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GPC meeting

The GPC met on 15 October 2009 and this newsletter provides a summary of the main items discussed.

DDRB evidence

NHS Employers and the Department of Health have now submitted evidence to the DDRB. The Department has recommended a 1% uplift for salaried GPs and GP trainers, no uplift to the GP educator payscale and retention of a 45% supplement for registrars. NHS Employers called for a reduction to 40% of the registrars supplement.

Both the NHSE and the Department of Health have asked the DDRB for very small gross uplifts to GMS contract values. They have stated that the increase should cover practice expenses but that this is predicated on GPs delivery efficiencies. NHSE has recommended an uplift of ‘less than 1%’ and the Department has suggested a gross uplift of 0.5%. The Department’s recommendation was calculated to result in no uplift to net income while the NHSE’s recommendation is intended to result in a net increase only if practices deliver efficiencies and improved productivity. The smaller the uplift available, the less willing GPC negotiators will be to see differential distribution through a ratio model. The next plenary meeting with NHS Employers will be held next week.

Political and economic outlook

The BMA has been represented at all the party conferences over the last few weeks. Richard Vautrey was our representative at the Labour and Tory conferences. Over the next few months the negotiators will consider how we can work with whichever government is elected next year. If this is a time for cutting expenditure GPC will argue that front-line services are maintained whilst consumerist initiatives such as extended-access, unnecessary bureaucracy and the patient survey are scrapped.

Abolition of practice boundaries

Although there have been no details following Andy Burham's proposal to abolish practice boundaries, the GPC and the task-orientated subcommittees are considering the concept in detail so that the committee is in a position to respond effectively should the Department of Health seek to pursue this idea.

Pandemic flu update

Vaccination programme update

Ian Dalton, National Director of NHS Flu Resilience, has sent a letter to all PCTs and SHAs in England setting out further details on the vaccination programme planning. The first possible delivery date for supplies of vaccines to general practices is the week beginning 26 October with all practices receiving one box of 500 doses of the Pandemrix (GSK) vaccine. In addition one box of Celvapan (Baxter) will be delivered to PCTs who will be responsible for making arrangements to vaccinate those few people for whom Pandemrix is not suitable. Thereafter practices in need of more vaccine will be able to order additional supplies from the manufacturers.

The H1N1 vaccination programme will begin in Scotland on 21 October. [Please read the Scottish government's press release.](#)

Contrary to previous advice that two doses would be needed for the H1N1 vaccines to take full effect, the Chief Medical Officer (CMO, England), has now announced that there are in fact different rules for different groups as set out below:

Pandemrix (manufactured by GSK)

For all children aged from 6 months of age to less than 10 years of age:

- Two half doses (0.25ml each) should be given with a minimum of three weeks between doses.

For individuals aged from 10 years to less than 60 years of age:

- One dose (0.5ml).

For individuals aged 60 years and over:

- One dose (0.5ml) (may be reviewed after further evidence)

For immunocompromised individuals aged 10 years and over:

- Two doses (0.5ml each) should be given with a minimum of three weeks between doses

Celvapan (manufactured by Baxter)

For children from 6 months of age and adults

- Two doses (0.5ml each) of should be given with a minimum of three weeks between doses.
- [Ilan Dalton's letter is available online.](#)
- [The letter from the CO can be accessed online.](#)

The GPC is in the process of signing off SFE amendments, Directions and guidance related to the vaccinations DES. It will also be publishing its own FAQ document in the near future. We hope these documents will be finalised before the vaccination campaign begins in earnest. In the mean time, we recommend that GPs go ahead and start vaccinating once they have received the first delivery of vaccines.

Vaccination by district nurses and definition of housebound

Following reports from LMCs that some PCTs are claiming that district nurses (DNs) will only be immunising swine flu vaccine to housebound patients already on their case load list and that GPs would not get paid for this, Ilan Dalton (National Director of Flu Resilience) has acknowledged that there has been some local misunderstanding about this issue, and that GPs will definitely receive payments for vaccinations done by DNs. It is for GPs to decide who is on the housebound list and DNs will be responsible for administering the vaccination to all patients on that list.

