

WORCESTERSHIRE LMC

NEWSLETTER

JULY 2006 EDITION

PMS EMPLOYERS SUPERANNUATION CONTRIBUTIONS

The LMC is pleased to report that to date two practices who appealed to the Family Health Services Appeals Authority in Harrogate have had their decisions returned, confirming the LMC longstanding view that the PCTs are liable to pay the full 14% employers superannuation contributions. We know that there are 17 other practices that either have or are in the process of appealing and those decisions should come through shortly. (We emailed practices last week to inform them of this). The LMC has formally written to the three finance departments sending them a copy of the Secretary's own practices decision, and asking formally whether they intend to honour their obligation to all practices. It is possible that they may choose not to do this, in which case, each practice will have to put in their appeal. We will keep you informed of developments.

The LMC is very pleased at this decision because we feel it re-affirms a principle that seems to have become rather lost recently within the NHS and that is a very simple principle that words mean what they say and that all of us need to honour contracts and stick to what is defined in the regulations. Nationally PCTs seem to be breaking the regulations left right and centre and this is not a route that we wish to condone, either for ourselves or our PCTs. In the "good old days of the red book", practices stuck very strongly to the regulations and we all knew exactly where we stood.

PRACTICE BASED COMMISSIONING

The LMC continued to discuss at length our feelings regarding PBC. There was a good debate on this matter at the last LMC meeting where reports were given on progress in various parts of the county. The LMC remains of the view that it is the role of this committee to encourage and support practices in their own schemes. It is not and should not be the LMCs role to set up a Practice Based Commissioning scheme and similarly the LMC would not wish to be directly involved in the running of any such consortium. However, the LMC does feel that there is great merit in the idea of a county wide consortium. There are perhaps a number of levels of which PBC can exist. At a practice level or a small consortium, there is scope for individual schemes or ideas that would allow practices to transfer work from secondary to primary care and most importantly the appropriate funding. Such schemes need to be done on a locality basis because service provision is different across the county, as are individual practices skills and aspirations. That obviously must be encouraged. However, the key part of Practice Based Commissioning is obviously the relationship between General Practice and the Acute Trust. It is very clear

that the three separate PCTs have not managed to really successfully commission with the Acute Trust. The LMC feels that small Practice Based Commissioning groups will have even less success. There are currently only two managers at the Acute Trust who deal with commissioning and they are not going to have the time, ability or patience to deal with commissioning from lots of little individual groups. It would only be possible to establish significant changes in referral patterns or processes if that applied to all the practices in the county. A county wide commissioning forum or grouping would perhaps have the clout to deal with these issues and the rest of us would inevitably be covered by the decisions made by this group. Surely it would be possible for the local and county wide schemes to co-exist under the same umbrella? The LMC has been looking at workings of similar groups across the country and is particularly focused on Avon's GPCare. You may care to look at the Website which is www.gpcare.org.uk. We are still trying to persuade one of their board to come and talk to us. We are also approaching other such organisations with a view to having a meeting in early September one evening where we can hear of the experience elsewhere and to start such a debate in this county. Again, this is not the LMC trying to take over, this is the LMC acting as a catalyst, to try and encourage debate among GPs in Worcestershire.

We are aware of work that is going on in the county and have some concerns at a number of levels. It is extremely worrying that practices appear to be signing up to PBC arrangements without having looked at their budgets. We are also concerned that it appears that apparently practices are looking at forming groupings without having taken legal advice on the implications of this, particularly the risk management aspect. In signing up to PBC a practice takes up to a certain degree of risk if the budget is overspent. How that works as a consortium needs to be defined in case the consortium splits up or there are disputes. This is a very serious business decision and needs to be taken in that light. One of the reasons why we feel a county wide limited company or limited partnership is advisable is to cover this area of risk management. This should not be underestimated.

We are disappointed that even at this late stage in the life of our three PCTs the discussions on PBC are still taking place at three different levels across the county. This is despite repeated attempts to avoid this. It is unfortunate and we all need to be careful that agreements made by the existing PCT perhaps will not be honoured in the long run by the PCT. There is no clear view yet how the new PCT will provide locality support. Furthermore we don't even know how many localities they will be able to support. For PBC to work effectively the PCTs will need to support the groupings in each area. A worry is that too many small groups will be impossible to support in the way that is necessary.

