NIGPC Annual report 2009-10

March 2010

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NIGPC Annual Report 2009-10 Chairman's Foreword

Chairman
Dr Brian Dunn

I continue to be honoured as Chairman of NIGPC to continue representing the Profession in Northern Ireland. It has been somewhat of a 'mixed' year. I have experienced challenging and at times frustrating national and local negotiations set against the changing structures in NI post RPA and a H1N1 pandemic. I would like to thank practices for their forbearance with some longstanding issues and would like to thank the members of the NIGPC Domestic Negotiations Team for their tireless support and guidance in working through many issues.

Because of much negative publicity in the press and TV, NIGPC has attempted to raise the profile of GPs in NI through the media and with our local politicians. I would like to thank the Assembly and Research Officer and Public Affairs Officer for all their hard work in arranging the MLA practice visits which the politicians have found very useful as they are raising the profile and awareness of primary care in the wider community.

The launch of the 10 year GP strategy in the Long Gallery, Stormont on 20 January 2010 was the culmination of months of hard work with several stakeholders. I feel that this has been a worthwhile venture working with the BMA(NI) and RCGP(NI) to modernise general practice in NI and raise its profile. General practice is under pressure in England from commercial providers and government policy advocating 'choice'. We decided that general practice in NI should try to set the agenda instead of reacting to initiatives from people with minimal understanding of primary care. Practices must develop and become more flexible in a commercial environment with a myriad of health care providers eager to provide competition to the traditional model of general practice. I hope we can build on this document and that practices can use it to develop in ways that best suit their local circumstances. We will meet with the RCGP(NI) to decide how to take the strategy forward in a way that practices can implement. I have agreed that it was also important to work with and include the many OOH providers in NI in the implementation of the strategy

As you may be aware, I have been in discussion with members of the NI Health Committee and the Regional Board to counter some negative remarks made about GPs on the reasons behind the breakdown in negotiations for the under fives H1N1 vaccination DES and the perception of some MLAs that GPs have been profiting from swine flu. I will be meeting with members of the NI Health Committee to discuss GP pay as well as other matters.

It has not been all negative – I would like to make special mention of attendance at Dr Brian Patterson's dinner held to mark his retirement as Chair of BMA(NI) Council which was a very enjoyable affair. I am also pleased to report that for the first time, the UK GPC Negotiators Residential was held outside England. The English, Welsh and Scottish negotiators and BMA staff from the GPC office in London were looked after very well in NI at the Culloden Hotel in December 2009.

The incoming year promises to be even more interesting. In Northern Ireland we are attempting to establish negotiating lines with the new Board and attempt to preserve GMS funding. We are trying to get the employers superannuation issue settled in the next few months (a frustrating process) and if the Conservatives win the next election, they have promised to largely renegotiate the GP contract. While we have a devolved government, changes to the GP contract will probably be implemented UK wide as none of the devolved governments have the necessary staff to run a stand alone contract.

May I thank you particularly in this difficult year for your continued support for the work of NIGPC. Without your financial contribution through payment of the NIGPC levy it would be very difficult for NIGPC and your LMC colleagues to work on your behalf and improve patient care and your working lives.

Brian Dunn

Chairman
Dr Brian Dunn, Larne
Deputy Chairman
Dr Tom Black, Derry
Honorary Treasurer
Dr Eugene Deeny, Belleek

Membership of the NIGPC 2009-10 and its negotiating team is contained in Appendix 1.

The GMS Contract 2009-10

GMS Contract Review

The NIGPC Domestic Negotiations team is currently working with the Performance Management and Service Improvement Directorate within the new Health and Social Care Board (Board) to determine how best to negotiate, improve and design future enhanced services to make them more achievable and better for patients. Changes to the Osteoporosis Directed Enhanced Service (DES) will take place from 1st April and it will be known as a Fragility Fracture DES. At the time of writing, the Pulmonary Vascular Des needs to be substantially amended but there is resistance from some advisers to this being done. The Mild to Moderate Depression Scheme DES and the Healthcare for Homeless on the Move Rough Sleepers Scheme DES cannot be changed due to the funding streams emanating from other providers.

The Swine Flu DES was negotiated nationally and incorporated in the revised Statement of Financial Entitlements (SFE) and DES Directions issued in December 2009.

Local Negotiations with Health and Social Care Board

Discussions continue on the negotiating roles of the Department and the Board and after a series of informal meetings with Board representatives, it is expected that formal quarterly meetings with NIGPC and senior Board members Board will soon occur. A new Regional LMC – HSCB Forum will meet regularly to discuss local contractual issues affecting practices on a consistent, regional basis.

National Negotiations for 2009-10 – H1N1 Negotiations

The Chairman wrote out to practices on 17 December 2009 about the details on the protracted and difficult national and local negotiations. This was followed by email communication from the 4 LMCs in NI and we hope that this communication was useful for practices to allow them to decide whether to offer the service or not, given their own workload pressures.

NIGPC will learn lessons from the Under Fives DES negotiations which were issued by the DSSHPS under direction from the Department of Health, whilst we were still in negotiation with our Board. Our disappointment was expressed strongly and we are conducting an exercise on the terms and conditions under which the Trusts have provided the vaccination to these children. This has been a real test for both the Department and the new Board and some of the tactics used were questioned by members at NIGPC in January 2010. For the first time in NI, many practices have called into question the value of doing a LES against workload pressures.

NIGPC is pleased to note that the expected surge in swine flu patients has not occurred and that the H1N1 pandemic is now on the wane.

The Chairman has been in discussion with members of the NI Health Committee and the Board to counter some negative remarks made about GPs on the reasons behind the breakdown in negotiations for the under fives H1N1 vaccination DES. He will be meeting with members of the NI Health Committee to discuss GP pay as well as other matters.

