

# WORCESTERSHIRE LMC

## NEWSLETTER

JUNE 2006 EDITION

---

### **GPS ARE THE SOLUTION, NOT THE PROBLEM**

The LMC was recently made aware of a suggestion being touted around by Paul Bates the Acting Chief Executive of South Worcestershire PCT that as part of the PCTs forced cost savings program they were looking at the discretionary payments to GPs. The LMC sought an urgent meeting with him when he told us that this was still something that was being considered and no more than that. We made it very clear that the LMC would not accept such proposals. We pointed out that we are potentially the answer to many of the PCTs problems and certainly not the cause of these difficulties. To force GPs to take a pay cut to deal with the woes of the NHS is iniquitous. Many of the proposals that are being put in place to reduce costs will undoubtedly impinge on practices in South Worcestershire anyway and so the workload will go up. The whole of the new NHS agenda relies on the cooperation and goodwill of GPs. This is not the way to embark on this process and we hope that we have made this clear to Mr Bates. We will be watching developments with very great interest.

An underlying problem for the PCTs is the top slicing of their budgets. Each PCT has had its budget top sliced to create a deposit for the NHS bank. The PCT will receive 4% interest but doesn't know when it will get the money back. Trusts in debt can get a loan also at 4% interest. In addition to this South Worcestershire PCT uniquely of our three PCTs has had to lose £3.8m as part of the purchase parity adjustment which is part of the introduction of Payment by Results (we certainly don't understand this!). This means that the whole of Worcestershire has lost £23m and South Worcestershire £12.8m. The PCT is proposing that all developments will stop and they can only work with the six major priorities for the NHS in their local development plans. These are waiting times and access targets, Choose & Book, sexual health, reducing inequalities such as smoking cessation, cancer targets and MRSA. In South Worcestershire there are concerns that the rise in the growth of tertiary referrals and the costs involved and they are proposing to cut this increase in cost. How that will be achieved is another matter. The Mental Health Trust is having to cut costs by 5% and there is a 5% cut in provider services. This is only an issue for South Worcestershire PCT as they have major provider arms. To do this there will be a freeze on staff recruitment so any vacancies will be left unfilled and major proposals have been made to dramatically cut cottage hospital services, particularly at Evesham but also to close Pershore Hospital early and so there will be a gap in service provision before the new hospital is ready. They are also proposing to close the palliative care beds in Evesham and review a raft of services. Interestingly despite it being one of the targets there is a plan

to cut costs in sexual health services. Alarmingly the initial proposals included a cut in Out of Hours service costs of between £350,000 and £450,000!

It is the LMCs view that this decision by the Department of Health is unacceptable and inexplicable. The spin from the centre is that patient care will not suffer, that is quite clearly not the case in this county and obviously elsewhere. We cannot and will not support proposals that seriously affect patient care in the county. We have made our views public on this matter. We entirely understand the difficulties that the PCTs face. This problem is not of their making.

### **CONFERENCE SEASON**

At the time of sending out this Newsletter your representatives have just returned from the LMC Conference and are heading off to Belfast for the BMA's Annual Representative meeting. The Agenda for both these meetings is full of strongly worded motions deeply critical of current NHS policy. No doubt this will all be reported in the medical press. At the LMC Conference we were immediately made aware of the current climate with Dr Hamish Meldrum's introductory speech. It was a strongly worded determined speech which quite clearly stated that the GPC felt that they had been pushed to the limit and that no further concessions will be made over the new GP Contract. He particularly stressed that the GPC would insist on no further cuts in payment and no changes in QOF and would expect a cost of living increase next year. Similarly changes to the pension arrangements would be unacceptable. I think it was the most strongly worded conference speech that we have heard for years. Later in the conference Lord Warner, Minister of Health attended conference and gave a dismal speech which was received with quiet laughter in parts. He was obviously very irritated by this response and told us so. It left us in no doubt that he has little insight into what is really going on in the NHS and certainly is not prepared to listen. It did not fill us with any encouragement whatsoever. The message is that current policy is here to stay and will be pushed forcefully. The comments over Choose and Book and the NHS IT System were received particularly well by conference as you can imagine!

Later in the conference there was an interesting debate about the NHS IT policy. The Conference passed a motion stating that the GPC would advise that doctors and their families should not include their medical information and details on the central spine. There remains huge concerns about this whole area and particularly the issue of confidentiality. This action on behalf of the GPC will undoubtedly send a strong message to our patients.

