

# WORCESTERSHIRE LMC

## NEWSLETTER

FEBRUARY 2006 EDITION

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### **WHITE PAPER 'OUR HEALTH, OUR CARE, OUR SAY: A New Direction for Community Services'**

I wonder if many of you have ploughed through this enormous document. For those of you that haven't you may find a couple of very useful review papers produced by other LMCs. One is an excellent document by Dr Nigel Watson at Wessex LMC and more recently one by Dr Peter Jolliffe from Devon. Both of these are available on the net, the Wessex website address is <http://www.lmclive.co.uk/guidance/ohocos/ohocos7.pdf> and the Devon is: <http://www.devonlmc.org/News/OHOCOS6.doc> (we do have copies if needed). There is much in the White Paper that would appeal to many GPs. What is very clear is that the Government's populist agenda includes more choice and more say for patients. There is a strong message of trying to deal with inequalities in health care and to improve access to community services. Increasing support to people with chronic disease and long term needs is a key area and the final one is that the Health and Social Care will provide better prevention services with early intervention.

There are a significant number of negative areas in the document that will be of concern to GPs. The first is that this document does seem very aspirational but includes little concrete guidance on how any of these laudable aims will be achieved. A great deal is put on the PCTs and one frankly wonders whether they will have the time or resources to achieve this much in a short time scale. As one would imagine there is no additional money to fund any of these things or even to pump start them. This lack of development money is always a problem and does hamper improvements. The White Paper frequently alludes to what I call the Holy Grail. This is the transfer of work and appropriate funding from secondary to primary care. Many of us have heard this over and over again and know how difficult it is to achieve. With the advent of Foundation Trusts and the financial pressures on Trusts I think it is going to be very difficult to get any resources out of the Trusts, indeed I think it will be very difficult for the PCTs to try and stay within budget.

Perhaps the two areas of greatest concern to GPs are the threat to traditional British General Practice. Many of us feel that the core values of continuity of care, personal knowledge of patients and the gate keeper role have been one of the most valuable parts of the NHS over the years. Developments taking place now and the coming years as part of the changes envisaged in the White Paper will seriously threaten this. The second issue is related and concerns the growth of private providers in primary care. How this will affect

us in a county like Worcestershire is as yet unclear but it certainly is an area that the LMC will be watching with very great interest. Contestability is the new buzz word.

The LMC is keen to see developments and improvements to primary care but not at the price of destroying what we believe is a very effective, efficient and certainly in this county a well run service. We accept the need for change as GPs always do but would caution against radically shaking up General Practice when frankly it is working very well for many of us doctors and patients.

### **PMS CONTRACT REVIEW**

A new QOF Guidance document has been produced. It is an extremely large document and shows just how much has been altered throughout the QOF framework. Copies will be sent to all practices shortly. A "Focus on Quality and Outcomes Framework" document has been produced and is on the LMC website. Appendix 1 shows what came out and what came in and what was redistributed and Appendix 2 highlights all the changes to existing indicators. The joint GPC NHS Employers Guidance Revisions to the GMS Contract 2006-2007 - Delivering Investment in General Practice Guidance is available on our website.

The West Midlands Regional LMC website includes revised details of the new contracts 2006 -07.

I don't think many of us had anticipated that the contract would be revised so much. However it was clear negotiations were always going to be tough. The DOH was looking to give us a 30-36% pay rise over the 3 years but the predictions are more like 45%. We have been told that the treasury was sitting in on all the financial discussions. Some of the new areas in QOF will not be difficult for practices to achieve but the raising of targets in other areas will mean that practices will have to work harder to maintain their current income. However, the new DES schemes are far from perfect. The amount of income allocated to practices based on patient surveys is an interesting topic for discussion. I can well imagine the Governments view on this but some of us are somewhat more cynical about the value of these surveys. We have had an offer from Grant Ingrams, our local GPC rep to put on a meeting to discuss new contract issues. Please can we have some feedback from practices if you would wish such a meeting to take place? Anybody who would find this useful should email the office as soon as possible. If we get a significant response we will put out a date for the meeting shortly.

### **PCT RECONFIGURATION**

As you all know the three PCTs are in the middle of the consultation exercise over merging to one Worcestershire PCT. A similar consultation exercise is taking place on the Ambulance Trusts and the Strategic Health Authorities mergers. This seems to be a done deal and the LMC didn't feel it was even worth bothering responding. We are already working with the Strategic Health Authority Planning Board that is organising the

reconfiguration. However the House of Commons Select Committee savaged these proposals and does seem to have thrown quite a large spanner in the works. It is quite clear that local authorities are objecting to these proposals and so the LMC will revisit this issue at the next meeting. We would welcome the views of GPs before our discussions. It particularly needs to be considered when one looks at the development of Practice Based Commissioning.

### **PRACTICE BASED COMMISSIONING (PBC)**

The guidance on PBC came out a little while ago and was as we have come to expect very woolly and non committal. It was very aspirational and didn't give a strong steer or even an idea of how many practices would want to get involved. The DES that has been produced is not a particularly attractive proposition and certainly the view at the last LMC meeting was that there was little interest in getting involved. However the LMC is realistic enough to realise that this is the future and that the Department's document refers repeatedly to universal coverage.