Quality and Outcomes Framework – Prevalence

The square root formula for Quality and Outcomes Framework (QOF) achievement will end this year and actual prevalence used in calculations. Next year the 5% cut off will be abolished. These changes were sought both by Government and the General Practitioners Committee (GPC) (following resolutions at the Local Medical Committee Conference in London). The square root formula meant that practices with low prevalence were being paid more than practices with high prevalence for doing equivalent work. This change, while it creates winners and losers, rights something that no one can defend. Northern Ireland has less big losers than England and Local Medical Committees (LMCs) are

trying to get accurate data from the family practitioner units. In Northern Ireland, the old Western and Southern Boards lose and the Eastern and Northern gain. This is counter-intuitive and NIGPC and DHSSPS will be looking at why this should be so. NIGPC and the LMCs are trying to ensure the funds remain in those areas and made available to GPs in the form of enhanced services. When the data is made available to practices, those practices that lose substantial sums should contact their LMCs.

QOF Changes for 2009-10

Last year, Government told GPC they no longer wished to purchase 55 points in QOF (the remaining points in the Patient Experience section). They proposed giving the resources to Primary Care Organisations (PCOs) to use as they wished. They stated that if GPC identified a few extra points (17 eventually agreed) the QOF money could be recycled and form the basis of an agreed approach to the DDRB for joint evidence for a pay uplift. GPC reluctantly agreed to this and you will now all be aware of these changes and how the 72 points have been allocated. There has been recent controversy about the diabetes changes and these are being addressed by the expert panel. Next year, the National Institute for Clinical Excellence (NICE) will be responsible for QOF. GPC has expressed reservations and had meetings with NICE. We have been reassured by many of the appointments – not least that of Professor Colin Hunter (Treasurer of Royal College of General Practitioners and one of the 'inventors' of QOF) as Chairman of the panel that will consider evidence.

Patient Experience Survey

NIGPC never supported the concept of GP Income being linked to patient perception of access. Our concerns have been confirmed by the results of the patient experience survey where practices have been penalised for providing a good service. Many practices that lost income because of this survey do not believe that the perceptions accurately reflect reality.

NIGPC sought clarification of the appeal process as there was much confusion with the demise of the 4 Boards and the loss of experienced staff. NIGPC eventually agreed that practice appeals were heard by the Board and practices supported by their Local Medical Committee (LMC). NIGPC was dismayed at the process being used by the Board, who after initial consideration, agreed to pass the appeals to the Department for dispute resolution rather than hearing individual appeals. NIGPC is currently seeking legal advice in respect of the process used by the Board and will keep practices informed.

This year's survey was posted out in January and the Chairman will write to the Department to seek clarification on what use the survey information will be put to.

GP Occupational Health Service

NIGPC worked hard to get an occupational health service (OHS) for GPs and their staff. The staff scheme operates through the Trust OHS while the GP scheme is based on the civil service OHS. The GP scheme which is available to sessional GPs is now 3 years old and is being reviewed by the DHSSPS. NIGPC has expressed its appreciation of the service and believes it has benefited some GPs. The Department is also supportive and like NIGPC would like to see more use being made of it. GPs mainly have a problem with knowing when they have a problem and when they should not be at work. We tend to work through illness and personal problems without seeking help. NIGPC and the Department would like to see GPs make more use of the OHS by:

- New partners having medicals before joining a practice
- Hepatitis B status checking
- Advice to partners and salaried doctors on long term sick leave
- Advice to GPs who are having health or personal problems at an early stage
- The service is confidential and supportive and NIGPC would encourage GPs (principals, salaried and freelance sessionals) to make use of it.

The Future

The Future of General Practice in Northern Ireland

The BMA's NI General Practitioners Committee and the Royal College of General Practitioners (NI) were proud to formally launch its document, 'The Future of General Practice: A 10-year strategy' at the Long Gallery in Stormont on 20th January 2010. The RCGP(NI) and BMA have worked together over the last two years to produce a 10 year strategy for the future of general practice. It is hoped that this strategy will provide a pivotal role in shaping policy, education, research and training for many years to come.

RCGP and BMA have also worked together to produce an information leaflet aimed at increasing awareness of the profession within the general public. 'You and Your GP' provides a useful look at the relationship between patients and their GP, the role of a GP and how general practice is organised throughout Northern Ireland. A patient information leaflet 'You and Your GP' has been developed to demonstrate the essential role that general practice plays in the delivery of healthcare. Copies will be distributed through practices throughout Northern Ireland. Please download copies of the strategy and leaflet. http://www.bma.org.uk/ni/healthcare_policy/futuregeneralpracticeni2010.jsp

Alternatively, contact Sara Morrow, Public Affairs Officer on 028 9026 9672 or email press.ni@bma.org.uk

PR Matters

The last 6 months have been a busy period of press activity with much positive coverage for primary care in NI, particularly with reference to the very successful launch of the 10 year GP strategy and good coverage of Local Assembly Ministers visiting GP practices. Press cuttings of the MLA visits can be obtained by contacting NIGPC@bma.org.uk

Review of Public Administration (RPA)

The Minister decided to ditch proposals to modernise health structures that were drawn up by Direct Rule Ministers in consultation with the profession. This consultation took place over the duration of 2 ½ years and NIGPC was supportive of them. The Minister decided to change all of this within 1 year. The result is 3 large bodies: Business Services Organisation (BSO) performing many of the Central Services Agency functions, Regional Health and Social Care Board and Public Health Agency.

The old Family Practitioner Units appear to have been dismantled and very experienced and respected staff sent off to early retirement. NIGPC is seriously concerned about the impact this will have and is currently having on general practice. The Chairman provided NIGPC's concerns to the BMA (NI) response in October 2009 – Consultation on HSC Organisational Structures.

LMC Secretaries will be writing out to LMC members about the reconfiguration of committees and representational issues. If a group/committee is changing from a local (legacy Board) to a regional group/committee then a NIGPC representative should be sought formally via the Chairman to bring to NIGPC for nomination.

NIGPC Involvement in New Commissioning Arrangements

NIGPC has continually raised concerns with the Minister and stressed the importance of the potential delegation of budgets to LCGs and other commissioning groups; the need to maintain effective family practitioner support services to GP practices and to ensure the best location of such services within the new organisations.