### **GMC CONSULTATION**

The GMC is currently reviewing Good Medical Practice, the core guidelines for doctors. We would encourage GPs to get involved in this consultation online at <http://www.e-consultation.net/gmc>. The consultation period runs from the 12<sup>th</sup> June to the 24<sup>th</sup> July.

### **BROMSGROVE REPRESENTATIVE**

Sadly due to family commitments Dr Marion Radcliffe has had to resign from the LMC as one of the Bromsgrove Constituency Representatives. We are very grateful for Marion's contributions to the LMC over the years. It is very important that we continue to have representation from all over the patch and we would very much welcome a Bromsgrove GP coming forward to take her place. If anybody is at all interested please contact the Secretary who can discuss what's involved.

### **DRUG AND THERAPEUTICS BULLETIN**

You will have seen in the press that the Department of Health as part of its slashing of NHS costs has made the bizarre decision to stop paying for the Drug and Therapeutics Bulletin. It has been stated in the Media that the amount of money they will save is far less than the possible savings made by GPs adopting just one or two small issues from drug and therapeutics over the year and prescribing along the lines indicated in this very worthwhile document. There seems little chance of the government changing its view. We have written to the PCTs asking whether they may consider funding this as part of their prescribing services.

### **COLLABORATIVE SERVICES**

We contacted all practices recently with the somewhat bizarre news that the Doctors and Dentists Review Body has reported that in future all the Collaborative Arrangement fees will have to be set by individual practices. One of the PCTs have already contacted the LMC to ask if we would be prepared to do this and we have been strongly advised by the GPC lawyers that we must not take part in these negotiations and that they must be done by individual practices. We would encourage everybody to set their own scale of fees and give three months notice to the PCT of what they will be for the future. If you haven't seen our advice documents please contact the LMC office.

### **PRACTICE BASED COMMISSIONING**

At the last LMC meeting there was further discussion on how we feel GPs should take this forward. What is clear is that the current DES is a most unattractive and uninteresting scheme. At best it's a toe in the water to encourage people to begin to look at Practice Based Commissioning. However, looking further ahead Practice Based Commissioning is a way of safeguarding and enhancing our own practices and resisting the encroachment of alternative providers into primary care in Worcestershire. The LMC believes that it is our role to be a catalyst to try and encourage this to happen but this is obviously not a function of the LMC. As we have already indicated other areas are looking at forming companies and we believe that this is the model that we should be looking at in Worcestershire to take things forward. The LMC believes there is a place in Worcestershire for a county wide organisation run by GPs that would be able to prepare bids to provide services, for example, Practice Based Commissioning and APMS. The LMC believes that the population this would cover and the number of GPs involved will be likely to reduce legal costs, financial costs,

protect patient care and GP interest. It has been proposed that a Limited Company is established. The Directors may include GPs interested in PBC or who have relevant experience, GP PEC members and LMC representatives. The LMC would like to hear from those GPs who feel that they may be interested in being involved preferably by the end of July. Models that are being used elsewhere are being examined and a meeting is being proposed. Again we stress that the LMC itself could not be such an organisation. We have had discussions with Avon GP which is an organisation now representing 90 practices. We had hoped that one of their representatives might come to talk to us but they have declined our invitation. However they are sending us some information which we will distribute to practices as soon as it arrives. They have used the route of forming a Limited Liability Partnership but elsewhere people seem to be looking at the Limited Company route. We have had discussions with the GPC legal department who will be happy to advise us on this.

The LMC is aware of individual practices being asked to sign contracts relating to PBC. The Committee would like to remind GPs about the dangers of signing a contract without full and proper legal advice. PMS practices are disputing payments such as superannuation and practices threatened by withdrawal of discretionary funding such as maternity locum reimbursements should be acutely aware just how important this is. If a number of different practices are being asked to sign similar contracts then you should consider grouping together to take legal advice and coordinate your response to the proposals. A county wide organisation might provide an appropriate mechanism.

In the future there are likely to be more than one organisation of GPs involved in PBC or APMS within the county, the LMC believes that they may happily coexist. Models elsewhere where agreements appear to have been made not to compete against groups of local GPs to provide the same services. The LMC is aware that various consortiums are forming around the county and that it may be that people choose to have separate consortia for their localities. However we are mindful of two issues, firstly that advice elsewhere is suggesting that between 120,000 and 150,000 patients is the minimum number required to minimise budgetary risks. Secondly more importantly is the difficulty of commissioning services from the Acute Trust. It is fairly clear that three PCTs have tried to commission from the Acute Trust in slightly different ways and this has not proved particularly successful. We are advised that there are only two managers at the Acute Trust who deal with Commissioning and it simply looks impractical for a number of separate consortia around the county to try and negotiate separate arrangements with the Acute Trust. This would have to be done on block for the whole of Worcestershire. That doesn't mean to say that individual variations could not be agreed to meet local need and circumstance.

