



# GPC Wales

JULY 2011



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WALES

## Dr. David Bailey Chairman

Dear Colleague,

Welcome to this month's GPC Wales Newsletter. The aim of the newsletter to keep you up to date on current issues being discussed and negotiated in Wales.

This issue covers:

- Access and 8 — 8
- Quality & Productivity
- Flu Vaccine
- Dispensing Contract
- PRISM
- Hepatitis B Vaccine
- Continuing Health Care
- Workforce

### GPC Wales

To contact the Chairman or for committee information and queries please contact:

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Committee Executive Officer  
General Practitioners Committee (Wales)

## Chairman's Report

### Access and 8-8

Together with the Deputy Chair, I will be meeting with the new Health Minister in July. We expect the main agenda item to be access and 8—8. GPC Wales has already stated publically that we will not renegotiate core hours in Wales independent of the UK contract. The Welsh Government could of course impose a change but that would probably end any recruitment for the foreseeable future.

### PRISM

At a meeting last year with WG officials and the PRISM team it was agreed that it would not be rolled out across Wales without further consultation with GPC Wales. At that meeting we raised our concerns over identifiable data being used for unauthorised uses. It was agreed that further investigation would take place and another meeting would be held. Recently GPC Wales has received reports from North Wales that PRISM is to be rolled out as a referral assessment tool and we wrote to Dr. C. D. V. Jones who is unaware of this happening. WG officials agreed to investigate and report back.

### Hepatitis B Vaccine

GPCW has raised concerns that payment for the Hepatitis B vaccine was not included in the old "Red Book" contract. Whilst it is permissible to charge for occupational or travel vaccination there are four more groups who require the vaccination where it might legitimately be considered an NHS provision:

- Infants born to mothers who are Hepatitis B positive
- Infants who started their vaccination programme abroad and need to complete
- Patients with renal failure
- Fosters parents of Hepatitis B positive children.

While the numbers of these vaccine groups are small GPCW feels that a standard fee should be introduced.

### Flu Vaccine

There has been a suggestion that pharmacists should be able to vaccinate GP's at risk patients. GPC Wales has raised its concerns and asked that it is made clear that GPC Wales opposes the suggestion. GPC Wales will issue more information as soon as it is available.

### Continuing Health Care (CHC)

The CHC programme board has again contacted WG querying the consistency and engagement of practices in Wales when completing Continuing Health-care Assessments. At a previous GP Forum meeting it was agreed that GPs would provide brief factual diagnostic data and medication but not an opinion. Our position is that assessments should be carried out by trained nurses / occupational therapists in a reproducible and defensible way. A meeting is being arranged with the relevant bodies to discuss.

### Quality and Productivity

Most practices now will have seen their own prescribing data and agreed the three areas to target for improvement. Data on referrals and emergency admissions has only just gone out to practices but we should remember that there is no end of June cut off for these discussions which can take place in practices and across localities over the summer. GPC Wales has advised LMCs to be involved in agreeing the necessary pathways to improve patient care and reduce un-necessary referrals and admissions.

### Dispensing Contract

Following a meeting at the Department of Health in England on the issues surrounding category M drugs, they have finally agreed to give a mandate to NHS employers to discuss renegotiating the dispensing contract in England. Traditionally English and Welsh contracts have been identical and we have formally requested the Minister to include Welsh dispensing in the negotiations. GPC will also ensure that the Dispensing Doctors Association is included in discussions.

### Workforce

At a recent meeting regarding primary care workforce planning the following three main issues identified were:

- Lack of complete dataset regarding whole time equivalents
- Needs future workforce given service delivery
- Increasing move of services into community along with increasing reliance on GPs to fill rota gaps within the hospitals.

Work is ongoing in this area within this committee including clarification as to where it fits with National programmes and the medical and dental workforce planning group.