GPs will be paid £5.25 for every H1N1 vaccination given to clinically at-risk patients on their registered list, regardless of who administers it. District nurses will not be allowed to charge GPs for their time.

There has been some debate about the definition of housebound. This will be clarified in the Directions and guidance, but housebound patients are those to whom a contractor would normally offer home visits as the only practical means of enabling a face to face consultation.

Final details of these issues will be in the vaccination DES.

H1N1 vaccination for locums

Locum GPs are frontline health workers but are unlikely to be offered H1N1 vaccination by occupational health services. We suggest that in the first instance they contact the practice with whom they are registered and request they are included in the list of patients to be vaccinated. The

practice will not receive a fee for vaccinating locum GPs and no charge should be made to the locum for this service.

Alternatively locums may wish to ask a practice in which they are working to be vaccinated if supplies are available. Similarly the practice will not receive a fee for vaccinating a locum and no charge should be made to the locum for the service.

The medical defence organisations have confirmed that GPs are covered to vaccinate individuals who are not registered with them. It is important to ensure that when a locum is vaccinated by a practice they are not registered with, their registered GP is informed.

GPC encourages practices to provide this service to locum colleagues to ensure they are able to access H1N1 vaccination.

H1N1 vaccinations administered by GP staff

The DH has confirmed that, as with other vaccinations delivered in general practice, GPs can delegate responsibility to carry out the H1N1 vaccinations to any appropriately trained person [including practice nurses and healthcare assistants (HCAs)]. The GP takes overall responsibility for the procedure as a prescriber. As long as the GP is content with the health professional's competence to vaccinate and has a written practice protocol in place, they can delegate responsibility for the procedure to them - they are acting as the GP's agents/employees and the GP carries the medico-legal responsibility.

Patient group directives (PGDs) are not required when a practice is treating its own registered patients, however many practices find it useful to use PGDs as a protocol for their nurses to perform certain procedures. PGDs are necessary only when a non-prescriber is performing the procedure and there is no individual with prescribing authority taking overall responsibility for the procedure.

The DH is planning to publish PGD and patient specific directions (PSD) templates on their website shortly.

H1N1 vaccinations and Hajj pilgrims

The Saudi Embassy advises that 'Incoming travellers for Hajj from all countries must provide a valid certificate of vaccination at least 2 weeks old against Swine flu (H1N1) A before acquiring a Hajj Visa, if it is **universally available**'. As this is not currently the case, with only the at-risk groups and health care professionals being vaccinated, it is our understanding that Hajj pilgrims will not be asked for a certificate of vaccination, but may be screened for high temperature on arrival. Further advice about this is available on the Saudi Embassy and RCGP websites, and this issue has also been sent to GP flu operations group (GP FLOG) for further clarification.

- [Saudi Embassy website.](#)
- [RCGP advice online.](#)

Sick certificates

The DH has [published guidance on sick certification in a swine flu pandemic.](#)

Guidance on the use of prophylaxis with antiviral medicines during the H1N1 pandemic

The DH guidance on antiviral prophylaxis (for H1N1) [has been published on their website](#) and a link has been added on the [GP flu page on the BMA website](#).

Revalidation

The RCGP is undertaking a pilot examining the implications of revalidation for sessional GPs and doctors in small and remote practices. The project will be carried out by the Northern Deanery - it was awarded to the deanery following interviews which were held at the end of September.

The challenges to be examined by the pilot include:

- the collection of audit information
- reporting of formal complaints
- undertaking multi-source feedback.

GPs involved in the pilot will have taken part in regular annual appraisals and be in a position to assess their readiness to collect the range of evidence detailed in the RCGP's Guide to Revalidation. The pilot will explore the difficulties and assess the feasibility of evidence gathering for these GPs. It will also recommend the best revalidation portfolio for locum GPs and GPs in small and remote practices.

The BMA is responding to the Department of Health's consultation on the framework for responsible officers and their duties relating to the medical profession. [The consultation can be found on the Department of Health's website](#).

Replacement for QMAS - Quality Management Analysis System

The Department of Health and NHS Connecting for Health are currently considering replacing the Quality Management Analysis System (QMAS) with a more flexible calculating and reporting system. DH and CfH are looking to extend the payments supported beyond QOF to the following:

- the Quality and Outcomes Framework (the national QOF)
- quality indicators recommended by NICE that are not negotiated into the national QOF
- most directed enhanced services (DES)
- local enhanced services (LES) that work in the same way as the other payments that are supported by the new system.