We feel that this is something that needs to be taken forward reasonably soon and we would very much welcome comments regarding the proposal. We have already heard from a

number of people around the county who are working already in this area and we would be grateful for further input both positive and negative. As ideas are firmed up it may well be appropriate for us to organise a county wide meeting on this issue.

There are some useful documents available from the GPC entitled Practice Based Commissioning: The Commissioning Plan and an Agreement with the PCT along with Practice Based Commissioning: Division of Freed up Resources, GPC Guidance April 2006 and finally Alternative Provider Medical Services (APMS) April 2006. You will find all these documents on our website.

### **CPD TRAINERS GRANT 2005-2006**

Following representation by Grant Ingrams our GPC rep the GPC has had confirmation that the West Midlands Deanery has agreed to pay in full the CPD Trainers Grant. The Review Body set the figure at £750 but the Deanery was suggesting that as they received a set amount of money and the number of trainers had increased they would decrease the payment pro rata. They are not entitled to do this as the Review Body had set a definitive figure. Practices hopefully will be receiving notification of how to apply for this money shortly.

### **CIVIL AND PUBLIC SERVICE COMMITTEE OF THE BMA**

There are two seats on this committee for part time prison doctors, more commonly known as GPs employed by HM Prison Service. Presently seats are vacant and GPs working within the prison service are not being adequately represented as a result. If there is anybody in the county who does this work and would be interested in involvement on the committee please contact David Algie, Senior Policy Executive on 020 7383 6158. The committee meets in London three times a year on a Wednesday afternoon.

### **NEW GUIDANCE**

There have been some changes to the business rules for QOF, they can be accessed at the following link - version 8.5 [www.primarycarecontracting.nhs.uk/145.php](http://www.primarycarecontracting.nhs.uk/145.php). The GPC has revised the guidance on overseas visitors who is eligible on NHS treatment and this is available from the GPC website or on our website. We have been informed from the Department of Health that changes to the regulations to the Changes to the Misuse of Drugs will come into force shortly. These are available at:

Misuse of Drugs Regulations 2006

<http://www.worcslmc.co.uk/Docs/MisuseofDrugsRegulations2006.doc>

Misuse of Drugs Regulations 2006 Explanatory Memorandum

<http://www.worcslmc.co.uk/Docs/MisuseofDrugsRegulations2006ExplanatoryMemoradun.doc>

c

## **MUSIC IN WAITING ROOMS AND ON TELEPHONE LINES ON HOLD**

We have been informed that the Performing Rights Society has conducted a campaign targeting GPs and doctors surgeries without a PRS licence ([www.prs.co.uk/health](http://www.prs.co.uk/health)). Some of you may not be aware that we require licences from two organisations to play music within your practices: PRS and PPL (see below). You need to be licensed even if the music is on TV and you have purchased a TV licence.

The most obvious situations requiring a licence are:

- background music in waiting rooms
- music when a phone call is on hold

Another LMC contacted the PRS because their website was not easy to use and did not appear to be complete. They suggested that practices phone for a quote on 0800 534 1000. There is a downloadable file on Music on Hold, see:

<http://www.prs.co.uk/DocsRepository/4184/MusicOnHold.pdf> but there doesn't seem to be a waiting room equivalent.

It's complicated to explain: they have over 40 tariffs but basically:

- If you are already playing music in the waiting room you will need to pay a higher charge for the first year and then a standard charge for subsequent years.
- If you are not playing music but are going to in the near future...you will be charged at the standard rate.
- The tariff also varies depending on the number of seats in the waiting room and phone lines
- If you are using a CD player as well as a TV/radio the number of seats included in the fee reduces
- Any extra seats incur an extra charge!!

### **Please note the PRS is not the only licence practices need**

Another license is needed from PPL (Phonographic Performance Limited)

Tel: 0207 534 1000 (ask for the licensing dept.)

Website: [www.ppluk.com](http://www.ppluk.com)

The licence money paid to PPL goes to record companies and performers.

The licence money paid to PRS goes to composers and publishers.

The PPL site is easier to use than the PRS

Click the speaker (top left of home page)

Playing music in public

How to obtain a PPL licence

Doctor

Background Music - Telephone Music On Hold

Background Music - Waiting Rooms/Reception Areas

