

WORCESTERSHIRE LMC

NEWSLETTER

APRIL 2006 EDITION

WHAT IS CURRENTLY HAPPENING IN WORCESTERSHIRE

The LMC is greatly concerned that as predicted the current NHS reorganisation is having a serious impact on progress with some of the new areas of development in Primary Care. However some of you may feel that this is not unwelcome! It is particularly sad that although the PCT mergers are a fait accompli our three PCTs do not yet seem to be working together on a number of areas. We are still hearing of work that they are doing in their individual localities which do not appear to be in the interest of the future united PCT and the county as a whole. Indeed some of the advice that GPs are receiving appears to be suspect. The LMC has repeatedly been suggesting that a meeting is needed at county wide level to look at a range of matters and we are still waiting for that to take place. We have been having these discussions now for some months. We understand that the final decision on the PCT mergers is due after the local elections and a new Chief Executive will be appointed in June with a new PCT starting work on the 1st October 2006. There are obviously a range of issues such as Practice Based Commissioning, Choice, Access, the three different LES schemes around the county and PMS to be considered. There is a lot of work to be done and really not much is happening at the moment.

The financial crisis in the NHS is obviously impacting upon us. The Acute Trust now finds itself £30m overspent and has made plans to make 720 people redundant. We understand that at least 70 of these will be nurses. Our last LMC meeting took place at the Charles Hastings Centre just as the meeting finished where senior representatives from across the Acute Trust were informed of the decision. We saw our colleagues coming out of the meeting looking shell shocked. We are yet to hear formally from the Acute Trust what decisions will be made and remain concerned about the future of Paediatrics and Obstetrics at the Alexandra Hospital. Our concern is how Worcester Royal Hospital which is already full to bursting would cope with any additional work being transferred. We are also concerned that apparently it is now confirmed that the PFI component of this overspend is £7m a year. You will recall that this LMC campaigned vociferously against the PFI.

The financial climate is also affecting the current LES schemes and the LMC was dismayed that South Worcestershire PCT chose to abolish its Commissioning LES and didn't even have the courtesy of letting the LMC know. Redditch and Bromsgrove PCT summarily abandoned their Nursing Home LES without any real evaluation and the money that has been freed up from this will go towards the DES for next year. The minimum expenditure floor for enhanced services doesn't seem to matter any more. Their planned LES's to

extend Diabetic Care in General Practice has sadly been abandoned. All in all it is not a very satisfactory time in the NHS. Patricia Hewitt stated that last year was the best year ever for the NHS but as everybody has agreed that statement was laughable. It certainly doesn't fit with what is currently happening in this county. The LMC did invite her to come to Worcestershire to meet us but she declined saying she was too busy. Maybe that says it all.....

The LMC however remains very keen to engage and work with our new county wide PCT to try and take General Practice forward. We would like to establish right from the start the kind of close working relationship that is needed if we are to deal with the Government's agenda for Primary Care. The new PCT will need to take General Practice with them if we are to make any progress in the future. We are in for a lean time in Primary Care as from next year there will be no significant growth. Pressure on the PCTs will be enormous due to payment by results and the development of Foundation Trusts will inevitably hoover up more resources. Primary Care in Worcestershire needs to be united if we are to protect the services and facilities that our patients currently enjoy.

MEDIA HYPE OVER GPs SALARIES

Being deeply cynical one wonders if the current media hype over GPs allegedly earning £250,000 a year has been orchestrated by the Department of Health to deflect blame and attention away from the centre. The GPC put out some very helpful and effective comments but there have been some vitriolic articles in the press, particularly in the London Evening Standard and also one that was seen in the Birmingham Daily Post. Locally the LMC Secretary gave an interview on BBC Hereford & Worcester trying to point out the errors of this suggestion and also explaining that the GP Contract was a three year deal trying to deal with major problems of retention and recruitment and chronic under funding of GPs. Sadly this media hype has tainted our image with the public and will obviously be used against us in future negotiations.

