expanded primary care teams should be built around the practice, with community nurses supporting GPs in caring for a rapidly growing older population, and the government must commit the resources to allow this to happen.



Workload, workforce, and patient safety

On the first day of the conference, LMC representatives debated the safety and capacity of general practice and agreed that GPs should have a right to close their patient lists if they feel they can no longer provide safe care. The GPC was asked to gather evidence of what a safe workload would be. This call came as the conference warned of the imminent risk to patient safety caused by their unsustainable workload and called for urgent action to address the crisis. Cardiff GP Kay Saunders said that GPs should not allow themselves to put patients at risk if they were exhausted, and must be able to close lists if they judge they are beyond their capacity.

But Cambridgeshire GP Steve Jones said he and his practice partners were capable of making their own judgements and allowing the government to set guidelines could have unintended consequences such as restricting the number of staff a practice could employ. GPs also said services were in danger of collapse as a result of the increasing work pressures they were facing and was a threat to the health and welfare of GPs.

Swansea GP Charles Danino said that he still enjoyed the job and was an enthusiast for primary care, but felt the service was fast reaching a tipping point that was unsafe for patients and for doctors. Other GPs voiced fears about their future career in general practice because of the increasing workload, as well as the potential risk to patient safety, and called on the GPC to consider it in the next round of contract negotiations.

Hertfordshire GP Francis Cranford said: 'The government must remember that we are dealing with human lives, not statistics, not a piece of paper and just one misdiagnosed consultation can have catastrophic results.'

The conference also passed a resolution insisting that the government must prioritise the workforce crisis that threatened primary care and patient safety. The issues of workload, premises and appointment times are being considered as part of the BMA campaign, "Your GP Cares".



Future of general practice

The conference debated the concept that general practice was no longer sustainable in its current format and that it was no longer viable for general practice to provide all patients with all NHS services free at the point of delivery. The second part of this motion was lost following an impassioned discussion, but the conference agreed that the current situation was unsustainable and urged the government to define the services that could and could not be accessed in the NHS. However, a call to consider alternative funding mechanisms for general practice was defeated.

On a related theme, the conference agreed to a call from N Ireland GPC that the UK GPC should actively support the development of GP federations, and encourage the opportunity for every GP (partner, employed or locum) to be actively involved. However the vote was close, and in line with the results of the GPC's recent survey which showed that a sizeable minority of GPs remain to be convinced of the need to develop networks and federations.

On the second day of the conference, there was a significant debate about the future of general practice and Buckinghamshire GP Dr Gill Beck successfully proposed that, while general practice was the solution to many of the current problems facing the NHS, it could not achieve its full potential due to lack of investment and the workforce crisis. Dr Pete Merrin from Cornwall argued that patient expectations of primary care have rocketed, and the government had stoked unrealistic expectations and must be more honest about what the country could afford.

Commissioning of care

The conference agreed with Leeds LMC Chair, Dr Raj Menon, that the reorganisation of the NHS had been shambolic and had undermined patient care by introducing complex and fragmented arrangements, and creating confusion between what was done locally and what nationally. GPs also agreed that the proposal to make CCGs co-commissioners of GP contracts would fatally damage relations between CCGs and their constituents, and undermine the chances of success in other areas of commissioning. There was also concern about possible conflicts of interest. Ultimately the conference asserted that core GP contracts should not be held by CCGs.



Regulation and monitoring

Staffordshire GP Dr David Dickson proposed a motion deploring the CQC's plans for a rating system for practices, saying that the CQC must take into account what is realistically attainable, and should ensure that the necessary help for practices to improve is made available. Generally the conference expressed concerns about CQC inspections and felt that the CQC needed to have a sense of perspective and proportion in its inspections of general practice.

Patient charging

GPs rejected calls to explore charging patients for some services but urged governments to define what should be available on the NHS. Salisbury GP Dr Helena McKeown led the call to consider alternative funding mechanisms for general practice and for the BMA to discuss national charging for general practice services with the government. She said if general practice was to remain the cornerstone of the NHS then charging needed to be considered.

