

# WORCESTERSHIRE LMC LTD

## NEWSLETTER

FEBRUARY 2008 EDITION

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### **EXTENDED OPENING**

We are anticipating that the results of the vote will be known shortly. There are a great many assumptions being made, particularly around option A. We would caution any activity at the moment until it is clear what is the final result of the vote and how that is implemented by the Department. It has been widely expected that GPs will unwillingly choose option A but of course we haven't seen the hard details of the DES. We have seen the letter from Mr Britnell earlier on in the year which gave a clear idea of how it could turn out. A significant concern related to the idea of auditing practices.

We would like to point out that we have had advice from the BMA's legal department. Firstly the GMS Regulations do not make it an obligation that in-house hours must be fixed at current levels within any practice. As long as those arrangements are appropriate to meet the reasonable needs of patients then the contractor is not in breach of his contract.

Secondly, the request from information from the PCT are governed by Regulation 77 of GMS whereby contractors must produce information reasonably required by the PCT for the purposes of or in connection with the contract or reasonably required in connection with the PCT's functions. The key word here is reasonable. If the information is being requested because the PCT wish to ascertain whether within that practice the reasonable needs are being met then this may be considered reasonable. To demand information from practices on the basis of the introduction of an DES that has not been agreed or implemented appears to go beyond reasonableness.

Our advice to practices is to do nothing at the moment and await further guidance. We have already started to consider this as an LMC and will be waiting a) for the result of the vote; b) for the Governments final decision and then c) how the PCT wishes to play this. We won't all rush to open every evening and weekends!!

### **CONSUMERISATION OF GENERAL PRACTICE**

Our campaign to highlight our concerns about the threat to the values of traditional general practice continues. I am grateful to the large number of people who have helped. We have had some good media coverage, especially in the Worcester News and a number of LMC members and lots of people have been writing letters. There have been several radio interviews and our petition continues to grow. Please continue with the petition as we have extended the closing date because we have decided to take the petition to Downing Street. Arrangements are in hand so that a number of us can go and be seen to present this to Downing Street. No doubt it will be shredded the minute it gets inside the building but at least it will give us an opportunity to get more useful media coverage. Clearly the fight over extended opening has been a major issue but what comes next is perhaps more important. In particular the clearly stated threat to MPIG and the development of further APMS practices. Don't flag now, keep the momentum going. There will be further material coming along shortly.

## **WORCESTERSHIRE PCT**

As you will be aware, Andrew Hughes our excellent Head of Primary Care has now moved to greater things at United Healthcare Europe (what does he know that we don't?!). We have still not been informed what action the PCT has decided to replace him. We are aware there is a debate taking place on how the Primary Care department may be structured in future. Sadly this leaves us rudderless again. Interestingly Warwickshire PCT is in the same situation and recently advertised for a Head of Primary Care and they were not able to fill the post. Thankfully just before Andrew left the Lockharts Contracts were sent out to practices as part of the review of PMS. The LMC believes this is a very satisfactory result and gives us a stable base for practices to continue working. The LMC has had discussions with Andrew about the anticoagulation LES and this has been sent out. The LMC was surprised that there appears to have been little or no discussion with the PBC clusters and this raises a number of issues. More of that later. However, the LMC had no discussion whatsoever about the PCT's decision to continue the Choose and Book LES. Many of us have hoped that as the DES was being withdrawn it might mean that Choose and Book would wither on the vine. Many of us would simply have given up with the whole thing. However the PCT have indicated that they do want to discuss this and we will be looking for an opportunity to do that soon.

## **PBC PROBLEMS**

As already mentioned the issue of development of LES's is very unclear. The PCT chose to include LES funding within PBC budgets but does not seem to want local clusters to decide their own schemes. The LMC raised this at an early stage with the PCT and it has been discussed a number of times but nobody has made any decision about this. Furthermore, the Redditch & Bromsgrove PBC cluster has come up with a LES for the management of Type II Diabetics on insulin and this seems to have hit the buffers as the PCT is suggesting that the Worcestershire Acute Trust need to be consulted before this is developed. This seems to make a mockery of PBC and means there is absolutely no reason whatsoever for LES funding to be within PBC budgets if clusters cannot make any decisions about it. The LMC is dismayed that PBC has been so slow to develop in the county despite the fact that there have been many enthusiastic GPs and clusters very keen to make things work. As a county we were quick off the mark getting organised but now have very much fallen by the wayside. We believe that much of this has been due to the PCT's inability to allow GPs to make changes and perhaps take a risk that these schemes will work. We have to take some risk to be innovative and we really do need to get schemes up and running so that people have any confidence in PBC. Frankly at the moment it hardly seems worth the effort.

The LMC has written to Paul Bates suggesting that he chairs a meeting of all interested parties to try and decide how we will take all these things forward. We think this needs a steer clear so that both GPs and PCT managers clearly understand how this will work in the future. There are far too many grey areas and far too many bureaucratic steps in the process to make it work.

## **I.T.**

The IT Primary Working Group are looking at a number of issues at the moment including label printers for pathology requests and the group is keen to hear from GPs with positive and more importantly negative experiences of any printers used for this purpose. The IT unfortunately cannot support the labels for the printers but we understand that PBC groups in other areas may make this part of commissioning pathology services. That is not something that IT Support can resolve but maybe if PBC does actually start to work it is something that we can look at.

Data Security is quite clearly a major issue and practices need to be very careful if they are taking laptops off site with patient data on them. Encryption sounds like a good idea and we have been advised if you are considering buying a laptop which will have practice data

on it then consider vista and bit-locker which are free to the NHS. We understand that there are plans to discontinue the PCT email server. As we have already stated we would encourage everybody to migrate to NHS.net email addresses anyway. If you set this up it is possible to have emails from your previous address forwarded to the new nhs.net one.

#### **USEFUL WEBSITE**

If you are not aware of this then it may be useful to look at [www.gpcontract.co.uk](http://www.gpcontract.co.uk). You can look up PCT or practice data and it will do things like estimate practice DES requirements and calculate how much you will earn from it. They have been analysing QOF data since the start of the new contract and take everything from NHS data sources. It has PCT level on QOF and practice level information on many things. For some reason it doesn't seem to have been widely advertised.

#### **WORCESTERSHIRE GP LED HEALTH CENTRE**

As you will all know the Government has forced all PCTs to open new surgeries under APMS contracts. Worcestershire PCT has to open a combined walk in centre and GP surgery and has chosen Worcester City for the site for this. The LMC has tried to persuade the PCT otherwise but there seems to be little leeway in implementation. PCTs elsewhere are not so keen on the idea and are trying to make changes in what does seem to be in many cases a totally unnecessary service. The final specification should be ready shortly and the LMC would strongly encourage GPs or groups of GPs to tender for this APMS contract. We believe APMS contracts are fundamentally are not the right way for organising general practice but being pragmatic if they are going to happen we would rather they were run by local GPs than a multinational private provider, accountable only to shareholders. We are watching developments in this area with great interest.

#### **DARZI REVIEW**

Dr David Colin-Thome is visiting Redditch next month as part of the Darzi review process. We hope to be able to meet with him and pass on the views of Worcestershire GP's. Your feedback on the Darzi review would be most welcome and we can forward letters to him.

#### **WORCESTERSHIRE LMC WEBSITE**

There has been a lot of new guidance; press releases and posters etc on the website over the last month. Please click on the website link, documents and then items added in the last three months to have a look at those added.

[www.worcslmc.co.uk](http://www.worcslmc.co.uk)

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

**The next LMC meeting will be 13 March 2008**