

## January 2009

### 2009. ANOTHER YEAR STARTS

What will 2009 bring for General Practice? Clearly the financial situation is so dire that at some stage resources are going to get very tight. Inevitably the squeeze on practice finance will continue and I suppose we can at least be grateful that we have jobs, pensions and have a very high level of job security. How much the financial squeeze will affect developments in general practice is far from clear but past experience tells us we could well be in for a long period of negative growth in healthcare. Many of us are surprised that the Department of Health has not yet started to rein in spending. It is good that PBC is starting to take off in Worcestershire but one can only wonder if the financial situation will impinge on that. The Darzi reforms continue and Elgar Healthcare have won the contract for the GP Led Health Centre in Worcester City. We will be watching development of this with great interest. You may have seen in the media that the House of Commons Health Select Committee recently reviewed the Darzi Reforms and were exceedingly critical of many aspects of the Governments policies. A report is available on the net and makes very interesting reading. Whether the Government will take any notice of this is another matter. However it does confirm what most GPs already think. Later in the Newsletter you will see a mention about changes to QOF which on a national level is a major area for the GPC. The GMC's proposal on relicensing and recertification will impinge on all of us and will have significant implications locally. There is clearly going to be lots for the LMC to do.

We were very grateful to those of you who took the trouble to complete the LMC Survey. The results will be published on our website. Essentially we were very pleased with the high level of satisfaction that the survey showed with the work of the LMC and we were grateful for the comments. We were surprised how many people had not looked at or even aware of our website despite the vast number of links, but maybe that's because we put all the links in the newsletter. Do look at our website; it is a very easy portal to get into all this stuff. Similarly we would stress that the GPC West Midlands website is an extremely useful resource. It is available at [www.gpcwm.co.uk](http://www.gpcwm.co.uk) and has every document on healthcare you would ever want to find and many that you didn't even know existed. There is nothing like it elsewhere and Grant Ingrams, our GPCWM Secretary takes all the credit for both establishing and keeping it up to date. There are many occasions when it is useful to go back to the original source documentation and this is the place to look.

The LMC meeting in January was cancelled because there was so little on the Agenda it seemed unnecessary to drag members out on a foggy Thursday evening and our next meeting has been brought forward to the 5<sup>th</sup> February. There may well be a lot more to report at this stage and one of the things the LMC will be doing is reviewing its work and considering whether any changes are necessary. Clearly communication between us and practices is essential and maybe we need to look at more face to face contact between LMC members and practices. That was certainly a comment that came across in the survey and we need to look at our constituencies relate to their elected member.

Some of the comments were very interesting and I particularly liked the one that stated that "not sure the LMC has the influence it imagines with the PCT". That may well be true but equally from the comments we get from GPs many GPs think we can achieve the impossible in our negotiations. To be honest I think there is a healthy degree of realism in the work that we do. We were a little concerned that one GP commented that they felt the LMC commented more on PMS practice issues and should focus more on GMS. In our defence that is purely a reflection of the work that has taken place recently. Renegotiation of the PMS contracts was a major issue and does affect the majority of practices in Worcestershire but we do not think there is any bias within the LMC towards PMS we simply deal with the issues that present at the time.

The most interesting thing was your list of major issues facing your practice. As you can imagine top of your list was funding issues and work load. Sadly few of these are going to get any better in the foreseeable future. Many practices are concerned about the threat to MPIG and changes to QOF. Practice premises remain a major issue for many practices, both those who are seeking new premises and some who are in recent developments and are concerned about the alarming costs involved. As you can imagine I.T. remains a big issue and several practices commented that they were unhappy about the pressure to use Choose and Book. Many practices commented about meeting patient demand and increasing patient expectation including extended hours. Few of these issues will come as any surprise to GP's but it is useful to have this sort of feedback. Clearly the LMC must try and maintain a genuinely representative role. We were concerned that there was one comment that felt that comments in the newsletter were out of tune with the views of GPs. The Secretary writes the Newsletter and maybe at times does become somewhat 'tabloid'! However the LMC does try very hard to reflect the views of practices and in particularly the views of the committee. All the issues are discussed at our regularly monthly meeting. We try very hard to have a representative view and not one of individual members. As with all organisations the LMC is very much the sum of its parts. Thank you again for all this very helpful feedback, do keep it coming.

