

## Content

Gender dysphoria .....	3
GPC Executive Team - Elections .....	1
GPC meeting .....	1
GPC staffing - team restructuring .....	4
GPC statement on NICE Lipid Modification Clinical Guideline CG181 .....	2
CQC registration .....	2
LMCs – Change of details .....	5
LMC Secretaries Conference 2014 .....	4
Premises .....	2
Spine 2 transition - rescheduled to 22-25 August .....	4

## GPC meeting

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

## GPC Executive Team - Elections

Elections were held at GPC for three places on the committee's Executive Team (the new name for the GPC negotiators). The following people have been elected for a two year term:

Brian Balmer  
Beth McCarron-Nash  
Richard Vautrey

The remainder of the team are:

Chaand Nagpaul (GPC Chairman)  
Dean Marshall  
Alan McDevitt – Chair of Scottish GPC  
Tom Black – Chair of Northern Ireland GPC  
Charlotte Jones – Chair of GPC Wales.

## **Premises**

GPC hosted a national premises seminar at BMA House on Thursday 10 July, attended by Health Minister the Earl Howe, alongside representatives from the major stakeholders in the development and funding of GP premises.

In his opening speech the Earl Howe, Parliamentary Under Secretary of State for Quality, gave credit to the GPC for driving the premises agenda and highlighting it as a great concern.

There was mutual recognition amongst those present of the urgency of the issue and consensus on the need for reform in the way that GP premises are funded and developed.

GPC will now be pushing for the creation of a government backed task group to look at the development of a national strategy for premises investment.

The seminar built upon the highly successful survey on GP premises which received responses from 4,720 practices, 48% of all practices in the UK. The survey results received extensive media coverage and the fantastic response rate is reflective of the strength of feeling amongst practices on this issue. Full results for the survey can be found on the [BMA's website](#).

Thank you for all those who took part in the survey, as well as those who provided detailed case studies which will help to inform and illustrate our future discussions on this.

## **CQC registration**

The Care Quality Commission (CQC) announced on 16 July that it will work together with the Adult Social Care sector to put together a new regime that will tackle failing care homes through special measures from April 2015.

It has been widely reported that there are plans to also place GP practices into special measures if they are judged to be failing their patients. How any such system might work has yet to be finalised, but we have warned that any such move could unfairly damage patients' trust in their local practice and have stated that the focus should be on long term, sustained investment in general practice that addresses the fundamental challenges facing GP services.

GPC will continue to monitor any changes to the inspection and regulation of practices and meet regularly with the CQC to discuss problems with the current regime.

## **GPC statement on NICE Lipid Modification Clinical Guideline CG181**

### **Summary**

The GPC believe that there is insufficient evidence of significant overall benefit to low-risk individuals to allow GPs to have confidence in the recommendation to reduce the risk-threshold for prescribing cholesterol lowering drugs, and that doing so might distort health spending priorities and disadvantage other patients.

## Comments

We welcome the majority of the [NICE Clinical Guideline on Lipid Modification](#) which is a useful summary of current management, but continue to have concerns over the recommendation to lower the threshold for drug therapy for primary prevention of cardiovascular disease. It is important to note that these concerns apply to low risk people only and those at higher risk or with existing disease should continue treatment.

Until now, disease prevention has generally concentrated on lifestyle measures for the entire population combined with drug treatment for those at abnormal levels of risk. In advocating drug therapy for people who are at normal (or lower) levels of risk than those expected for their age group this guidance represents a step-change in medical practice which deserved wider public debate and more robust evidence of benefit.

Our particular concerns include:

- NICE has not had access to all trial data, having instead only made an assessment of the likelihood of unseen data affecting their conclusions.
- Many of the studies referenced show no benefit or benefits assessed by NICE themselves as being too small to be of clinical importance.
- In low risk patients, drug treatment has not been shown to significantly reduce mortality.
- In low risk patients, the number of people benefiting by reduction in risk of non-fatal myocardial infarction is balanced by those harmed by increased risk of developing diabetes.
- The economic evaluation has not taken into account the impact in a cash-limited health-care system such as the NHS of the effect that providing this service might have on patients with other problems.

This is now available on the website in two locations - on the [GPC committee pages](#) and the [drugs and prescribing pages](#).