The GPC is on record as saying:

"The GPC has concerns that the specification for the PBC DES undermines the development of PBC and that the GPC would not commend it to the profession in view of the recent guidance"

The GPC is continuing to seek clarification on a model PBC contract which would ensure that the practices can be guaranteed access at least 70% of any freed up resources. It is a key issue. How much of the free resources will be to fund PCT overspends.

The LMC has had discussions with the Reconfiguration Project Board on how to try and take PBC forward. A draft document has been produced by Dr Tim Davies from South Worcestershire PCT and is on our website as a basis for consideration and discussion. The LMC would like to see a scheme set in place that allows all practices to sign up and receive the funding in the DES but is only based at a level of work covered by that remuneration. There is a real danger in PBC that practices will be asked to take on a great deal of work which will not be resourced. To take this further the LMC has suggested a countywide meeting and Lawrence Tennant the Strategic Health Authority Manager leading the Project Board will be organising a meeting on Wednesday 22<sup>nd</sup> March, 7.00 for 7.30 p.m. (food provided) at the Worcester Rugby Club to present and discuss how Practice Based Commissioning might be rolled forward in Worcestershire. This is an area that won't go away and realistically practices need to have a view on this. We would strongly encourage every practice to send at least one GP and probably their Practice Manager as well to this meeting to get a flavour of what is being proposed. This is not a prescriptive scheme and if individual practices have their own thoughts and ideas on how they would like to get involved that is obviously for them to decide. Any further documentation that comes along will be put on the LMC website.

### **NEW CHAIRMAN OF MTRAC**

Dr Charles Broomhead will complete his allocated three years as Chairman of MTRAC and they are currently seeking a new Chairman. The LMC can nominate any practicing GP who may be able to fulfil this role for a minimum of two years. The post holder's prime responsibility is to chair the monthly MTRAC meeting in Birmingham. We have a full job description and personal specification for anyone who is interested. The remuneration is £1,250 per quarter. Any GPs with an interest should approach the LMC office as soon as possible.

### **FLEXIBLE CAREERS SCHEME AND GP RETURNER SCHEME**

The Department of Health has written to SHAs and PCTs regarding this scheme. There was no consultation with the GPC prior to the letter being sent. Unfortunately the £7m being allocated to SHAs for the GP FCS and Returner Scheme is totally inadequate. The 2005-06 SFE provides reimbursement as protection for practices employing an FCS GP. GPC negotiators will be looking into the next steps to ensure that practice reimbursement is protected. The GPC is most concerned that some practices are not receiving their reimbursement. If this is happening to any practices in Worcestershire please let the LMC know immediately. The GPC would also like examples of doctors who would like to enter the Flexible Careers Scheme and the GP Returner Scheme but because of the funding problems has not been able to take up one of these posts. Again if this applies to you please let the LMC know.

### **PRACTICE STAFF HEALTH INFORMATION AND QOF**

Elsewhere in the country there have been concerns that some PCTs have been asking for specific information about immunisation status etc of practice staff including the doctors. We also believe that Practice Managers have been sending this information. We have clarified with the Worcestershire PCTs that they are not asking for this information but we would like practices to be clear that Practice Managers should not divulge details about named clinicians or practice staff. The QOF asks practices to confirm that they have done the work not supply the named patient information.

### **GPC PARTNERSHIP GUIDANCE FOR GPs**

Some new guidance has been produced with considerable input from the BMA's Legal Department. It is hoped it will provide a helpful resource for GPs considering partnership issues. We have put it on our website.

### **PMS SUPERANNUATION LIABILITY FOR FUNDING EMPLOYERS CONTRIBUTIONS**

The saga continues! Two out of three PCTs have formally responded to say that they do not feel that they are liable for these payments. The LMC continues to believe that the PCTs interpretation of the regulations and specifically the local contracts are incorrect. The view of the LMC has not changed. A PMS contract is a local one and applies specifically between your own practice and the PCT. We therefore believe that there remains a shortfall in employers superannuation funding due to practices and that if the PCT refuses to pay your claim you may wish to institute a formal contract dispute by writing to the Secretary of State for Health at Richmond House, 79 Whitehall, London, SW1A 2NL indicating your wish to institute formal dispute proceedings and enclosing copies of all relevant correspondence and your PMS contract. It should be sent with a covering letter indicating the nature of the dispute. An alternative if practices are not an NHS body they can look at Small Claims Court. For practices owed less than £5,000 this may be a good idea, it would be cheaper than a full court case. The LMC would be happy to advise practices on this issue. We believe that similar cases are being lodged across the country with the Family Health Services Appeals Authority in Harrogate. Details are on the FHSAA website <http://www.fhsaa.nhs.uk/>.

### **WORCESTERSHIRE LMC WEBSITE**

The LMC website is being updated on a regular basis. We would be grateful for any feedback on the site and comments on other documents / areas you would find useful to be added onto the site.

Coming soon - LMC Guidance and a range of LMC standard letters for you to download and use in your practice will be posted on the website in due course.

# **WORCESTERSHIRE LMC**

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

**The next LMC meeting will be 9 March 2006**