GPs have yet to see that there is an understanding by the DHSSPS of how commissioning can maintain waiting list improvements. Local commissioning with the active participation of general practices

allows commissioning to be responsive to local need but most importantly it allows practices to look at referral patterns, patient pathways within the secondary sector and referral of the patient to the most appropriate professional. GPs demonstrated during the fundholding era that it was possible to maintain and actually improve the level of care to patients while making savings on their budgets. The health budget will always be under pressure – no matter how well the case is argued for additional funding and it is important the money is spent most effectively.

It would appear that the prospects of GP or practice based or locality commissioning have receded into the future although much is expected of the Local Commissioning Groups (LCGs). It is understood from the LCGs on the ground that some meetings and workshops are now taking place which is a step in the right direction but NIGPC is concerned that commissioning of services may not take place until early 2011.

Primary Care Arrangements in Northern Ireland

Meetings with the Primary & Community Care Directorate

NIGPC attends quarterly meetings with the Primary and Community Care Directorate (PCCD) which cover regional matters for negotiation, discussion or clarification. NIGPC shares its resolutions agreed at the Annual LMC(NI) Conference with the PCCD for NIGPC Domestic Negotiations and PCCD to progress over the year ahead.

Major agenda items this year have been contractual issues such as the Long Term Condition Management DES, Access DES; employer and staff issues including Agenda for Change (AfC) funding, pensions and superannuation, manpower and training issues and infrastructure issues such as population increase, health and care centres and premises issues.

Agenda for Change

Much work has gone into resolving this. AfC is mandatory for Trusts but does not apply to general practice. The issue has caused much anxiety for practices with Trust employed staff, as not only do they face the prospect of having increased staff costs, but the threat of having to fund back pay to October 2004. NIGPC has pressed the Department on this and will continue to argue that all GP practices should be funded for AfC to prevent inequality in the NHS. The DHSSPS provided £600,000 to address the issue of back pay, however, advised that there was no additional money. Departmental officials confirmed that they would continue to push for additional money.

13 July

DHSSPS's view is that it is up to the Board (the commissioner) and LMCs to negotiate. The Statement of Financial Entitlements (SFE) states that any discretionary holiday is a matter for the Board, so it is up to the Board to decide whether practices close and to part fund the day as has been the informal arrangement over the last 3 years. A sub-group of NIGPC has been set up to take forward the inequity of treatment for GPs and their staff in respect of this discretionary holiday which has been complicated by Agenda for Change terms and conditions of service. NIGPC is seeking a solution for the long-term.

GP Premises

Resources for building or renovating or improving premises have dried up since the advent of the new contract. DHSSPS appears to have put all its eggs in the Health and Care Centre basket. NIGPC welcomes investment but has some concerns about these centres – mainly around lack of GP involvement in design and planning, potential additional costs to practices and the lack of maintenance of existing Trust owned health centres. NIGPC believes the most cost effective method of building or improving practice premises is through the Cost-Notional Rent scheme and we are pressing DHSSPS to consider this as an alternative to costly Private Finance Initiative schemes.

Health and Care Centres
NIGPC has serious concerns that there is no funding earmarked for practice development in general and no recurrent funds for rates and rent increases. The PCCD has promised to set up a meeting with NIGPC Domestic Negotiations and the Director of Infrastructure and Investment to discuss this further.

GMS Funding
NIGPC sought clarification that the £2m funding for expanding population was recurrent funding and should be an addition to Global Sum in the longer term.

Extended Study Leave Funding
The Chairman has written to the PCCD to seek clarification on the funding and details of this scheme. NIGPC has since been advised that to a certain extent this issue had fallen by the wayside due to staff changes at Business Services Organisation. NIGPC has been informed by the PCCD that the budget history is unclear and it was likely that it was an informal arrangement which means future funding is uncertain. NIGPC will keep this on its agenda with the PCCD.

Educational Matters

Working with Northern Ireland Medical and Dental Training Agency

NIGPC has a close working relationship with the Northern Ireland Medical and Dental Training Agency (NIMDTA) and continually lobbies the Department on workforce planning numbers and resourcing as well as training issues. The Chairman is lobbying hard with GPC Negotiators to seek additional funding for future GP trainee places in the UK further to the publication of the Department's Review of the Medical Workforce - Final Draft Report produced by Deloittes. NIGPC is grateful to Dr D Ross for his valuable and hard work in this area. A funding stream needs worked out not just at local but at a UK level for future workforce requirements.

NIGPC is active in its support of GP registrars, trainers and GP returners:

GP Trainees Issues

A standing item for GP Trainees is placed on the quarterly NIGPC agenda. The Trainee representative to NIGPC has the opportunity to raise and discuss issues at NIGPC meetings and also has a seat on the UK Trainees Sub-committee. This year there is a GP Trainee representative on the newly constituted NI Council. Issues of note can also be raised in the BMA GP Trainees newsletter and on the GP Trainees listserver.

A group including representatives from NIGPC is being established by NIMDTA to look at the legal contractual position regarding the clinical supervision of trainees in out of hours.

Review of GP Training

The Tooke Report on the findings and recommendations of the independent inquiry into Modernising Medical Careers recommended that GP Training be extended to five years. THE RCGP was commissioned by the Department of Health to produce a business case for this extension. The BMA welcomes the proposal to extend training in principle as, if implemented properly, could deliver significant benefits to GPs and patients in the increasingly complex environment of primary care.

GP Returners

This is a scheme for General Practitioners who have not worked in General Practice for two or more years. It provides them with a personal re-training programme under the supervision of a General Practice Trainer, for up to six months followed by an assessment (presently the multiple choice paper and consultation skills test of National Summative Assessment). This scheme is normally funded by the Health Board on an individual basis. However, this year there has been a problem with funding. NIGPC

has been working hard with the assistance of the Profession and continues to lobby the Department with the welcome assistance of NIMDTA to provide funding for this scheme.

Performance Issues

Professional Regulation and Revalidation

NIGPC is grateful to Dr T Black, Deputy Chairman for his attendance at Departmental meetings and briefings in respect of forthcoming legislative changes on professional regulation. Dr Black keeps NIGPC informed of changes to medical regulation.

