

January 1970

WORCESTERSHIRE LMC LTD

NEWSLETTER

ANNUAL GENERAL MEETING

The Annual General Meeting of Worcestershire Local Medical Committee was held on the 10th April and the minutes will be on our website shortly. The Chairman opened the AGM and adjourned the meeting for twelve months transferring the work of the LMC to Worcestershire LMC Ltd. At that part of the meeting the current officers were re-elected. Dr Ounsted indicated to the committee that he will be retiring from general practice before his two year term of office comes to an end and similarly Dr Ingles indicated that in the not too distant future he will be planning to retire. The committee is mindful that replacements will be needed before too long.

WORCESTERSHIRE PCT MATTERS

At the last LMC meeting and subsequent discussions with the PCT there are several issues on the Agenda.

PMS Contracts

The Lockhart's PMS contracts have gone out to all PMS practices and we hope that you will be signing and returning these. The PCT is aware that there is a tidying up exercise that needs to be done regarding baselines. Practices need to have confirmation what level of minor surgery and coil fitting is included in their baseline. Hopefully this minor addendum to the contract will be sorted shortly.

I.T. DES.

We believe we have reached an agreement with the PCT so that practices can be paid for the work on last year's I.T. DES. Practices will need to sign confirming that the work has been done and post payment verification may be done. We have no problem with this as it actually applies to all the work we do anyway.

INR LES

This has proved far more complicated than anybody had first appreciated and both the PCT and the LMC recognise that we have got this wrong. We had further discussion about this and will provide more information for the PCT. The problem has been that the three PCT's had differing arrangements and practices are doing different work. Some practices are just doing maintenance INR's and some are doing Warfarin initiation and then maintenance. Obviously the costs are different and the PCT is looking at how to cover these two aspects. In the long run the PCT wishes to move to a situation where in the county practices either do level 1 services or level 4. Clarity will also help with regard to patient safety.

PBC Issues

A new PBC agreement has been circulated to the LMC for discussion. For 2008-09 they are offering a LES worth £2 per head of population. A key to accessing the LES will be signing up to the 2008-2009 accountability agreement by the end of June 2008. This should be rolled out to practices and the PBC clusters shortly.

We have continued to raise with the PCT the ongoing problems with LES's. They are currently all included in PBC budgets but the PCT does not seem keen to relinquish control of them to the clusters. Do we need a split with some countywide PCT LES proposals and separate LES's organised by the PBC clusters? The LMC very much hopes this can be resolved and then perhaps people can get on and make PBC work.

OUT OF HOURS BID

The process for appointing a new organisation to run our Out of Hours Service continues to grind on amazingly slowly. However the final presentations are being made this week and we have been informed that an Extraordinary Board Meeting at the PCT has been scheduled to formally agree on the decision of the tendering process. It is anticipated that the Out of Hours Scheme will be transferred to whoever is successful in time for them taking over on the 1st June. As always the LMC is watching this with great interest.

PRESCRIBING FROM SECONDARY CARE

The LMC has been made aware by a number of practices that certain doctors within the Acute Trust seem to have adopted a new policy that has yet to be discussed and formally agreed. Some of the consultants are no longer issuing any prescriptions in outpatients but sending people to their practices. This is a thorny issue that has been around the block more than once. Whilst we recognise that it is quite appropriate in many cases for the consultants to suggest that the patient goes on an ace inhibitor or a statin and leave the choice to the practice there are other instances where it is appropriate for patients to get on with treatment quickly. Sending them back to GPs without adequate

information adds to our work and there are safety issues. We have written to the Acute Trust and highlighted this to the PCT. Once again it is such a shame that secondary care doesn't work well with primary care in this county.

EXTENDED HOURS LES

The LMC has had discussion with the PCT on two occasions about the possibility of rolling out and extending the PCT LES for 12 months. Our open meeting was very well attended with 84 people present and the views that were expressed were extremely useful in our discussion. We have conveyed these feelings back to the PCT. We are hopeful that a reasonably flexible LES will be offered to all practices shortly. The proposals will be going to the next PEC meeting at the beginning of May and will then be handed out to practices. The LMC is very mindful that none of us really want to do this and we are trying to make the best of a bad job. Obviously many practices can choose not to take on this additional work but for those of us who feel it is appropriate for our practices we want to have as much flexibility as possible so that the PCT can tick its boxes and practices can maintain their income.

A letter and interim guidance has been sent out to practices earlier this week. Links are as follows:

Letter from Ben Dyson – gateway ref: 9790

http://www.worcslmc.co.uk/upload/Letter_from_Ben_Dyson_extended_opening_hours.pdf

Interim guidance

http://www.worcslmc.co.uk/upload/Interim_Guidance_on_Directed_Enhanced_Service_-_Extended_Opening_Hours.pdf

DDRB REPORT

The LMC was dismayed to review the latest pay award. First year junior doctors will not be compensated for their loss of entitlement for free accommodation. This means that many of them will be losing £400 per month, i.e. a 20% pay cut. This makes the Government's promise to increase the diversity of the medical profession could look completely hollow. The average increase in resources for GP practices is estimated at 0.2%. Hospital doctors will receive the below level inflation pay rise of 2.2%. Some GPs will receive a small increase in resources necessary to run their practices but for most it will be nothing at all. At two years at zero awards this is a further slap in the face of GPs and a further significant erosion of the deal the Government agreed to just four years ago. We understand that legal advice is being taken on some aspects of this award, particularly relating to the contractual agreements for the new GP contract and MPIG. As you can imagine we are watching this with great interest. The Gateway document 9437 has already been sent out to practices.