DH and CfH are asking for the views of frontline staff, such as practising GPs, practice managers and PCT staff. The results of the consultation will be reviewed by representative groups such as the GPC and the RCGP.

To participate in the survey, which is running during October, go to the [Connecting for Health website](#).

We would be grateful if LMCs would circulate the details to constituent practices.

Sessional GPs Representation Working Group

At its September meeting, GPC agreed the membership and remit of a working group tasked with reviewing the national and local arrangements for sessional GP representation.

The group held its first meeting on 15 October 2009. It reviewed current arrangements for sessional GP representation and discussed ways in which the views of sessional GPs could be gauged. It identified a number of areas where further, more detailed information was needed. The group is working closely with the BMA's Health Policy and Research Unit (HPERU) to identify the best way to research this information.

The group plans to meet again in November.

Sessional GP conference

The BMA is holding a one day educational conference for sessional GPs entitled 'Recognise your Talents, Realise Opportunities: Key steps for sessional GPs' on Friday 13 November 2009.

The aim of the conference is to provide salaried and locum GPs with the tools that they need to succeed in their careers. It will be divided into three key areas:

- Step 1 - Marketing yourself
- Step 2 - Effective planning and career development: making the job work for you
- Step 3 - How to meet the challenges of revalidation.

This event will be of interest to all current salaried GPs (including retainer scheme GPs) and GP locums. It will also be relevant to those considering becoming a salaried or locum GP. The cost to attend is £65 + VAT for BMA members and £225 + VAT for non-members.

For further details, including details about how to book, [please visit the BMA website](#).

LMC Secretaries Conference

Details of the LMC Secretaries Conference have been sent to those LMCs who have indicated they wish to attend. Please return your break out group choice forms by Friday 6 November either by email to Sue Love at SLove@bma.org.uk or by post to: Sue Love, GPC, BMA House, Tavistock Square, London, WC1H 9JP

LMC Conference

Please note that the dates of LMC Conference have not yet been confirmed. We will inform all LMCs within the next two weeks, once the dates have been finalised.

Cameron Fund – the GPs' own charity

Please see the attached at appendix 1 details of the Cameron Fund.

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 19 November 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 10 November 2009. It would be helpful if items could be emailed to Julie Goodway at jgoodway@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



The **Cameron** Fund

Becoming a Member

If you are a GP or a former GP, we invite you to become a Cameron Fund member.

As a member you would be eligible to vote at the Annual General Meeting and seek election as a Trustee enabling you to participate in the work of the Fund.

Contact David Harris by phone on 020 7388 0796 or e-mail davidharris@cameronfund.org.uk

Making a Donation

We are very grateful for the donations we receive from both Local Medical Committees and individuals.

If you would like to contribute, your cheque should be sent to:

The Cameron Fund, Tavistock House North, Tavistock Square, London WC1H 9HR.

If you are a UK tax payer, we can reclaim 25p of tax on every £1 that you donate when you complete the Gift Aid Declaration on our web site (www.cameronfund.org.uk) and send it in with your cheque.



The GPs' own charity



The Cameron Fund

The GPs' own charity

Tel: 020 7388 0796 **E-mail:** info@cameronfund.org.uk **Website:** www.cameronfund.org.uk

The Cameron Fund, Tavistock House North, Tavistock Square, London WC1 9HR

Company No. 993060 Registered Charity No. 261993

The Cameron Fund

The GPs' own charity



How we help

Recent beneficiaries, from a variety of backgrounds, explain how the Cameron Fund has helped them.

Who we are

The Cameron Fund is the only medical benevolent charity which solely supports general practitioners and their dependents.

The Fund was created in 1970 by the Conference of Local Medical Committees and in nearly forty years has helped over 1,000 individuals and families and has distributed over £4 million in grants and loans.

What we do

We provide support to GPs and their families in times of financial need, whether through ill-health, disability, death or loss of employment. We help those who are already suffering from financial hardship and those who are facing it.