The existing DES is essentially nothing more than a toe in the water scheme and GPs should be looking to get involved at a very simple level in the first year. How this will proceed in the future will depend to some extent on what the Department of Health decide to do next year, but also whether practices start to develop experience and expertise that allows

them to take charge of the agenda. As we have stated before, a major concern is the advent of private companies looking to take over services. We are now aware of at least two such companies who are actively looking at taking on work in this county. The threat is there, it can only grow, we need to take action at an early stage if we are to protect the nature of general practice as it is now in Worcestershire. The LMC would very much welcome feedback from practices and individual GPs on this very important topic. As soon as we have details of our proposed meeting we will circulate them.

WORCESTERSHIRE LMC LIMITED

In this era of litigation and risk management, the LMC has taken the decision to establish a company limited by guarantee which will take on much of the work of the LMC. In discussion with BMA Law and the GPC lawyer, Shanee Baker we are establishing a limited liability company which will do much of the work of the LMC at cost for the existing LMC. This will have two benefits. The first is to dramatically reduce individual liability to members and perhaps most importantly, the offices of the LMC! And it will also reduce the risk of the cost of our Directors and Offices liability insurance. The statutory role of the LMC will obviously continue to be held by the LMC as will the collection of Levies. Frankly it will make no difference whatsoever to the work of the LMC other than slightly changing the letterheads. The cost of doing this is something to the order of £1,000 but the committee felt this would be good value for the future. We are aware that a number of LMCs in the country have already done this and the London wide LMCs have just started this process too. Once all the arrangements are formulated we will pass on details.

PCT MERGER

The LMC has been informed that the project for merging the PCTs is moving ahead and the transitional arrangements will be announced soon. The appointment of the new Chief Executive and Chairman will be announced on around the 4th August. If there is no substantive Chief Executive appointed then we will have an Acting Chief Executive working to establish a structure to the management team early on. It is clear that the Strategic Health Authority and the PCTs do not want Worcestershire to be in limbo any longer than is necessary and to start making decisions as soon as a Chairman and the Board is in place.

On the issue of the deficits we understand that Redditch and Bromsgrove PCT will be in balance but the other two PCTs will continue to have a significant deficit. They are working with the Strategic Health Authority on how to manage the unresolved deficits in this year and are hoping that it will be possible to achieve balance in the following year thanks to additional growth monies that have already been promised. It is not clear yet what the Strategic Health Authorities view will be on this and we are watching this area with interest. South Worcestershire PCT has backtracked on some of its proposals particularly regarding Evesham Community Hospital but obviously significant cuts in services are still being envisaged.

WORKING WITH THE NEW WORCESTERSHIRE PCT

The LMC is producing a policy statement which will detail both the role of the LMC and the areas we feel need to be tackled by the new PCT. It is obviously quite a large shopping list and will include the aspirations of the LMC. We are currently on its fourth draft and we hope to have this ready in time for our September LMC meeting to be passed on to our first meeting with the new Chairman and Chief Executive of the Worcestershire wide PCT. We very much welcome input from practices and GPs on this area. If anybody would like to have a look at the draft document and comment on this please contact the office who will be happy to email this to you. The greater ownership and input to the document the better. We are very keen to establish right from the start a good honest cooperative working relationship with the new PCT. Whilst we recognise our agendas may be different the LMC is keen to assert that in almost all these areas 'General Practitioners are the solution and not the problem!'

TARGETTED INSURANCE APPLICATION REQUESTS

It has been brought to the LMCs attention both locally and also on the LMC list server that a number of insurance companies have begun to send out letters to practices and appear to be trying to get round of the current ABI agreement. One particular one came from Nationwide Life Limited and was written to the Practice Manager requesting that a short form examination be completed by a practice nurse rather than the GP as they "appreciated the length of time these examinations" take and the time constraints on the GP. They were only going to pay £40 for this. Most interestingly the first page of the report looks like very basic medical information such as family history, list of medications, smoking and alcohol etc. Most worryingly however, the final paragraph states under a heading of general remarks "is there any other evidence medical or otherwise which you feel should be brought to our notice". The LMC feels that this is entirely inappropriate. The GPC has not supported the introduction of these targeted reports and there is therefore no fee agreement with the ABI. The LMC would remind practices that they are under no obligation to accept these requests and that it is for the practice to decide a) who does the report and b) what fee is charged. Certainly the LMC had real anxiety about practice nurses doing this work particularly where there is a section asking for assumptions and decisions to be made. There would obviously be significant comeback to the practice if relevant information was omitted and a claim was subsequently made. The LMC is very happy to advise practices on this area.

