

# WORCESTERSHIRE LMC LTD

## NEWSLETTER

AUGUST 2007 EDITION

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### NEWSLETTER

We are sending out the August newsletter a little bit early. There will be no further newsletter now until the middle of September, after our September meeting. The LMC does not have a meeting in August; however the LMC office will be manned throughout the holiday period.

### ELECTIONS AT THE GPC

You may well have heard that the GPC met last week and voted for a new Chairman, who is Dr Laurence Buckman. We have already written congratulating him on his appointment and asking if he would like to come up to Worcestershire in the autumn for another evening talk and dinner. I know many of you were present when he came up last time and found it very helpful. We like to invite GPC Chairmen from time to time to come and meet with GPs in the county. The negotiating committee has changed slightly and is now comprised of Dr Laurence Buckman; Dr Richard Vautrey; Dr Stewart Drage; Dr Peter Holden and Dr Chaand Nagpaul along with Dr Dean Marshall (GPC Scotland); Dr Brian Dunn (GPC Northern Ireland) and Dr David Bailey (Acting Chair of GPC Wales).

### £750 CPD PAYMENT TO GP TRAINERS

The Department of Health has finally confirmed that Strategic Health Authorities are responsible for funding the £750 CPD payment for trainers for the financial year 2006/07. The Department apparently has promised to write to all Strategic Health Authorities to remind them of this commitment. We have written three times to our SHA and they haven't even had the courtesy to reply! We hope that by the end of July all Strategic Health Authorities will have paid the money to GP trainers. We understand that this timescale may slip slightly in Worcestershire but we hope that you will be hearing shortly from the Deanery about this.

### PENSIONS JUDICIAL REVIEW

On June 25<sup>th</sup> news came through that leave had been granted for the judicial review of the Secretary of State's intention to impose new dynamising figures on GP's pensions. We were told that it is likely that the review process will be lengthy, as many legal processes are, with the result unlikely to be known until around the end of the year. The negotiations on the new NHS pensions review are ongoing. The headline gains include maintaining the normal retirement age of 60 and the continuation and improvement of the current scheme have been consulted on and agreed. The GPC and Pensions department are now looking at the finer details of the

proposals and the process and details of implementation. One of the areas that is now being worked on is that of tiered contributions.

### **WEST MIDLANDS AMBULANCE TRUST**

There has been some concern at the LMC recently on a number of issues relating to the Ambulance Trust. Firstly, nobody bothered to inform us that the merger had actually taken place and secondly we found that there was a change in policy in booking ambulances and that GP's as a whole had not been informed. You should have all received their latest communication dated 25<sup>th</sup> June, headed "Important changes to the handling of doctors and other healthcare professionals, urgent calls to the Ambulance Service". If you haven't got this, copies are available from the LMC office. We complained about the time of the lack of communication and so we were slightly dismayed to find in the local papers news that there is a consultation process regarding the closure of the Ambulance Control Centre in Worcester! We have written expressing our dismay and look forward to receiving the appropriate documentation. We think it is important to have links between GP's and the Ambulance Trust and in the past we had quite a good working relationship with Hereford and Worcester Ambulance Service when the occasion arose. The issue has been raised with the Regional LMC and will be discussed at the next meeting.

### **BLUE BADGES**

The press always call the summer the silly season and sure enough blue badges have come back up on the agenda. This matter has been dealt with so many times by the LMC and yet we haven't managed to succeed in killing it off properly! A number of GP's have reported recently that council staff are directing patients to go to their GP's for medical reports to support their blue badge applications. This is contrary to the agreement and so we have written yet again to Social Services asking them to remind their staff that GP's are not supposed to be involved in the process in any way!

### **WORKING WITH THE ACUTE TRUST**

It is clear from discussions at LMC meetings that GP's are utterly confused when trying to deal with the Acute Trust. There are various different pathways, policies, forms and one stop clinics around. Many of us know some of them, I doubt whether all of us know all of them and they seem to change all the time! This has become something of a hobby horse for the Secretary and he has now raised this both with the PCT and the Acute Trust suggesting what we need is an Acute Trust handbook which will detail all the policies and forms. There is no obligation on GP's to use hospital forms and it is very irritating when referrals are sent inappropriately. The LMC is pushing both the PCT Commissioners and the Acute Trust to try and make this work better. It's got to be in the interests of patients if their GP's have some idea of how the actually system works! Until recently we were not even informed about consultant retirements and appointments!

Some of you may have seen a letter that was sent out recently by Dr Blake, Consultant Neurophysiologist regarding both the waiting times for Neurophysiology

and including a very long questionnaire. It wasn't at all clear what was intended by this and we wrote for clarification. Dr Blake has stated that the questionnaire has been sent out and is intended to try and deal with problems. They look at referral letters to see if it is appropriate to dedicate them to the Clinical Physiologist clinics or whether they need to see Dr Blake herself. Most GP letters are clear and give them all the information they need however they do receive a substantial number of letters where there is hardly any history, and no indication that the patient has been examined and no question being asked. In these circumstances they may well send out the questionnaire before the patient is given an appropriate slot. This is a trial process and the LMC has agreed this is a realistic approach. If you are sending in detailed referral letters then there shouldn't be any need for these questionnaires to be completed.