But fellow GPs argued that healthcare should continue to be free at the point of delivery and charging patients would deter the most at-need patients from seeking care. London GP Dr Laurence Buckman said considering charging would be a 'dangerous' move, stating that patients would see this as the final nail in the coffin for the NHS, and would blame GPs. He called it unethical, dangerous and disingenuous.

Speaking after the debate, BMA GP committee chair Dr Chaand Nagpaul said: 'GPs have today sent a resounding message that charging patients is not the solution to the financial crisis facing the NHS. The BMA is committed to a health service that is free at the point of need and accessible to all and we should proud to have an NHS GP service where no one has to pay to get the treatment they need.'

Funding

The conference also agreed that there would no longer be an NHS unless the decline in funding to general practice is addressed. They said a greater proportion of the NHS budget should go to general practice to protect patient services. In addition GPs called for urgent and consistent investment in global sum and personal medical services baselines, to enable all GP practices to meet the essential primary healthcare needs of patients. However, the conference rejected calls for specific funding for practices caring for particularly vulnerable populations and for rural practices with GPs arguing that all practices needed additional funding.



Premises

The lack of a scheme to build cost-effective new GP practices was a significant obstacle to improving primary care, the conference agreed. Action was needed to make premises fit for the 21st century. There had been a 'moratorium' on improving premises and this needed to end.

Nottinghamshire GP Greg Place said the lack of investment in premises meant GPs could not cater for increased care in the community and meet training and recruitment needs. Care was increasingly moving into the community and there was nowhere adequate for it to take place, let alone space for meetings and administrative work. He added that it was also important to invest in premises to help make general practice an attractive career choice. Dr Place said the £2bn NHS surplus last year could have been spent building GP premises.

Chair of the GPC Practice Finance subcommittee, Ian Hume said the GPC was pushing this issue very hard and hoped to see some movement in the near future, not only to resolve the immediate problems but action was needed quickly because of the long lead in time for premises to be built.

A call for long-term sustainable investment to improve the premises from which GP services are provided is one of the central planks of the major BMA campaign, "Your GP cares".

Sessional GPs

Dr Mary O'Brien proposed a motion expressing concerns about the change in locum superannuation employer's contributions monies from area teams to practices. The conference agreed that this had been seriously detrimental to some practices, and to locums in general, and that it has contributed to the current workforce crisis in general practice. The conference demanded that NHS England reverse this change.

GPs also shared concerns about the use of 'zero hours' contracts for locum GPs in particular, and condemned their indiscriminate use. Dr Felicity Shaw, from the GPC sessional GP subcommittee, expressed the view that these contracts offered no security and were often used to exploit sessional GPs.



Extended working

GPs rejected the concept of providing 8-to-8 care seven days a week. After considerable discussion, the conference said that GPs should be commended for already offering unscheduled GP care 24 hours a day, seven days a week. GPs said they were already struggling to provide existing care and expressed concerns about their ability to do more. Wirral GP Dr Richard Williams said airline pilots had restrictions on their hours of work for safety reasons and GPs should have the same limitations.

Dr Williams also questioned where the GPs would come from to provide an 8am to 8pm service, seven days a week, when there was a recruitment and retention crisis in general practice. Devon GP Dr Bruce Hughes told the conference that there was a difference between what patients needed and what they wanted. It was important for patients to recognise that they may not really need to see a GP for routine problems on Sunday mornings. But Norfolk GP Dr Nick Morton said hospitals provided services seven days a week.

BMA GPs committee chair Chaand Nagpaul clarified that hospitals provided emergency care, not routine 8 to 8 care at weekends. Providing 8-to-8 care seven days a week would be at the expense of the patients who most needed GPs' attention.

Unsurprisingly, following the debate GPs rejected calls to provide routine planned care 8-to-8, seven days a week, even if resources were provided to the satisfaction of the profession.