PNEUMOCOCCAL VACINATIONS IN CHILDHOOD IMMUNISATIONS

Details of the agreement reached with NHS employers on the introduction of the Pneumococcal vaccination were published by the CMO this week. GPs will be remunerated £15.02 per child for the delivery of the Pneumococcal vaccinations and the additional vaccination visit at 12 months to deliver the combined HIB and Meningitis C vaccine. This

will be introduced on the 4th September 2006 and details can be found on the CMO section of the DOH website.

DIABETES SURVEY

There seems to be growing concern nationally about the Health Care Commissions Diabetes Survey, particularly about third parties carrying out the survey and practices signing the honorary contract. We have been informed that the GPC lawyer is looking into the legalities and practicalities of this and guidance should be available shortly. The GPC was not shown a copy of the questionnaire before it was released and has been led to believe it was purely about the overall care of diabetes patients. The GPC was surprised to find that questions in relation to access had been inserted. The GPC advised us that the survey is not mandatory and practices who do not wish to participate, do not have to.

WORCESTERSHIRE SAFEGUARDING CHILDREN BOARD

The LMC has had a meeting with Adrienne Plunkett, the Board Manager who was concerned at the lack of information that seems to be getting through to practices. The LMC has agreed to distribute information from this new organisation and the following article was produced by her for our Newsletter:

WORCESTERSHIRE SAFEGUARDING CHILDREN BOARD

Local Safeguarding Children Boards were set up in April 2006 under the Children Act 2004, following the recommendations of the Laming Inquiry into the death of Victoria Climbié. LSCBs bring together senior managers from the key agencies with responsibility for promoting the welfare of children and young people (up to the age of 18 years) and for protecting them from abuse and neglect. These agencies include Health, Police, Children's Social Care, Education, Probation, Youth Offending Service, Learning and Skills Council, Community and Voluntary Sector, CAFCASS, NSPCC and the District Councils.

WSCB has a wide range of responsibilities including the development and review of policies and procedures to protect children, the provision of training for staff and volunteers and raising public awareness, as well as reviewing all child deaths in the county, including accidental deaths, to see if there are any lessons that can be learnt.

The priorities for WSCB's first year include the protection and support of those children who are living in households where there is domestic violence or who are experiencing bullying. Also making sure that organisations, whether they are statutory or voluntary, are operating safe recruitment and retention processes and that their staff are suitably trained in safeguarding children and young people. www.worcestershiresafeguarding.org.uk

Other recent developments include the introduction of the Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the

Children Act 2004, which came into force on 1st October 2005. This guidance places a responsibility on all agencies working with children and young people "to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children" and "that the services they contract out to others are provided having regard to that need". Also the third edition of Working Together to Safeguard Children (DfES) was published on 6th April 2006 and becomes operational on 1st October 2006. Both documents are accessible on the DFES Every Child Matters website.

WSCB is keen to establish closer links with GPs across the county. Two ways in which this could initially be achieved is through our training and the Safeguarding Networks. WSCB provides a range of training, from a one or two hour awareness raising session through to a more in depth study of abuse and neglect. This training is available to GPs and their staff. The Safeguarding Networks in the north and south of the county bring together representatives from a wide range of statutory and voluntary bodies with the aim of keeping members up to date on both national and local developments in safeguarding. They also provide a forum to raise any issues of concern about local practice and procedures. If such issues cannot be resolved at a local level, then they can be passed on to the Board for consideration. GP representation on the Networks would be very valuable. They both meet quarterly for two hours.

Any queries regarding the work of WSCB, particularly about training courses, or nominations for the Networks should be made to Adrienne Plunkett, Board Manager, 01905/752800, APlunkett@worcestershire.gov.uk.

(THERE WILL BE NO AUGUST LMC NEWSLETTER)

WORCESTERSHIRE LMC

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|------------------------|----------------------------|--|--|
| Non-Principals: | Dr J Pole
Dr N Burger | Practice Manager Group Representatives: | David Jago, Chairman South Worcs PM
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Local GPC Representative: Dr Grant Ingrams, gji@nhs.net

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

The next LMC meeting will be 14 September 2006