The DHSSPS Responsible Officers consultation was released on 4 December 2009. NI Council Revalidation Subcommittee met on 28 January 2010 when the BMA(NI) response to the Responsible Officers consultation will be signed off. It is expected that the BMA(NI) response to this consultation will be based largely on the BMA response to the DH consultation in GB.

Pensions and Superannuation

General Practitioner Pensions

It was always NIGPC's understanding that interest would be paid on pensions owed to GPs. It has been reported to us that HPSS Superannuation Branch does not intend to pay interest to those GPs who have retired in recent years and who have benefited from the increased dynamising factors in the years 2004 – 2007. The Minister has written to the Chairman of NIGPC to state that there is no corresponding provision within the relevant HSC Pension Scheme Regulations 1995 in NI for payment of interest on late payments and therefore the Department has no statutory authority to pay interest in these cases. NIGPC is seeking legal advice through BMA Law.

Employers Superannuation Contributions

The employers' element of superannuation contribution was increased last April from 7% to 15.7%. This was done without consultation with Northern Ireland General Practitioners Committee (NIGPC) and without any resources being transferred to practices. 7% of this increase was the Treasury Transfer that happened in Great Britain in 2004. The extra 1.7% was because of the increased cost of the Northern Ireland scheme. DHSSPS initially offered to add £8million (the equivalent amount given to English GPs) to practice Global Sums (GSs). NIGPC rejected this and demanded that the actual amounts should be added to practice GSs. DHSSPS advised practices not to pay the increased contribution until the resources were added to GSs.

DHSSPS has now offered £13million which BMA has calculated is the correct amount. DHSSPS has accurate figures for staff contributions and is presently working on the GP element. Advice to practices is not to pay the additional contribution until the funds are allocated to your practice. Practices with Trust employed staff should note that the extra superannuation contributions have been passed to the Trusts and practices should not be asked to make any extra payments for their staff.

NIGPC had suggested the baseline that superannuation be calculated on the basis of actual figures, i.e. the last quarter's superannuation payment for staff and 2006 to 2007 superannuation returns for GPs. Initially the Department thought they could do this. Unfortunately this is not the case and we will have to accept a formula. NIGPC will ensure this formula is as fair and as accurate as possible. NIGPC has already sought an assurance that figures will continue to be uplifted in line with the Global Sum.

As a matter of urgency, the BMA Statistician Jon Ford and members of the Department will be working to devise a new formula. This is to allow for the additional superannuation Treasury transfer to take effect in a more equitable manner than the previous Department formula would have allowed.

Seniority

NIGPC has made representations about the decision by Central Services Agency (CSA) to withhold seniority payments to practices where there are outstanding superannuation certificates. In some cases these relate to GPs who have retired and the existing partners are being punished. We will continue to press this issue but would encourage all GPs to agree their superannuation with their accountants and CSA. DHSSPS has agreed to issue guidance to CSA on this. This fiasco illustrates the problem with the calculation of seniority – whether the GP gets full seniority, 60% or nothing. There is a delay in calculating average GP income and some GPs are overpaid while others may be underpaid. GPC is exploring different methods of calculating seniority entitlement including self-declaration of sessions worked. DHSSPS has informed us that they will implement the system agreed in national negotiations.

Representation

NIGPC/RCGP (NI) Liaison Committee

NIGPC continues to meets regularly with the RCGP(NI) to consider areas of mutual interest and present joint position papers where appropriate. Over the past year, NIGPC has been working jointly on the strategy document The Future of General Practice in N Ireland, held an open discussion on the DHSSPSNI Review of the Medical Workforce in 2006 and the impact it has had on the medical profession and discussed the proposed extension to 5 years of GP Specialty Training.

NIGPC IT Sub-Group

In addition to the quarterly NIGPC IT Sub-Group and NIC IT Working Group both chaired by Dr J Courtney, NIGPC sits on the Health and Social Care ICT Programme Board and the Primary Care ICT Programme Board which provide GP input to the many information technology (IT) developments in NI. Dr Courtney also attends the BMA Working Party on NHS IT and the Joint GP IT Committee. The work of the NIGPC IT Sub-Group has, in particular, focussed on:

- Data Confidentiality and its dangers
- Electronic Practice Records
- Electronic Care Record
- Remote Access to Clinical Systems
- General Medical Data Analysis Project
- Consultation on the Diabetic Retinopathy Screening Programme and Bowel Screening Programme in NI

Cross Branch of Practice BMA Northern Ireland Council MMC & Workforce Planning Sub-Group

Deloitte MCS was commissioned by the DHSSPS to conduct a review of the medical workforce in Northern Ireland. The review represents the next stage in the DHSSPS's continuing strategic approach to workforce planning. The information in the report will inform the Department's planning in the provision of training to facilitate service continuity and development over the next 5-10 years. The report makes two important recommendations:

- That an urgent piece of research is undertaken to clarify how much each individual GP works, ie number of sessions per week
- That the number of GP training places be immediately increased to 75 per annum as was recommended in 2006.

Whilst BMA supports these recommendations in principle, concern remains with regard to where funding is coming from for this increase in GP numbers. NIGPC is concerned that if the matter of funding is not addressed there will be an over supply of trained GPs with no prospect of partnerships. Alternatively the workload may increase in line with workforce but if the GMS envelope is static or increases at a much slower rate, then total remuneration will inevitably fall as a result.

Sessional Doctors

Northern Ireland Sessional Doctors Association (NISDA) has two representatives (including the NISDA Secretary) on NIGPC. They contribute to national sessional doctor issues through the UK Sessional Doctors Sub-Committee by list-server and written report. Dr J Watters, Sessional Doctor and GP Trainee is the Sessional Doctor representative on the newly reconstituted Northern Ireland Council.