The DDRB has confirmed that the £750 payment for continuing professional development for trainers should be continued to be paid on an annual basis. This means that GP Trainers should have received their payments for the years 2005-06; 2006-07; 2007-08 and now will receive a payment for 2008-09. Dr Schrieber informed the committee that he understood funding is available in the West Midlands and practices should hear about this in due course.

OCCUPATIONAL HEALTH PROJECT

The LMC is very pleased to learn that Worcestershire has been successful in winning funding for a new Occupational Health Centre. There were proposals from the Government to have a number of these new centres as a pilot and funding was identified for one of them in a shire county. This county was successful and £1.7m will come to fund the new centre on the Trusts Newtown Road site. This should offer an improved service for NHS staff across the county and the LMC will be in discussion in due course about this facility and what it can offer us.

REVALIDATION OF GPs

The following article comes from the latest GPC Newsletter which we thought would be useful to print in full:

"The chairman of the Royal College of General Practitioners (RCGP), Professor Steve Field, attended the GPC meeting to explain the RCGP's work on revalidation.

The RCGP wants to ensure that the revalidation process is supportive and developmental, is profession led and is beneficial to patients. The RCGP is keen to continue to work with the GPC to ensure that the appraisal and revalidation process is fair and equitable to all GPs (including GPs with special interests, salaried GPs, locum GPs and those who are taking a career break or are out of work for a period of time).

The RCGP considers that appraisal is the key. It wants to avoid compulsory all-day multiple choice assessments of knowledge, and instead wants GPs to be able to demonstrate their performance and use of knowledge. GPs will be able to demonstrate that they are up-to-date through participation in continuing professional development, and a support package called "Essential General Practice". This will include the ability to do a knowledge test at home or in their surgery so that they can prove they have the appropriate standard. Once they have reached the standard they will be able to print out a certificate which can then form part of a GP's appraisal folder.

It will continue to be essential for GPs to keep up-to-date with clinical developments. The RCGP's aim is for GPs to be able to demonstrate this through credit-based CPD, multi-source feedback and GP appraisal. Professor Field further explained that:

- all GPs will need to show that they have achieved 50 CPD credits per year, which is likely to equate to 1 credit per hour of learning;
- the multi-source feedback will be via properly developed questionnaires;
- it is essential for GP appraisal to be quality assured and supported; and
- GPs should receive regular updates on clinical practice guidelines that are relevant to GPs.

The revalidation process will be piloted before it is slowly rolled out to all GPs.

For your information, the RCGP has recently published its 'Principles of GP appraisal' which is available at

http://www.rcgp.org.uk/pdf/corp_Principles%20of%20GP%20appraisal.pdf

LMCs and GPC members will also shortly be consulted on the draft revised version of the GPC/ RCGP's Good Medical Practice for GPs, which it is hoped will be finalised and published in June 2008. Both of these documents will provide a helpful background to the formation of the appraisal/ revalidation process."

WORCESTERSHIRE LMC WEBSITE

The following guidance has been added to the LMC website during the last month:

BMA/ GPC Guidance:

GPC News 8

[http:// www.worclmc.co.uk/ upload/ News 8 - April 2008.pdf](http://www.worclmc.co.uk/upload/News_8_-_April_2008.pdf)

GPC News 8 – Appendix 1 – Negotiators Report

[http:// www.worclmc.co.uk/ upload/ News 8 - Appendix 1 - Negs report - April 2008.pdf](http://www.worclmc.co.uk/upload/News_8_-_Appendix_1_-_Negs_report_-_April_2008.pdf)

GPC News 8 – Appendix 2 – Media Report

[http:// www.worclmc.co.uk/ upload/ News 8 - Appendix 2 - Media report - April 2008.pdf](http://www.worclmc.co.uk/upload/News_8_-_Appendix_2_-_Media_report_-_April_2008.pdf)

GPC News 8 – Appendix 3 – GPC Staff Structure

[http:// www.worclmc.co.uk/ upload/ News 8 - Appendix 3 - GPC Staff Structure - April 2008.pdf](http://www.worclmc.co.uk/upload/News_8_-_Appendix_3_-_GPC_Staff_Structure_-_April_2008.pdf)

GPC New 8 – Appendix 4 – LMC Regional Structure

[http:// www.worclmc.co.uk/ upload/ News 8 - Appendix 4 - LMC regional structure - April 2008.pdf](http://www.worclmc.co.uk/upload/News_8_-_Appendix_4_-_LMC_regional_structure_-_April_2008.pdf)

Focus on extended access 2008/09 – Guidance for GPs

[http:// www.bma.org.uk/ ap.nsf/ Content/ Focusextendaccess0408](http://www.bma.org.uk/ap.nsf/Content/Focusextendaccess0408)

Letter from David Nicholson CBE – Recommendations of the Doctors & Dentists Pay Review Body for 2008/09 Gateway Reference 9734

[http:// www.worclmc.co.uk/ upload/ Letter from David Nicholson - NHS Pay - Gateway Reference 9734.pdf](http://www.worclmc.co.uk/upload/Letter_from_David_Nicholson_-_NHS_Pay_-_Gateway_Reference_9734.pdf)

The next LMC meeting will be 8th May 2008