## Gender dysphoria - England only

The GPC was invited to comment on a draft version of the NHS England guidance '[Primary Care responsibilities in relation to the prescribing and monitoring of hormone therapy for patients undergoing or having undergone gender dysphoria treatments](#)'. Although some changes were agreed, NHS England refused to specify that these services should be commissioned outside the GMS contract through shared care arrangements.

The key phrase in the document is this:

"Once a patient has completed the care pathway and has been discharged by the GIC [Gender Identity Clinic], GPs should offer them the usual range of primary healthcare services that are available to other patients."

**This is absolutely correct** as these are defined in the GMS contract (Part 8.1.2, Essential Services)

3) *The services described in this paragraph are services required for the management of its registered patients and temporary residents who are, or believe themselves to be—*

*(a) ill, with conditions from which recovery is generally expected;*

*(b) terminally ill; or*

*(c) suffering from chronic disease,*

*delivered in the manner determined by the practice in discussion with the patient.*

The GPC believes that treatment for gender dysphoria requires specialist input, is outside GMS and therefore needs separate commissioning.

**We would therefore recommend that LMCs approach their Area Teams to insist for this service to be properly commissioned and funded so that patients with gender dysphoria receive the specialist service they require.**

Some further information about gender identity services is available on the [NHS England website](#).

## **Spine 2 transition – rescheduled to 22-25 August**

The NHS Spine provides the infrastructure that delivers access for GP practices to the Personal Demographics Service (PDS), and enables Smartcard logon and functionality. The Spine also controls the messaging between key applications, such as Electronic Prescription Service (EPS), Summary Care Record (SCR) and Demographics.

The Health and Social Care Information Centre (HSCIC) will be moving Spine from BT to a new platform called Spine 2, which has been developed and will be managed by the HSCIC.

An upgrade to the NHS Spine service had been scheduled for 25-28 July but has now been rescheduled to 22-25 August.

The majority of GP practices will not be impacted by the transition, but weekend users of services such as Choose & Book, the EPS, General Practice Extraction Service, GP2GP and the SCR are advised to read the transition documents [available here](#). The [Spine 2 mailbox](#) can also be contacted with any queries.

## **LMC Secretaries Conference 2014**

The 2014 LMC Secretaries Conference will be held on **Thursday 11 December** at BMA House, Tavistock Square, London. The day will include morning and afternoon workshop sessions, invited guest speakers and a question and answer session with the GPC Executive Team. LMCs will be invited to send one representative, normally the medical secretary, but there will also be a limited number of second places available. A letter and application form will be sent to LMCs in July with further information.

## **GPC staffing - team restructuring**

A restructure of the GPC secretariat team is coming into effect next week, designed to improve and streamline the way in which we work as well as increase the support we offer to different groups, particularly employed and locum GPs.

Joe Read has been appointed to a second permanent committee secretary post and Christopher Scott is covering the remainder of Fleur Nielsen's maternity leave. The remaining SPEs have revised policy areas of responsibility and we have created a new post of Senior Policy Manager (Holly Trotman) to replace one of the SPE posts. Details of the team's new policy areas are given in the attached diagram (appendix 1).

Staff have been handing over their policy areas and, where there are changes, will obviously carry on working closely with their colleagues with new responsibility while they get up to speed with issues.

A copy of the LMC regional structure is also attached at appendix 2.

## **LMCs – change of details**

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

**The GPC next meets on 18 September 2014, and LMCs are invited to submit items for discussion. You may like to review these, beforehand, with the representatives in your area who serve on the GPC. The closing date for items is 9 September 2014. It would be helpful if items could be emailed to Karly Jose at [kjose@bma.org.uk](mailto:kjose@bma.org.uk). You may also like to use the GPC's listservers to exchange views and ideas.**

## **GPC News**

LMCs are reminded that their regional representatives can provide more detailed information about the issues covered in GPC News, and other matters. Other members of the GPC would also be pleased to accept invitations to LMC meetings wherever possible. Their names and addresses are in the GPC Yearbook. The secretariat can also provide a written background brief if required, but it would be helpful to have such requests well in advance of your meetings.

Finally, if LMCs require assistance on local issues, they can also contact the BMA's local offices: addresses are on page 3 of the GPC's yearbook.

This newsletter has been sent to:

- Secretaries of LMCs and LMC offices
- Members of the GPC
- Members of the GP trainees subcommittee
- Members of the sessional GPs subcommittee