This has been an uncertain time for locums. Data flows to them have been patchy and they have uncertainty about their role in the event of a pandemic. NIGPC is working to ensure GP locums get adequate advice and are clear about their role. The biggest issue is probably Death in Service benefits. GPC in London is negotiating this with NHS Employers and DHSSPS has agreed to implement any national agreement. The BMA(NI) is frustrated at the delay in this being implemented in NI and at the time of writing, is working with the DHSSPS. As with GP principals and salaried GPs, NIGPC will endeavour to ensure locum views are heard and that their working arrangements and protection will be the same as other health workers. To further this, NIGPC endorsed NIMDTA's Practice Affiliation Scheme for Sessional Doctors.

Salaried Doctors - Northern Ireland as in the rest of the UK is seeing an increase in the number of GPs being employed as Salaried GPs. The Chairman wrote to Practice Managers to remind them of the stipulation in the GMS contract that Salaried Doctors should be employed under terms no less favourable than the model BMA contract. This Model was agreed between the BMA's General Practitioners Committee and the NHS Confederation, and applies to all GMS employers throughout the UK.

Out of Hours Services

Regional Out of Hours Project

Dr Theo Nugent is NIGPC's representative on the Regional Out of Hours Project Board and he keeps the committee informed of the proposals, the main ones being:

- Triage at several regional centres with interchangeability of call routing depending on ebb and flow of demand: i.e. virtual call centres. Single N.I. phone number.
- Arguments for both Doctor and Nurse based triage: this will be an operational decision ultimately.
- Organisational structure/status – the pragmatic option seems to be a lean agency with GP involvement and outsourced admin/HR/finance to BSO with a clear Service Level Agreement.
- inal document will be taken to the HSC Board prior to public consultation.

NIGPC and the LMCs are represented by Dr J Courtney and Dr A McDowell on a NI Emergency Care Summary Record Project Board to implement the Emergency Care Summary as part of the overall Primary Care ICT Programme. This will give access to an Emergency Care Summary Record for appropriate staff operating in GP OOH services and A&E Departments in NI.

Nominations to other committees

NIGPC members continue to serve on an extensive range of other committees and working parties etc and a list of nominations made over the past year is contained in Appendix 2. Written reports of attendance at meetings of these committees are fed back to NIGPC on a regular basis, or oral reports are given at quarterly NIGPC meetings.

Prescribing

Indicative Prescribing Amounts

NIGPC responded to the Department's consultation on the Calculation of Indicative Prescribing Amounts 2009/10. NIGPC is supportive of clinical and cost-effective prescribing by general practitioners and of moving to a fair share basis for the calculation of Indicative Prescribing Amounts (IPAs).

NIGPC advised the Department they should be aware that with structured care of chronic conditions, increased case finding, more preventive care (especially in diabetes, heart disease and asthma/COPD), earlier discharge from hospital and more care in the community and advances in treatment, the 2003/04 prescribing budget is not an accurate baseline.

GPs frequently report to NIGPC concerns over the accuracy of what is recorded on their Compass reports. It is disappointing that with most prescriptions now computer generated in GP practices with bar codes, technology appears to end once the prescription leaves the GP surgery and manual coding errors are possible. Because GP practices receive feedback only on generic dispensing rates and not prescribing rates, there is little incentive to increase generic prescribing rates as most GPs feel the local pharmacist has more control over their prescribing IPA than they do. EPES has the ability to correct this.

NIGPC has concerns that DHSSPS, the Board and prescribing advisers have placed undue emphasis on generic prescribing. Generic prices fluctuate enormously and with the UK now a net exporter of medicines because of the fall in value of Sterling, supply problems are increasingly common. At any one time, 30% of generic medicines are more expensive than the branded equivalent and DHSSPS should concentrate on value for money rather than reciting the 'generic mantra' to GPs. NIGPC has supported the Therapeutic Tendering Scheme but is disappointed at the apparent tardiness of its implementation.

NIGPC favours a move to fair shares system over a period of time. This should take place over at least 3 years, allowing the Board/LCGs to monitor the effect on practice IPAs. NIGPC agrees with weighting for age and gender but would question the effect of deprivation on prescribing costs. NIGPC does not disagree with it but would ask the Department to demonstrate the effect. NIGPC supports a phased move to fair share allocation. That fair share should be fairly calculated taking into account trends in medical treatment and should be reviewed according to changes in provision of care locally.

Generic Prescribing Policy

The Department wrote out to all GPs in September outlining the Department's attitude to generic prescribing. The Chairman raised NIGPC's concerns with the Department about their policy. At the time of writing, DHSSPS has acknowledged that the introduction of EPES to all NI community pharmacies may enable COMPASS to deal with the discrepancies in this policy where only dispensing rates are quoted, as COMPASS has no way of capturing prescribing data. NIGPC would urge that EPES is introduced without delay and is committed to working with the Board to explore how the repeat dispensing service can be more fully utilised.

Promoting Responsible Prescribing Steering Group

Dr Arnie McDowell is NIGPC's representative on the Department's Responsible Prescribing Group. This group was set up by DHSS&PS after the decision to have free prescriptions from April 2010. Its main work to date has been the redesign of the prescription form. The design has now been agreed, with health messages on the back to rotate on an annual basis. For the first year these are on diabetes and depression.

After NIGPC objection, the proposal to have patients sign 'consent' to use of the information on prescription forms has been shelved, in favour of a statement on the use of the data, not requiring patient signature.

The proposal for a Northern Ireland Drug Tariff is work in progress.

In January to September 2009, prescription numbers and numbers of items prescribed rose by 5.8-5.9% compared with 2008. It is as yet unclear whether this is due to the reduction in charge to £3. There is of course considerable trepidation regarding the impact of free scripts post April 2010. NIGPC has advised that GPs will prescribe responsibly but cannot be held accountable for increased demand.

NIGPC Matters

Rationalisation of NIGPC

NIGPC has been reconstituted for a further three years. Some members with long service have left and we would like to thank them for all their hard work in representing the profession over many years. We were delighted to present the honorary life members with a token of appreciation at the LMC Conference in 2009.