## **DEVELOPING THE QUALITY AND OUTCOMES FRAMEWORK: PROPOSALS FOR A NEW INDEPENDENT PROCESS**

A consultation exercise is taking place on the Government's decision to transfer the work of reviewing and developing the QOF process to NICE. You will note that the decision has already been taken and the consultation exercise seems to be around how they will do it. One wonders realistically how much will change as clearly a lot of work has already taken place to establish the mechanism plus staff and contracts have already been placed. Our Chairman has attended one of the national QOF consultations in London and the Secretary attended the Birmingham meeting. Of great interest was one of the slides in the presentation which gave a definition of QOF payments as follows: 'QOF Payment is an initial incentive to imbed within General Practice best evidence based care that will continue to improve patient care and health'. As you can imagine this is not a definition that GPs would recognise and clearly if this process goes along as suggested will involve a significant change to the GP contract. There was much about the process that GPs would agree with but there were some areas that were clearly not acceptable. There was discussion about transferring all the work of QOF to NICE but actually it doesn't include vaccinations and immunisations which will continue to be organised by the Joint Committee and also as you would expect the patient surveys. It seems bizarre that if this is all to be open and transparent that two significant areas are being withheld. Why is that? The LMC will be putting together its formal response shortly but in view of the seriousness of some of these proposals we would strongly encourage GPs and practices to put in their own comments. The more response that is received the more likely it is that somebody might listen. The consultation document can be found at:

[www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_089778](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_089778)

and it includes details of where you can send your response.

We do encourage as many practices as possible to submit a response to this important process. There is a real threat of this unpicking the core principles of nGMS.

## **PREPARING FOR PANDEMIC INFLUENZA**

Here we are in the middle of another winter and plans are still far from developed particularly with regard to General Practice. It must be at least two years since the process was started and yet a very key part of the NHS remains totally unprepared for the possibility of a pandemic. Let us hope it doesn't happen this winter! At last the joint guidance from the Department of Health, BMA and RCGP has been published and is available on the BMA website at:

[www.bma.org.uk/health\\_promotion\\_ethics/influenza/panfluguiddec08.jsp](http://www.bma.org.uk/health_promotion_ethics/influenza/panfluguiddec08.jsp).

The LMC is in discussion with Sharon Buckley, the PCT's Emergency Planning Manager and will be looking at this guidance shortly and how we can perhaps take this forward across the county.

## **VASCULAR CHECKS**

Many of you may be aware part of a recent NHS review has been to implement a uniform and universal vascular risk assessment and management programme called "Vascular Checks". It is aimed at people in England aged between 40 and 74. Proposals were first set out in "Putting Prevention First in line for 2008". A detailed document for PCTs entitled 'Putting Prevention First – Vascular Checks; Risk Assessment and Management. Next Steps Guidance for Primary Care Trusts' is on the DOH website along with another document called 'Economic Modelling for Vascular Checks'. Clearly this represents a major piece of work and it is anticipated that General Practice will do the brunt of this. There will need to be a significant amount of time spent on both the procedure to call in patients and then healthcare assistants and nurses to do the checks. This obviously can be assessed and must be appropriately funded but the more nebulous part is the additional work this will generate for GPs with all new diagnoses that undoubtedly will be made if patients choose to come in for these checkups. The LMC will be starting discussion with the PCT about this shortly.