### **GP PERFORMANCE MATTERS AND APPRAISAL**

At the last LMC meeting we had a discussion about some concerns that had been raised on possible changes to the management to the appraisal process and also our ongoing worries about the PCT's Poorly Performing Doctors scheme. This has been raised with the PCT and particularly we sought urgent clarification regarding Appraisal Form 4's. There have been suggestions that these are being looked at by managers and the LMC is adamant that this is entirely inappropriate. We have sought urgent reassurance from the PCT that our concerns are unfounded. The meeting has been scheduled at the PCT with a number of GP's and managers on the 28<sup>th</sup> August to discuss the GP Performance Review. We will be raising appraisal at this stage. This becomes increasingly significant when one looks at the proposals mentioned by Gordon Brown in his recent "pre-Queens speech" presentation to the House of Commons when he mentioned changes to Medical Regulation. Many of the areas in the GMC review that were causing real anxiety to the BMA are being seriously considered. One of these is the idea of having a person within each PCT who would be fulfilling the role that had been labelled as GPC Affiliates. This is a very sensitive area and many of us feel that this is one of the most important issues currently facing the practice of medicine in this country at this time. We will keep you fully informed of developments.

### **OUT OF HOURS**

The LMC has had a number of discussions with PCT managers regarding the future of the Out of Hours Scheme. A draft specification has been produced which we believe to be a very woolly document. We have not yet been given sight of this. The proposal is to put this out to tender and then for the PCT to discuss with any interested bodies how they would provide an appropriate Out of Hours organisation for the county. We have already had the indication from Paul Bates that this is likely to cost more than the current service. We have asked why if this is the case the additional money couldn't just be put in to the present service to improve it. We have been concerned in the reduction in the number of doctors manning the service over the years and the way local GP's have been disincentivised from taking part. We have also repeatedly raised our concerns about the standard of the data we receive from

Adastra. You may recall recently the very unfortunate case in London of a lady who was seen eight times by Out of Hours doctors who did not make correct diagnosis and the lady died. Apparently an enquiry highlighted the failings of Adastra as one of the issues in this case. This information has been relayed to the PCT. We will be watching this area with interest. There does need to be some mechanism to try and bring ordinary General Practitioners back into Out of Hours. If not actually doing the work then certainly in managing and monitoring the service. It is clear that the management of emergency admissions in this county is a real problem and we are a very poor area as far as our 4 hour A&E waits are concerned. A significant amount of this must undoubtedly relate to the Out of Hours service. This is another area that the LMC is watching with interest.

### **PRACTICE BASED COMMISSIONING**

The LMC has raised quite a number of queries with the PCT regarding commissioning of services from GP's and particularly in negotiation and organisation of future LES schemes. The LMC has a statutory role in this but we also have concerns about the small but significant number of practices within the county that have not chosen to join in PBC. We are currently in the bizarre situation that we have three separate LES schemes from the old PCT areas and now the transfer of funding and ultimately decision making to PBC clusters. How this is resolved is something that the PCT recognises needs to be dealt with and we have suggested an early meeting with all interested parties to come to a county wide view. The LMC remains of the view if PBC is to succeed large clusters are needed. You may recall early on in the PBC debate we tried to suggest a county wide group. Certainly many of us think that the old PCT areas are the minimum sort of size for such groupings.

We discussed at length at the last LMC meeting activities that are taking place in Redditch and Bromsgrove which are very interesting and exciting and may well be of interest to colleagues elsewhere in the county. All the practices in Redditch and Bromsgrove have united as a PBC Consortium, pooling their budget and looking to develop their own pathways and services as part of PBC. This has many advantages not least that it minimises the risk with such a large shared budget. As an adjunct to this, all the practices have joined in a Limited Liability Partnership with Assura Medical, which is called Assura Vertis LLP. This organisation will be a GP provider organisation and will hopefully be asking to provide a range of services in Primary Care which will be commissioned by the PBC group. We are aware that the Wyre Forest GP's are also looking at this model and considering discussions with Assura. If anybody would like further information about this please contact the LMC office.

### **WORCESTERSHIRE LMC WEBSITE**

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

BMA/GPC Guidance: PBC - Relationships between PBC Consortia & LMCs

[http://www.worcslmc.co.uk/upload/Relationship\\_btn\\_PBC\\_consortia\\_and\\_LMCs -  
\\_July07.doc](http://www.worcslmc.co.uk/upload/Relationship_btn_PBC_consortia_and_LMCs_-_July07.doc)

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

**The next LMC meeting will be 13 September 2007**