MPIG and PMS

GPs have deplored the damage funding changes will have on the delivery of services to patients. The conference agreed that withdrawal of the MPIG (minimum practice income guarantee) and the loss of PMS (personal medical services) growth money will have a devastating impact on many practices and would jeopardise the viability of many practices. There was a lot of criticism of the inadequate levels of support for those affected, despite promises from NHS England that Area Teams would deal with this. NHS England had promised that a process would be put in place to support affected practices. However, this has not happened and practices across the country are concerned about their future.

Bristol GP Dominique Thompson said: 'The loss of MPIG and PMS money will have a devastating impact on general practice'. She added that 15 of the affected practices were in two London boroughs –

Tower Hamlets and Hackney – and that NHS England had so far identified 98 such practices. The Jubilee Street Practice in Tower Hamlets was already under threat despite being a high-performing practice with a good QOF rating. LMCs said that GPs were the cornerstone of healthcare and that this was now crumbling.

GP pay

GP leaders should consider whether they continue to engage with the pay review body after this year's 'unacceptable' pay cut, following a debate at the conference that concluded the DDRB (Doctors and Dentists Review Body) was too heavily influenced by the government. The DDRB recommended that the overall value of GMS (general medical services) contract payments should be increased by a factor intended to result in an increase of 1 per cent to GPs' income, after allowing for movement in their expenses. The DDRB calculated this meant an increase of 0.28 per cent should be applied to the overall value of GMC contract payments.

But GPs said it was unbelievable how a 0.28% uplift in expenses could be seen to translate into a 1 per cent increase in take-home pay and labelled the DDRB 'incompetent'. They agreed that this was a pay cut and would not encourage trainee doctors to follow a career in general practice.

GPC negotiator Peter Holden said most GPs were rightly outraged by the review body's recommendation. The conference also agreed that the government's proposed publication of GPs' take-home pay must not make GPs a target for unfair media criticism. They said the take-home pay should only be published once the GPC had verified the accuracy of the data to be collected. The data should also differentiate between NHS and private income and reflect the complexity of GPs' working arrangements.

Care.data

The extraction of GP patient data should only take place with the explicit and informed consent of patients opting-in, the conference agreed. This data should also only be used for the purpose of improving healthcare delivery and not sold for profit. The debate focused on the fact that GPs were placed in a difficult position by the competing demands of the Health and Social Care Act and the Data Protection Act. But GPs agreed that data extracted under the government's postponed care.data scheme should be pseudonymised and anonymised before leaving the GP practice.

Many conference members including Devon GP Dr Kate Gurney said that they felt very strongly that the sharing of data should be on an opt-in, rather than on an opt-out basis. They also felt that no data should be transferred until proper, individual consent had been received from every patient. The GPC had recently received new information that NHS England was commissioning independent evaluation of all aspects of the care.data implementation., which was encouraging, and that NHS England had postponed implementation of care.data indefinitely, after concerns about a lack of public awareness. The scheme had been due to start extracting information from the medical records of pathfinder general practice patients in the autumn.



Other issues

Over a packed two days the conference debated many other matters and came to the following conclusions:

- The government should not have withdrawn funding for an occupational health service for GP practices, and should ensure a comprehensive occupational health service to all members of staff in practices and all locum GPs on the performers list
- GP waiting and consultation rooms should be conducive to a therapeutic environment, not subject to the same infection control standards as treatment rooms
- The GPC should work with those responsible for medical education to improve medical training, to make medical school places reflect future workforce needs, and to encourage a career in general practice
- LMCs should be congratulated for the vital work they had been doing during the chaotic NHS changes of the past two years
- The GPC should actively campaign to democratise the GMC and reduce its role as a government regulator as opposed to a democratically elected body whose members represented the profession
- The increasing privatisation of English NHS contracts should be publicised by the GPC, which should also campaign for the NHS in England to be provided by the public sector.
- Welfare reforms are having a detrimental impact on the health of the most disadvantaged patients and urgent reform is needed
- Finally the conference agreed with proposer Dr Lee Salkeld from Avon LMC that the GPC negotiators should be congratulated on their achievement in this year's contract negotiations, as they had brought about the reversal of some of the most damaging and morale-busting elements of last year's contract imposition