## **USE OF 084 TELEPHONE NUMBERS**

This issue doesn't seem to want to go away. No doubt the small lobby group that is involved has been continuing to push the Department about this and they have now launched a public consultation on the matter. The document can be seen at:

[http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_091879](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_091879).

This closes on the 31<sup>st</sup> March. We would encourage as many practices as possible to submit your views into this consultation process, especially the large number of practices in Worcestershire that have signed up to use 084 numbers. This could have significant implications for you. The LMC will be putting its own formal response to the paper shortly.

## **PATIENT EXPERIENCE SURVEY**

To quote Dr Laurence Buckman "this year's Patient Experience went live recently. This is a strange term for something so moribund!" There have been a number of changes to this year's survey, most of them will make it less fair and harder to complete. The postal survey is considerably longer than in recent years and different versions are being used in each of the four nations. Such is the nature of the document that we do not envisage the results showing improvement but probably once again we will have 'underperformed'.

## **CHANGES TO CREMATION REGULATIONS IN ENGLAND AND WALES**

As you hopefully all know on the 1<sup>st</sup> January 2009 the new regulations came into force and in particular a new longer and more detailed cremation form. The LMC would be very interested to hear from any GPs who experience problems because of these changes.

## **GMC GUIDANCE ON REPORTING CRIMINAL AND REGULATORY PROCEDINGS**

In October the GMC updated its guidance. Among the main changes was a clarification of a doctor's obligation to inform the GMC of fixed penalty notices such as shoplifting; criminal damage and threatening behaviour. There is also a new duty on doctors to tell the GMC about warnings for the possession of cannabis or other anti-social behaviour. In the guidance the GMC states that a doctor must inform the GMC without delay if 'you accept the option of paying a penalty notice for disorder at the upper tier penalty level or a fixed penalty notice under the

Anti- Social behaviour Act'. The GMC further clarifies that payment of a fixed penalty notice for a road traffic offence or a warning issued by a Local Authority will not raise questions about a doctor's registration and need not be reported to the GMC. Sentences at the upper tier penalty level in England and Wales must be reported. Examples of upper tier penalties are things such as throwing fireworks; disorderly behaviour while drunk in a public place; theft; destroying or damaging property; behaviour likely to cause harassment, alarm or distress or attempts to buy alcohol on behalf for a person under the age of 18. We very much hope none of this will apply to any GPs in Worcestershire! However we would like to remind you that if any such event like this might take place speak to your Defence organisation on advice on GMC disclosure.

#### **LMC DISCOUNT PURCHASE SCHEME**

In the latest edition of Pulse there is an article about a number of LMCs who have set up book buying groups. Those of you with a long memory will recall that some years ago we had a go at this and failed miserably. There really did not seem to be much take up of the idea. However there have been some local schemes in Redditch and Bromsgrove amongst the Practice Managers. Is there any interest out there for us to push this further? It is clearly a lot of work but and if there was interest the LMC might consider funding somebody's time to set the ball rolling. It is a worthwhile idea and we would be very grateful for feedback from practices and particularly Practice Managers. If there is somebody who might be interested in doing this work a volunteer would also be extremely welcome!

#### **WORCESTERSHIRE LMC WEBSITE**

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

#### **BMA/ GPC Guidance:**

[Response to Department of Health consultation 'Developing the Quality and Outcomes Framework'](#) : Proposals for a new, independent process'

[Secondary uses of patient information](#) from BMA Ethics Department (April 2007 guidance).

#### **DOH Guidance :**

[Putting prevention first - vascular checks: risk assessment and management](#)

[Putting prevention first- vascular checks: risk assessment and management - next steps guidance for primary care trusts](#)

[Economic modelling for vascular checks](#)

[The use of 084 telephone numbers in the NHS – a public consultation](#)

#### **Worcestershire LMC:**

[Results of the LMC Survey](#)

#### **Worcestershire PCT:**

[Guidance on Prescribing in situations not covered by the NHS](#)

**The next LMC meeting will be 5th February 2009**