We contribute to living expenses, minor property repairs, retraining costs, professional subscriptions, children's school uniform and similar costs.

In association with a qualified Money Advisor, we provide advice on maximising income and ensure that a beneficiary has access to all available State Benefits and to advice on renegotiating the repayment of debts.

Who we help

- GPs and former GPs
- GP Registrars who have completed twelve months' training
- Dependents of GPs and former GPs

Do you know anyone we could help?

Do you know of a GP or a GP's family who we could help?

We welcome referrals from Local Medical Committees, from other support organisations or from any other source.

Phone Jane Cope on 020 7388 0796 or email: janecope@cameronfund.org.uk

We visit all applicants to learn as much as we can about their circumstances, so we can help in the most suitable way.

If a situation warrants, we respond quickly.



The Cameron Fund

The GPs' own charity

A young doctor was badly injured and needed neuro-psychiatric treatment.

The Cameron Fund provided help with essential living expenses and later assisted with costs incurred in returning to work.

"The Cameron Fund has enabled me to slowly and gradually return to working as a GP by facilitating a successful rehabilitation back to work. They reimbursed my necessary return taxi fares to work whilst I was unable to drive; encouraged my professional development in financing the post graduate exam Applied Knowledge Test and offered to reimburse my defence union cover. Each of these gestures removed any potential hurdles in my return to work."

A GP, who had been a mature student, incurred considerable debt with training costs, maintaining both a family home and study accommodation. The GP suffered a long period of ill-health and was unable to work, receiving no sick pay other than State Benefits. The Cameron Fund provided financial support to contribute towards essential expenditure such as fuel bills, school uniform, water rates and travel costs.

"My work absence had a devastating impact on our finances. With little income from State Benefits, the Cameron Fund helped us keep our heads above water. Without the sympathetic, non-intrusive listening ear and help and support of the Cameron Fund, I doubt I would have managed to survive without my health and family welfare being significantly further compromised"

A GP with two children developed a debilitating illness. The GP's partner was wholly unsupportive and became abusive. Temporary accommodation was provided by the local authority. The Cameron Fund provided a grant for living expenses and later made a contribution to the cost of property repairs of a new home.

"From my first phone call to the Cameron Fund, I was treated by everyone with great warmth, kindness and efficiency. The regular monthly payments I received enabled me to provide a financially secure base for my family until my circumstances improved a little. The Cameron Fund helped me restore my sense of dignity and optimism that there was light at the end of the tunnel"

Following a marital breakdown, a GP with many years' experience suffered loneliness and depression, followed by bankruptcy and home repossession. The Cameron Fund provided support with essential living expenses and a loan for a second hand car when the GP was able to return to work.

"Eighteen months ago, I was unemployed, bankrupt, on Jobseeker's Allowance and just about to be evicted from my home. The Cameron Fund gave me grants to renew my defence organisation membership and my GMC registration, contributed towards living expenses, loaned me the cost of buying a small car, paid for my furniture storage and the deposit on a bedsit. I am now in full employment. Without the Cameron Fund's help, I would have quite honestly just given up"



GPC Media Coverage Report – September 2009

The two main GP-related stories in the national media during September were:

Swine flu vaccination programme: this was announced jointly by the Department of Health, GPC and NHSE. It was covered by all the main papers, but largely ignored by the broadcasters. Coverage focused on the £5.25 figure and many of the papers combined it with research from GlaxoSmithKline suggesting only one dose might be needed to provide good immunity.

Abolition of practice boundaries: This produced the most amount of GP-related coverage in September, with the GPC's message, that it was happy to discuss but the issue was fraught with difficulties, covered prominently and fairly.

A letter regarding the Daily Mail headline claiming a GP earned £380,000, despite this figure being likely to include practice expenses, was sent to the Press Complaints Commission on behalf of the GPC. The PCC is investigating and will report within 35 working days.

