

February 2009

PROTECTION PAYMENTS THROUGH MPIG

The LMC has already raised with the PCT our concerns about a number of practices that have been badly affected by the changes in QOF payments. We have now been made aware that the Department of Health in co-operation with NHS Employers and the BMA is asking SHA's to request that PCT's and LMC's do some work looking at the reasons why some practice receive a high level of income protection through the MPIG arrangements. The Department of Health and the GPC recognise that there is need to consider whether there are other alternative solutions and issues behind the historic reasons for the level of protection payments for some practices. There may be instances where additional responsibility or services have resulted in historic additional funding being carried through into a high correction factor payment. These circumstances, applying a differential uplift approach is possibly unfair. Clearly this is an important issue and we have already flagged this up with our PCT.

GP REFERRAL INCENTIVE SCHEMES

There has been more concern recently over the development by a number of PCTs of incentive schemes that aim to reduce referral rates or the high cost of referrals from general practice to secondary care. These schemes often take two broad forms; either to encourage GPs to analyse and better understand their practice referral patterns and/ or promote the use of alternative referral pathways to hospital, or to encourage GPs to reduce their level or cost of referrals as an outcome in itself. Such schemes were established with the advent of PBC, but have become more prominent and widespread in the context of a reported 16% rise in referrals from general practice in the first quarter of 2008/09 compared with this same period last year. This is a very sensitive area and needs to be handled carefully. GPC guidance has been produced and is available on our website.

ENGAGEMENT WITH PRIMARY CARE

The poor dialogue between secondary care and general practice is a disgrace. The LMC has repeatedly raised this with the Acute Trust to no avail whatsoever. We have made a lot of helpful suggestions. We had hoped that we would have an LMC representative on the Acute Trust Foundation Board but that has now been changed and there will not be a GP involved. That is a mistake. We are meeting the Acute Trust Board in due course and will put this to them yet again. You may be interested to know that on the Acute Trust website you can access policies and guidelines. This includes things like the Diabetes guidelines and pathways. We suspect that the majority of GPs didn't know this was the case and we wonder what else there is out there that we didn't know about!

PATIENT PARTICIPATION GROUPS IN PRIMARY CARE

It is widely felt that this is something that will develop in the next few years and may well become an essential part of revalidation and re-accreditation. The BMA's patient Liaison Group has published its web resource on patient participation groups (PPGs). The resource addresses the role of PPGs in primary care and provides practical advice for GPs, practice managers and patients who may wish to set up such a group in order to involve patients in the running of the practice. BMA members have contributed a number of case-studies to the resource that illustrates the benefits a successful PPG can bring to GP practices, as well as some of the challenges involved. The resource is available at:

http://www.bma.org.uk/patients_public/ppgintro.jsp

FREEDOM OF INFORMATION ACT, PRACTICE PUBLICATION SCHEMES

Following a recent review of Freedom of Information Publication Schemes in line with Section 20 of the Freedom of Information Act, the Information Commissioner has approved a new model publication scheme which should be adopted by all public authorities and is effective from the 1st January 2009. An authority is not required to inform the Information Commissioner that it has adopted the scheme; he will assume the authority has done so unless he hears otherwise. GP practices are classed under public authority's banner and are obliged to adopt the new scheme, details of which are available from the links below. The timetable for implementation had slipped and the Information Commissioner's Officer will not begin monitoring the new scheme until March 2009. A guide for information template is now on the BMA website. A specific information leaflet for GP practices is being prepared by the Information Commissioner's office but publication has been delayed. As soon as we have details we will inform you.

http://www.ico.gov.uk/what_we_cover/freedom_of_information/publication_schemes.aspx

QOF, NATIONAL PREVALENCE DAY AND END OF YEAR PAYMENTS

Connecting for Health have asked us to remind GPs of some changes in QOF which have created many enquiries for them. National Prevalence Day was changed with effect from this year from 14th February to 31st March. Also, because of the change that Patient Experience (PE 7&8) now relates to the national survey, PCTs will not be able to authorise end of year payments until at least June. Aspiration payments for next year have been increased to 70% partly to mitigate this effect.

BMA SALARIED GPs' HANDBOOK 2009

The BMA Salaried GPs' Handbook has been produced as a benefit of BMA membership for salaried GPs and GP employers.

The Handbook explains the legal entitlements of all salaried GPs as employees. It therefore helps to ensure that salaried GPs are aware of their statutory and contractual rights. In addition, it helps to prevent GP employers falling foul of the law. The handbook also contains sections on the national and local representation of salaried GPs, how to become a salaried GP and the work involved.

Salaried GPs who are BMA members have been sent their own individual hard copy of the handbook. Other BMA members who would like a hard copy of the handbook can request this either via the BMA website, by telephoning 0300 123 1233 or by emailing support@bma.org.uk.

For ease of use, the handbook is also available on the BMA website for BMA members.

WORCESTERSHIRE LMC WEBSITE

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

BMA/ GPC Guidance:

[BMA's Patient Liaison Group web resource on patient participation groups \(PPG's\)](#)

[Focus on Salaried GPs \(updated\)](#)

[Focus on Seniority Payments \(updated\)](#)

[GP referral incentive schemes – January 2009](#)

[GPC News 6](#)

[GPC News 6 – Appendix 1 – GPC Staff Structure](#)

[GPC News 6 – Appendix 2 – LMC Regional Structure](#)

[GPC News 6 – Appendix 3 – Media Report](#)

DOH Guidance:

[Prescription Charge Exemption for Cancer Patients](#)

[The Statement of Financial Entitlements \(Amendment\) Directions 2009 – 5th February 2009](#)

NHS Employers / PSNC & GPC:

[Press Release – 27 January 2009-01-28](#)

NHS Employers, PSNC and the GPC launch guidance for GPs on Repeat Dispensing and Medicines Use Reviews (MURs)

Worcestershire Acute Hospitals NHS Trust:

[Can I have it done at Kidderminster? – Press Release](#)

[A Patients' Guide to Kidderminster Hospital and NHS Treatment Centre](#)

[Endoscopy expansion – Press Release – 29th January 2009](#)

Worcestershire PCT:

[A guide to the development of policies in general practice](#)

[QOF – The West Midlands Guide for 2007-2008](#)

The next LMC meeting will be 31st March 2009