SO CALLED GP CONTRACT OVERSPEND

The head of Media Relations at the BMA sent out some useful information which we thought we would pass onto you. Many media reports are claiming the Government has spent an extra £300m on the new GMS Contract and so called over achievement. The BMA has looked at these figures and it seems that the cost of achieving 91% in the QOF (Average achievement for GP practices in England) instead of the 74% budgeted for allocations to PCTs, was not £300m but only £150m. The further £150m went to PCTs towards the re-provision of Out of Hours Services. The BMA is putting out a rebuttal to the media as follows 'It is not true to say that the extra £300m went on GP pay in the first year of the new GP Contract (2004-2005). The extra cost to the NHS because family doctors are providing higher quality care than the Government budgeted for was £150m. This money went to GP practices to pay for the cost of achieving an average score on the QOF of 91%, the Government had thought they would only achieve 74%.'

PMS EMPLOYERS SUPERANNUATION

The saga continues. We now hear that Heart of Birmingham PCT's Finance Director has agreed that the PCT is liable for these payments and will be meeting their contractual obligation. We have approached our three PCTs with this information but are not optimistic that they will change their mind. The LMC therefore will continue to encourage practices to submit appeals to the FHSAA. It will be very helpful if any practice who does put in an appeal would inform the LMC. It is unclear whether the PCTs will regard one appeal in their own area sufficient to change their mind or whether they will actually require every practice to have appealed. The decisions of the FHSAA are not binding across the board. Practices are welcome to discuss this with the LMC. Please tell us what you are doing.

REVIEW BODY AWARD TO TRAINERS

You may recall that last year the Review Body awarded £750 to trainers to support continual professional development. We understand from Dr Schrieber that this money has finally arrived and plans are in hand for it to be distributed. Unfortunately the calculation of £750 per trainer was based on a figure of the number of trainers in each area some time ago. As the number of trainers has increased the money will be slightly less. Practices should soon be hearing how they can make the claim for the money.

REMINDER TO PRACTICES

If you haven't let us know there are still places available for the evening meeting with Dr Laurence Buckman, Deputy Chairman of the GPC Negotiating Team. He is going to give an update on the new GP contract review and other topical issues in General Practice. There will be an opportunity for questions and answers followed by dinner. The meeting takes place on Tuesday, 16th May. Please let our administrator know if you wish to attend. Practice Managers can come providing they are accompanied by one of their doctors! (The Reps asked for this).

Another reminder the LMC is moving to a situation where we can email our Newsletter to all practices along with other important documents. If you haven't given us an email contact address and wish to be part of this service please send details to the office.

PRACTICE MANAGER GROUPS

Some time ago the LMC felt that it would be worth looking at establishing better working relationships and links with our Practice Manager Groups in the county. There are currently three of these covering the three PCTs. How that will continue after the PCT merger is not yet clear. The LMC felt that sharing information between these different organisations would be in everybody's interest and we started a little while ago having a Practice Manager Representative from the South Worcestershire group attending the meeting. We all feel this has been beneficial and we have now extended the invitation to Redditch & Bromsgrove and Wyre Forest Practice Manager Groups. We hope that the two

way flow of information will be to our mutual benefit. Additionally the LMC is seeking to improve representation from Registrar Groups and Nikki Burger our last Registrar Representative has been to the two VTS Schemes to discuss the work of the LMC. It was clear that the registrars had little or no idea of what the LMC was about. We hope this will set a useful precedence for the future.

REFERRAL MANAGEMENT CENTRES

The debate continues about Referral Management Centres which are intended to improve referrals between Primary and Secondary Care. The BMA has produced a useful document on this issue which is included on our website. There was also a useful review article in the BMJ on the 8th April 2006 suggesting that there was little evidence that they had delivered. The committee remains anxious about Referral Management Centres and anecdotally there is evidence that they are still interfering inappropriately in the referral process. We have had assurances that this is not happening and we would again ask GPs if there are examples of RMC's changing GPs referrals without appropriate consultation. Can you please bring this to the attention of the LMC. It is interesting to speculate how RMC's fit with patient choice and more particularly with Choose and Book if that ever works. Surely when we are all booking online they will be superfluous. You also wonder what will happen to the existing schemes when our PCTs merge.