BMA mentions in national media* for September

	National
Print:	35
Broadcasts:	30

SUBJECT	National broadcast	National print
Abolition of GP practice catchment areas	21	6
GP payment for swine flu vaccination	1	10
NHS drops 0845 telephone numbers	4	4
Fat tax / obesity	-	5
More patients see nurses rather than GPs	-	4
Availability of swine flu vaccination	3	-
Cancer HPV vaccine	-	1
NHS funding cuts	-	1
Heart disease	-	1
GP pay	-	1
E.coli outbreak	-	1
Trusted professions	1	-
TOTAL	30	34

*The September regional media statistics will be in next month's media report

Press Releases issued:

14/9/09 Changes to charges for 084 numbers is fairer to patients, says BMA
 16/9/09 GP deal on swine flu vaccination
 17/9/09 Doctors are happy to discuss quality and choice - BMA response to Health Secretary's speech
 22/9/09 New fee scale for dispensing doctors announced
 29/9/09 BMA comment on Patient Experience Survey research

Letters to the press include the following:

Date	Signatory	Publication	Subject of letter
22/9/09	Dr Laurence Buckman	Health Service Journal	Swine flu vaccination programme and GP payment
23/9/09	Dr Laurence Buckman	Press Complaints Commission	Daily Mail article saying that a GP was earning £380K

Scotland

BMA Mentions in the Scottish Press

We do not currently have a monitoring service to pick up on broadcast mentions. The following includes BMA quotes or interviews relating to GP and public health issues.

Subject	Scottish Press	Scottish Broadcast
Alcohol Misuse	28	5
QOF	1	
Premium Rate Phone Lines	1	
Swine Flu	3	
Tobacco Legislation	1	
Obese Patients	1	
Misdiagnosis	1	
HPV Vaccine		1
Total	36	6

Press Releases issued:

- 8 September Scotland should call time on alcohol promotion says BMA Scotland (Brian Keighley)
- 14 September BMA Scotland response to Health Committee report (Charles Saunders and Dean Marshall)
- 24 September Put health at the heart of decision making, says BMA Scotland (Brian Keighley)
- 24 September Don't turn our patients into customers say doctors (Dean Marshall)

Articles/Letters:

Date	Author	Publication	Title
5 Sept	Brian Keighley (Interview)	Scotsman	BMA warns frontline staff must not be cut.
8 Sept	Brian Keighley (Interview)	Herald	A rabble? Doctors aren't that organised.
11 Sept	Dean Marshall	Scotsman	New approach to heart disease paid healthy dividend.
15 Sept	Brian Keighley (Interview)	Times (Scotland)	Drinking is hidden problem of leafy suburbs, says BMA chief.
15 Sept	Charles Saunders (Letter)	Scotsman	Healthy Choices – Tobacco legislation
26 September	Brian Keighley (Letter)	Herald	Misdiagnosis

GPC Parliamentary and Assembly Activity Report

WESTMINSTER

The Parliamentary Unit in London keeps in contact with MPs across all the political parties. The Westminster Parliament returned from recess on 12th October.

MP-GP practice visit scheme

Nearly 300 MPs have asked the BMA's Parliamentary Unit to arrange a visit to a GP practice in their constituency since the MP-GP practice visit scheme was introduced in October 2008. So far, the BMA has helped organised 157 MP visits to GP practices with many more being planned. Feedback has been positive with the majority of MPs reporting a better understanding of general practice following their practice visit.

If you would like to get involved with the MP-GP practice visit scheme, please contact Susan Solanki, Parliamentary Liaison Officer at ssolanki@bma.org.uk

Updated statistics on progress of the scheme to date follows:

- 157 visits arranged
- 296 visit requests
- 322 MPs have responded to the scheme overall
- 280 MPs took up our offer to arrange a visit; 42 declined
- 12 MPs have visited more than one practice

Party conferences

The BMA attended the autumn political party conferences. In conjunction with the Royal College of Nursing and the King's Fund, the BMA held fringe meetings at all three conferences on whether health will be a vote winner at the next general election. A brief summary of developments at the conferences follows:

Liberal Democrats

The Liberal Democrat Shadow Health Secretary, Norman Lamb outlined a number of steps that could be taken to improve efficiency in the NHS. These include measures such as:

- reducing the number of quangos in the NHS
- ensuring the NHS is locally accountable
- axing strategic health authorities
- turning every NHS hospital into an employee-owned trust
- reform of payment by results

Labour

Health policies announced at Labour conference included:

- a new cancer target
- the need for a productivity drive to save £15 to £20 billion over the next four years
- the abolition of GP practice boundaries
- linking the way hospitals are paid to quality and patient satisfaction
- the phasing out of car parking charges for in-patients
- proposals for personal care under the 'National Care Service', whereby some 350,000 people with 'the highest needs' would receive home care regardless of personal wealth.