Northern Ireland General Practitioners Defence Fund Ltd

NIGPC has formally set up a limited company to administer GP levy income which is collected by voluntary levy from practices in Northern Ireland and established a limited company called NI General Practitioners Defence Fund. This controls its finances and enables NIGPC to satisfy HMRC requirements. The Company was incorporated in July 2008 and was dormant for the first year. It started trading in September 2009. The Company's first Annual General Meeting was held on 27 January 2010. There were no accounts to present. The accounts will be presented at the next AGM to be held in September 2010. Grant Thornton was appointed as the Auditors to the Company. It was agreed that the AGM of the Company would be held as the first business at the first meeting of NIGPC in each session.

The membership comprises the voting membership of NIGPC. The Board comprises the Chairman, Deputy Chairman and Treasurer of NIGPC. The Treasurer of NIGPC is the Company Chairman. In addition, there are four elected members of the Board. This position is normally held by the Treasurer/Assistant Secretary of each LMC, however, this does not preclude anyone else from standing for election. The membership is set out in the Articles of Association, which along with the Memorandum is available in the BMA(NI) office should anyone wish to consult them.

NIGPC Finances

The Treasurer gave an oral report on the inaugural AGM of the NIGPDF on 27 January 2010 mentioned above and subsequent mid-year meeting of the NIGPDF. He was pleased to report that the exercise with the HMRC concerning outstanding NIGPC member national insurance contributions has been concluded satisfactorily without penalties incurred and that overall, the financial status of NIGPDF is in good health.

Levy

NIGPC would like to thank the practices who are paying the levy and supporting the four LMCs who are there for your help and support. We are sure you recognise that the four LMCs have an increasingly active role to play in supporting practices in the implementation of the new GMS contract, local commissioning and resolution of issues with the Board and that they require to be funded realistically. Please access the website for regular updates, newsletters and minutes of meetings from the LMCs.

The number of GPs subscribing to the Levy is attached in Appendix 4.

General Medical Services Defence Fund Ltd

The NIGPC contribution to the General Medical Services Defence Fund for 2009-10 is £27,000.

LMC Funding and NIGPC Honoraria

Members will be aware that for financial regularity it was agreed by NIGPDF Limited to increase LMC levy contributions from 0.5% of practice Global Sum to 0.6%. The increase came into effect on 1.4.09.

Details of financial allocations made to LMCs and honoraria paid to NIGPC office bearers are contained in Appendix 5.

LMC Website

Details of contact details for members for each LMC can be found on the LMC website. Agendae, minutes of meetings and newsletters are posted on to the site for each LMC. NIGPC is pleased to be able to post its quarterly letters to the profession on to the site. The website has been extensively redeveloped recently and we would encourage you to access it. www.nilmc.org.uk

Health Centre Charges 2009/10

NIGPC expressed its strong disappointment with the increase in these charges for 2008/09. To date there has been no update.

Charges are as follows:

	£ per M^2 from 1 April 2008
Cleaning	12.30
Heat Light and Power	14.76
Internal Maintenance	6.27
TOTAL	33.33

Appendix 1

NIGPC Membership 2009-2012

Dr G S Adams, Portadown
Dr E J Black, Londonderry
*Dr U Brennan, Belfast
Dr P Conn, Belfast
Dr J R Courtney, Holywood
Dr H Curran, Holywood
Dr E Deeny, Belleek
Dr B Dunn, Larne
Dr C Fitzpatrick, Newtownards
Dr P Logue, Portrush
Dr N McCallion, Londonderry
Dr A McCullough, Ballymena
Dr W A McDowell, Newry
Dr A McIlroy, Larne
Dr M McKenna, Belfast
Dr R McKenzie, Bangor
Dr P Megarity, Bangor
Dr W Murdock, Ballymoney
Dr T Nugent, Dungannon
*Dr M O'Brien, Randalstown
Dr F O'Hagan, Armagh
Dr B G Patterson, Portglenone
Dr J Porteous, Lisnaskea
Dr D Ross, Saintfield
Dr A Stout, Holywood

Dr R Vautrey, GPC(UK) Representative
Chairman of Northern Ireland Council
Chairman of Northern Ireland Consultants and Specialists Committee
Chairman of Northern Ireland Junior Doctors Committee
Chairman of Northern Ireland Medical Academics Staff Committee
Chairman of Northern Ireland Medical Students Committee
Chairman of Northern Ireland Staff & Associate Specialist Committee
GP Registrar – to be nominated
Dental Representative – Dr P Maguire
Non-voting observer from the MPU – Dr C Wasson
Non-voting observer from the RCGP(NI) – Dr G Doran
Non-voting observer from the Ophthalmic Committee – Mr M Murray

*Sessional Doctor Representatives

ANNUAL CONFERENCE OF REPRESENTATIVES OF LOCAL MEDICAL COMMITTEES - 2010

Dr J Courtney and Dr F O'Hagan as NIGPC representatives will attend the Annual Conference of LMCs in London on 10 and 11 June 2010.

NIGPC STANDING COMMITTEE 2009-10

Dr B Dunn, Chairman
Dr E T J Black, Deputy Chairman
Dr E Deeny, Honorary Treasurer of NIGPC
Chairman of each LMC (or in his/her absence, the Secretary) with the ability to co-opt others as required

NORTHERN IRELAND DOMESTIC NEGOTIATIONS TEAM

A Northern Ireland Domestic Negotiations Team was established in October 2004 to deal with NIGPC business between full committee meetings. Meetings are normally held on the second Tuesday of each month at 2.00pm in the BMA Belfast Office.

Its constitution is to discuss matters of importance at regional level; to provide an impetus for individual LMCs to negotiate for optimum terms with their respective Boards and to enhance the LMCs' influence in their dealings with the Boards for the betterment of all GPs in the Province.

Membership was amended at NIGPC on 27 September 2006 to include the Chairman of the Southern LMC:

Chairman NIGPC
Deputy Chairman NIGPC
LMC Secretaries (Dr E Deeny substituting for Dr T Black)
Chairman BMA NI Council
Chairman Eastern LMC (in recognition of size of LMC)
Chairman Southern LMC
No deputies

Members of this committee were nominated to represent NIGPC on other BMA (NI) Branch of Practice Committees to allow for a more cohesive approach to cross craft/branch of practice working.