RESUSITATION STATUS FOR TERMINAL CARE PATIENTS REQUIRING AMBULANCE TRANSPORT

This issue has come to the fore again and the LMC would like to remind GPs that it is very helpful if when they are dealing with terminally ill patients they would inform the Out of Hours Service via the website and leave a completed 'Do Not Resuscitate' form with the patient record in their home. Ambulance staff will only take note of 'Do Not Resuscitate' instructions if they are on the properly completed forms. Your District Nurses should be able to keep you stocked up with these forms. Additionally practices may like to consider starting to use the Macmillan Gold Standard protocol whereby terminally ill patients are equipped with a stock of emergency medication and an appropriately completed District Nurse prescription book so that many of the symptom problems that are experienced by terminally ill patients can be dealt with promptly by the District Nurses without the need to involve Out of Hours or try and get prescriptions.

ISSUE OF SICK NOTES IN SECONDARY CARE

The LMC continues to push the Acute Trust to ensure that hospital doctors are aware of the regulations. An NHS poster was recently sent to the LMC and we are grateful that the Acute Trust has agreed to put this up in the waiting rooms in clinics advising patients that they can get sick notes from the doctor there and not need to come to their GP. The Trust seemed keen to resolve this and we would welcome any examples from practices of patients coming to see GPs inappropriately for sick notes when they have been cared for either in the private sector or in the Acute Trust.

PANDEMIC FLU PLANNING

The LMC remains increasingly concerned at the lack of any real strong guidance from the centre. The Hereford & Worcestershire Pandemic Group cancelled the last meeting awaiting clarification from the Department because we had been working towards setting up a network of flu centres across the county and apparently now the Department of Health has decided it doesn't support this model. There is little point in carrying on working to something when it is all going to change soon anyway. The LMC is concerned that practices have had no real guidance, that there seems to be no funding for anything other than stockpiling inadequate amounts of Tamiflu and that National Guidance is suggesting that frontline staff visiting patients with flu should wear surgical masks when all the experts feel that these are woefully inadequate. I have written to all of our MPs expressing growing anxiety about this and have put motions to conference. In the meantime you may find a Service Continuity Planning Framework document useful for your practice to consider. It is produced by the RCGP and the GPC and is available on our website at <http://www.worcslmc.co.uk/Docs/ServiceContinuityPlanningFramework.pdf>.

NEW INFORMATION ON OUR WEBSITE

The GPC has sent our guidance on Data Accreditation for the IM&T DES; this is now available on the BMA and LMC website at:

<http://www.worcslmc.co.uk/Docs/DataAccrediationStandardsGuidanceFINAL.doc>

Similarly there is a guidance document from Connecting for Health on IT & Primary Care:

http://www.connectingforhealth.nhs.uk/publications/primary_care_booklet.pdf

Connecting for Health - GP Systems of Choice

http://www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps/systems_of_choice/gpsoc.pdf

The final version of the Datasets and Business Rules for the QOF for next year has been approved and this includes all the codes and how they are applied. You can find this at

http://www.wmrlmc.co.uk/gms2/information_technology/v8.0/Ruleset_8.0.zip

We are aware that some GPs may seek information on referral in relation to eGFR results. Following guidelines produced by the Renal Association to underpin the Renal NSF in England will be of value. These contain referral criteria based upon eGFR results

<http://www.worcslmc.co.uk/Docs/GuidelinesRenalAssociation.pdf>

The next LMC meeting takes place on the 11th May. At our last meeting there were real concerns expressed about a range of issues relating to the recent changes in service provision of the Out of Hours Service. Dr Ben McCaffrey, the Clinical Director will be attending the LMC to discuss this. If there are areas relating to Out of Hours that you wish us to raise please contact the LMC shortly.

PRACTICE BASED COMMISSIONING GUIDANCE

Wessex LMC has very kindly shared with us their document PBC Made Simple - A Wessex Guide. As always anything produced by Wessex LMC is very sensible and practical and so we have put this on our website. We strongly encourage anybody who is interested in PBC to read this document, the link is: <http://www.worcslmc.co.uk/Docs/PBCMadeSimple-aWessexGuide270406.pdf>.

GPC ELECTIONS

The election for the GPC representative for Herefordshire, Worcestershire, Warwickshire and Coventry has now been finalised. The LMC would like to congratulate Dr Grant Ingrams who has been re-elected for the next three years.

WORCESTERSHIRE LMC

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**THIS NEWLETTER IS PRODUCED FROM THE LMC OFFICE AT
ST STEPHENS SURGERY**

The next LMC meeting will be 11 May 2006