It is also clear that ministers are still keen on introducing new 'rights' to NHS dentistry, evening and weekend access to GPs, individual budgets for those with chronic and long-term conditions, and choice over end-of-life care. There is still recognition of the role of the market in the NHS although in the two weeks before the conference, Secretary of State for Health, Andy Burnham said publicly that the NHS is the preferred provider but it was the job of the commissioner to test whether these services provide best value and quality. Dr Richard Vautrey, Deputy Chairman of the BMA's GP

Committee, spoke on a panel alongside Kevin Barron MP, Chair of the Health Select Committee, at the BMA fringe meeting on whether health will be a vote winner at the next election. BMA Chairman of Council, Dr Hamish Meldrum spoke at a Socialist Health Association fringe meeting on whether healthcare was being corrupted by market forces alongside a panel that included John Grogan MP, chair of the backbench Parliamentary Labour Party Health Committee. Dr Meldrum argued that there was evidence that showed that use of the market was expensive.

Conservative Conference

Shadow Health Secretary Andrew Lansley MP focused on efficiency announcing proposals to save money by cutting back on NHS bureaucracy. He stated that the £4.5 billion spent each year on PCTs, SHAs, NHS quangos and back-office administration could be cut by a third. Other proposals include allowing all patients to decide which consultant treats them in hospital by publishing performance tables on every consultant. There were also proposals to protect people from social care costs mounting in old age. The Conservatives have proposed a one-off £8,000 payment that would be introduced to act as an insurance premium so that people did not have to sell their own homes to pay for care homes.

Dr Richard Vautrey spoke at the BMA fringe meeting alongside Andrew Lansley on whether health would be a vote winner at the next election. Subjects covered at this meeting included similar themes to the other conferences such as sustainability of the NHS, workforce, pensions and public health but there was also debate on reconfiguration as well as the Conservative proposals for an independent board for the NHS. Dr Hamish Meldrum spoke on a panel alongside Mark Simmonds MP, Shadow Health Minister, at a Conservative Medical Society/2020 Health fringe meeting on 'Access to healthcare under a Conservative Government'. Mr Simmonds argued that GP practices should be given hard budgets and should take over responsibility for commissioning out-of-hours services from PCTs. Dr Meldrum argued that he was not convinced that handing out-of-hours commissioning responsibility to GPs would improve patchy services in England. In response to the Conservatives' proposals for hard budgets, he also argued for a collaborative commissioning approach that involved patients, GPs and secondary care.

Legislation

Health Bill

The BMA has been closely following the progress of the Health Bill. The Bill covers a number of issues and the BMA has mainly focused its attention on the proposals relating to the NHS Constitution; direct payments; quality accounts; innovation; tobacco; and disclosure of information to HMRC. The provisions relating to tobacco control have generated much debate. MPs voted to support the banning of all cigarette vending machines as well as being supportive of prohibiting point of sale displays for tobacco. For further information, please visit: www.bma.org.uk/news/lobbying_campaigning/Healthbillob.jsp

Coroners and Justice Bill

The BMA welcomed the Ministry of Justice's decision to remove the information sharing provisions from the Coroners and Justice Bill but is concerned that the Government intends to revisit the proposals through a consultation. The proposals would have allowed the onward transfer of identifiable patient data between government departments and even on to private companies. The BMA strongly opposed the measures and met with ministers, MPs and stakeholder organisations to ensure that the provisions were removed from the Bill. The BMA is broadly content with the proposals for reform of the coroners system and is working with the Ministry of Justice to ensure successful implementation. The BMA has called for short death certificates, which omit the cause of death and can be used for administrative purposes, to be included in the Coroners and Justice Bill as part of the wide-ranging changes to the death certification system. These would operate alongside the full Medical Certificate of Cause of Death and would mean that the bereaved would not have to disclose sensitive information to

organisations, for which the fact of death is sufficient. For more information, please visit: www.bma.org.uk/news/lobbying_campaigning/Coronbillob.jsp