NICC	Dr T Black
NIJDC	Dr W Murdock
NIMSC	Dr T Nugent
NISASC	Dr E Deeny
NIMASC	Dr B Dunn

Appendix 2

NIGPC – Nominations to other committees/agencies

Committee/agency	Date	Nominee(s)
EHSSB – Treatment and Support Advisory Group – alcohol and drugs	Apr 09	Dr E Deeny Dr J Donnelly
DHSSPS – Treatment & Support Advisory Group	Apr 09	Dr E Deeny Dr J Donnelly
DHSSPS – Pharmaceutical Clinical Effectiveness Programme	June 09	Dr A McDowell
DHSSPS – Health Services Tribunal	June 09	Dr A McDowell Dr B Patterson Dr T Nugent Dr E Deeny
DHSSPS – Working Group (Pandemic Flu) to assist in developing policy and guidance document	June 09	Dr T Nugent
DHSSPS – Pandemic flu Vaccination Group	June 09	Dr W Murdock
Regional LNC	Sept 09	Dr F O'Hagan (replacing Dr D Ross)
Belfast Trust – NI Motor Neurone Disease Network- multi-professional steering committee	Sept 09	Dr J Porteous
Privacy Advisory Committee	Nov 09	Dr J Courtney Deputy: Dr A Stout
HSC – Demographic Data Quality Improvement Scheme	Nov 09	Dr J Courtney
NIMDTA - GP Speciality Training Committee	Jan 2010	Dr N McCallion Dr D Ross
HSCNI – NIECSR Project Board	Jan 2010	Dr J Courtney Dr A McDowell
DHSSPS – Clinical Governance Group (link with RQIA)	Jan 2010	Dr D Ross Deputy: Dr T Black
Depression Awareness Steering Group	Jan 2010	Dr C Wasson (replacing Dr G O'Neill)

Appendix 3

Resolutions of the NI LMC Conference 2009

THE FUTURE OF GENERAL PRACTICE

1. That this Conference congratulates those involved in producing the joint BMA/GPC/RCGP strategy document on the Future of General Practice in Northern Ireland and asks NIGPC to ensure that the recommendations of the document are given the highest priority.

NEW STRUCTURES

2. That this Conference congratulates and welcomes Dr Ian Clements in his new and challenging role as the Chairman of the Regional Board.

3. That this Conference calls upon the Health and Social Care Board to devolve appropriate commissioning powers and budgets to the LCGs.

4. That this Conference instructs NIGPC to ensure that the new regional board encourages local autonomy and independence of the 5 LCGs.

5. That this Conference would strongly suggest that any future changes to be made by the Department of Health to the organisation and structure of Primary Care should be overseen by doctors with experience in this area, rather than by experts in surgical robotics.

GMS CONTRACT/ENHANCED SERVICES

6. That this Conference believes that the process for development of Directed Enhanced Services for 2008-09 in Northern Ireland caused widespread confusion, frustration and de-motivation for General Practice and calls upon DHSSPS to review procedures urgently, in co-operation with NIGPC, to ensure that the future introduction of DESs is timely, practicable and to the benefit of patients.

7. That this Conference deplores the process for the preparation and implementation of new DES's in Northern Ireland and insists that the NIGPC explore with the DHSSPS a robust method to ensure that:

   i) if the service to be launched applies to all of N Ireland it needs to be a DES rather than a LES; and if a DES
   ii) it is capable of being delivered to all patients regardless of whether their practices choose to provide the service or not CARRIED AS A REFERENCE
   iii) the process of development is clear and transparent that agreement of the final produce is agreed with NIGPC before the DES is released
   iv) DESs should be negotiated in a timely fashion to be available at the start of the financial year and not released or changed mid-year.

8. That this Conference demands that any future enhanced services are designed and applied by active GP clinicians and not those removed from clinical practice.

QOF

9. That this Conference recognises that the removal of the square root formula in calculation of QOF payments will lead to sudden drop in funding for a significant number of practices within Northern Ireland and calls upon the Health and Social Care Board to address at the earliest opportunity the impact on these practices and their patients.

GLOBAL SUM/MPIG

10. CARRIED AS A REFERENCE
That this Conference rejects the concept of differential pay awards as a viable long-term solution to the complex problem of inequalities in practice funding.

GP SURVEY

11. That this Conference calls on NIGPC to negotiate a disconnect between patient satisfaction surveys and practice remuneration.

12. That this Conference believes that the survey 'Your doctor, your experience, your say' is fit for purpose. Regrettably this purpose is not objective, evidence-based assessment of GP access achievement within QOF, but is rather the deliberate and arbitrary reduction of GP pay.

AGENDA FOR CHANGE

13. That this Conference deplores the attempt by Trusts to pass on Agenda for Change increases and back pay to practices who make a contribution to Trust staff salaries.

14. That this Conference calls on NIGPC to negotiate a funding stream for Agenda for Change for General Practice so that GP staff can be offered the same terms and contract as other healthcare workers.

15. That this Conference deplores the defunding of £480,000 by Northern Trust from General Practices in the Northern Board for work previously carried out by GP staff on behalf of the Trust.

SERVICE PROVISION

16. That this Conference recognises that the quality of discharge letters from hospitals in Northern Ireland is of poor standard and have serious Clinical Governance issues for GPs. This Conference calls on NIGPC to ask DHSS&PS to investigate this urgently.

17. That this Conference asks NIGPC to look at the issue of secondary to primary care shift of work and consider strategies to limit this and arrange resources for this work.

18. That this Conference instructs NIGPC only to discuss strategy with the DHSSPS and to negotiate provision of service only with the new H&SCB.

19. That this Conference values the information soon to be available about GP referrals. It asks NIGPC to insist it is quality assured and shared with practices allowing them to consider the figures in the context of their own practice. It further advises DHSSPSNI that appropriateness of referral can only be defined by the patient and clinician in the context of the patient need, and the doctors access to services on their behalf.

ICATS

20. That this Conference believes that ICATS services must be integrated with, rather than standing separate from, the consultant-led service for each speciality, and in particular that
    i) Where GP referrals are triaged as requiring consultant out-patient appointment, they must be forwarded without delay, and
    ii) The ICATS process must not be used for artificial manipulation of waiting time targets

21. That this Conference re-asserts the right of GPs to refer patients appropriately to named consultants, where this is clinically indicated.

PREMISES

22. That this Conference calls upon NIGPC to negotiate a clear funding stream for GP premises development and improvement.

23. That this Conference reiterates its call to the DHSSPS to provide funding for the extension of GP premises for the purposes of training to be made available outwith the GMS budget similar to scheme recently announced in England.

PATIENT RECORDS/ IT

24. That this Conference believing in the principles of the Data Protection Act:
    i) reaffirms the right of patients to know what is happening to their recorded medical and demographic records and
    ii) that this medical information be held securely solely for the purpose of their care,
    iii) only to be released with valid consent, and
    iv) demands that NIGPC adhere to these principles in any discussion with the government involving the use of patient records.

25. That this Conference, in recognising the problems that have recently been caused to patient records by a fire in Downpatrick, demands that NIGPC urgently clarify with the Department the strategic direction for the management of electronic records in general practice.

26. That this Conference calls upon NIGPC to ensure that as the rules regarding capital expenditure change (with all items under £5000 to be regarded as revenue) that any additional burden placed on the GMS revenue budget is augmented sufficiently and the budget top-sliced to ensure that the contractual requirement upon Boards to provide ICT facilities can be met without it causing financial pressure on the rest of the GMS budget.

27. CARRIED AS A REFERENCE
    That this Conference supports a roll-out of the Northern Ireland Emergency Care Record, provided that
    i) there is an adequate public information campaign to give patients the opportunity to opt-out,
    ii) there is the requirement for treating clinicians to seek patient consent for each access to the Record (except in life-threatening emergency),
    iii) there is clearly defined responsibility for the monitoring of accesses to the Record, and
    iv) for an agreed period of time, the content and accessibility of the Record do not exceed those of the recent pilot.

28. That this Conference asks NIGPC to explore with the DHSSPS the concern of patients that identifiable personal information has been transmitted, without consent, to a private organisation for the purpose of monitoring patients views of the health service.

PRESCRIBING

29. That this Conference insists that the details of any Prescribing Incentive Scheme for 2009-10 must be issued by DHSSPS to practices in a timely fashion, and that it is supported and complemented by appropriate education and information for secondary care colleagues.

30. CARRIED AS A REFERENCE
That this Conference calls upon DHSSPS to address the frequent failure of timely review within the outpatient system, in particular where this jeopardises shared-care arrangements for specialist drugs.

31. That this Conference condemns the current arrangements for the supply of vaccines by individual prescription in Northern Ireland, believes that this contravenes clinical governance arrangements, and demands that NIGPC negotiate either a stock order system for these items or that they should be centrally purchased by the Department.

OUT OF HOURS

32. CARRIED AS A REFERENCE
That this Conference considers that out of hours general medical care is an integral part of a local health economy and demands that the NIGPC
i) give full support and encouragement to maintain the identity of a GP out of hours service,
ii) support the view that this should be provided and run by Primary Care organisations
iii) support commissioning of out of hours by Local Commissioning Groups as one of their top priorities.

SUPERANNUATION

33. That this Conference continues to have no confidence in the system of administration for GP superannuation in Northern Ireland, particularly because of the number of bodies involved and calls for the development of a streamlined 21st century system which is fit for purpose.

PROBITY VISITS

34. That this Conference calls upon the Health and Social Care Board to engage with the LMCs to develop a clear code of conduct for visits to practices, in particular probity/post-payment of verification checks, with particular reference to the protection of patient consent and confidentiality.

WORKFORCE

Salaried Doctors

35. That this Conference calls on NIGPC to encourage partnerships within GP practices and take active measures to ensure that salaried doctors are on BMA model contracts.

Sessional GPs

36. That this Conference calls upon NIGPC to work collaboratively with the new Northern Ireland health structures to reduce the professional isolation experienced by Sessional GPs

37. That this Conference calls upon NIGPC to demand that Sessional GP clinical identifiers for prescribing and referrals is made a priority for ongoing governance.

Trainees

38. That this Conference calls on the NIGPC to confirm with the DHSSPS that funding will be made available to increase the number of GP specialist trainees from the current level of 65 per year to 75 as recommended in their own review of medical workforce planning.

MENTAL HEALTH/LEARNING DISABILITY

39. That this Conference calls on NIGPC to insist on urgent meaningful discussion between the Department, the Secondary Care providers and the profession on the matters pertaining to mental health services.

40. That this Conference believes that Voluntary Agencies which contract with health trusts to provide services for vulnerable patients should be subject to rigorous governance processes before the contract is awarded not afterwards

41. That this Conference believes that the needs of patients who have learning disability or who are homeless are best met by a long term properly resourced joined up strategy rather than by meaningless, tokenistic, box ticking attempts at enhanced services in general practice.

Appendix 4

NI General Practitioners Finance Sub-Committee

Levy

Over 93% of practices are now paying the levy. The number of non-paying practices in each LMC area is as follows:

Board Area	Total Number of Practices	Number of Non-Subscribing Practices
Eastern	147	13
Northern	84	7
Western	58	5
Southern	77	4

Financial Allocations to LMCs 2009/10:

Eastern LMC:	No bid
Northern LMC:	£1,000.00
Western LMC:	£15,000.00
Southern LMC:	No bid

Honoraria Paid to NIGPC Office Bearers 2009/10:

Chairman -	416 sessions per year:	£87,360.00 pa
Vice-Chairman -	52 sessions per year:	£10,920.00 pa
Treasurer -	26 sessions per year:	£ 5,460.00 pa

Honoraria for attending NIGPC/related Meetings 2009/10:

half day:	£210 up to 150 miles return
	£315 over 150 miles return
full day:	£420

Mileage rate
40p per mile

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