Equality Bill

The main principles of the Equality Bill to strengthen protection, advance equality and streamline the present equality legislation are welcomed by the BMA. The BMA believes that the Bill will help lead to greater consistency and clarity within the law and will help, through mechanisms such as public sector equality duties, to ensure that healthcare organisations fulfil their responsibility to eliminate discrimination and promote equality in all aspects of healthcare. The BMA's response to the Bill is presented in a healthcare context and can be viewed at:

www.bma.org.uk/news/lobbying_campaigning/equalbillob.jsp

Select Committees

The Health Select Committee is shortly expected to publish its report on 'Alcohol'. During the course of its wide ranging inquiry, the Committee heard evidence from a number of bodies including the police, the alcohol industry, medical organisations and the voluntary sector. A number of issues were raised during the evidence sessions, including alcohol pricing and advertising, the pressures on GP and A&E services, as well as the need for early diagnosis and intervention. Further information on the Committee's inquiry can be viewed at:

www.parliament.uk/parliamentary_committees/health_committee/hc0809pn08.cfm

The Health Select Committee has also decided to undertake an inquiry into commissioning. Some of the issues it will be considering include 'World Class Commissioning', the purchaser-provider split, commissioning and 'system reform', specialist commissioning, and commissioning for the quality and safety of services. The BMA has submitted written evidence to this inquiry and Dr Hamish Meldrum is due to appear as a witness for the inquiry in October. Further information on the Committee's inquiry can be viewed at:

www.parliament.uk/parliamentary_committees/health_committee/hc0809pn17.cfm

BMA Parliamentary Unit
October 2009

SCOTTISH PARLIAMENT

The BMA Scotland public affairs officers keep in regular contact with key MSPs from all of the political parties.

In September, with the return of Parliament following recess, we issued MSPs with an update on the H1N1 'Swine Flu'. This was subsequently highlighted by several MSPs during a ministerial statement debate in the chamber.

The First Minister outlined the legislative programme for the coming year. As well as existing legislation in progress (Tobacco and Primary Medical Services Bill and the Public Services Reform Scotland Bill, the Government will introduce an Alcohol Bill and a Patients Rights Bill).

Working with Alcohol Focus Scotland and Scottish Health Action on Alcohol Problems, the BMA provided Labour MSPs with a private briefing on the subject of minimum pricing for alcohol. This well attended meeting gave labour politicians the opportunity to discuss any reservations they had on the policy and to learn about the positive impact of such a policy on individual health as well as the social and economic benefits.

Public Services Reform Bill

The BMA has provided written evidence to both the Education and Health Committees of the Parliament for their consideration of the PSRB. The BMA in particular has

highlighted concerns regarding the repeal of the Joint Inspections Act and its subsequent extension in this Bill which would effectively allow access to individual patient records by members of an inspectorate (which includes police, education, social work professionals). The BMA does not accept that implied consent is appropriate and has made recommended changes to this part of the Bill. Our views were raised by both committees during the Stage 1 process. Subsequently, the BMA has written jointly with the RCGP to the Health Committee reinforcing the professions deeply held concerns on this matter.

Tobacco and Primary Medical Services Bill

The Scottish Parliament debated this Bill at Stage 1 and passed the general principles. However all opposition parties expressed significant concern over Part 2 which will end the right for commercial providers to enter into contracts to provide NHS primary medical services. The BMA supports this Bill and will lobby for support of all parts. The BMA issued briefings on both parts of this Bill in advance of the debate and received 12 mentions (7 positive/neutral; 5 negative) during the debate.

The Way Ahead

SGPC Negotiators met with Cabinet Secretary, Nicola Sturgeon, to brief her on the initial findings of the consultation on "The Way Ahead". This was a positive meeting where Ms Sturgeon expressed an interest in working with SGPC on this when the report is published next year.

Labour MSPs

Dean Marshall met with Richard Simpson to discuss the Patient Experience Survey and possible alternatives to help practices improve access.

Gail Grant
Senior Public Affairs Officer
BMA Scotland
October 2009