

WORCESTERSHIRE LMC

NEWSLETTER

MARCH 2006 EDITION

PRACTICE BASED COMMISSIONING

By the time you get this newsletter the meeting on the 22nd at Worcester Rugby Club will have taken place and hopefully we will have much more of an idea of what this really means for practices. Quite a lot of guidance is being produced and all this is available on our website. Hopefully it should be possible to create simple schemes that will allow every practice to sign up and receive the DES payments without burdening them with a great deal of work and perhaps just as importantly risk. Obviously the concern is that the DES is a one year scheme and it would be difficult to withdraw from this as Practice Based Commissioning takes off. The debate continues locally and nationally.

LOCAL ENHANCED SERVICES 2006-07

The LMC is increasingly concerned about what will happen to our local LES's. There are three different sets of arrangements for each of the PCTs and what will happen to these when the PCTs merge is anybody's guess. However it is clear that the financial crisis in the NHS is going to hit these and we were dismayed to find that South Worcestershire PCT have already cancelled their commissioning LES for next year without any prior consultation with the LMC. They didn't even have the decency to inform us of their decision! The LMC has already protested about this. Redditch and Bromsgrove PCT have indicated that there will be no development next year of any new schemes and are proposing to abandon their Nursing Home LES. They are not even proposing to meet their minimum expenditure floor to use the surplus money to pay for the new DES schemes. We are currently seeking guidance about this. This will be discussed further at the next LMC meeting.

NEW GMS AND READ CODES

Practices have been asking when the hard copies of the revised contract details are to be published. We understand that the DOH is revising the text and will be producing them and sending them out in due course. The new set of Read Codes for the QOF will be issued in April. Connecting for Health is currently working on them and they will be with the April Read Code release. It is unlikely that QMAS will be updated until at least August. How quickly the suppliers manage to upgrade their own software will be up to them but may be determined by how much pressure they get from practices. For example EMIS have only just made the September 2005 changes. It may be worth practices encouraging action from their individual suppliers.

NEW INFORMATION FROM THE GPC

All of this is either included on our website or is there with a link. There is a useful guidance document from the GPC on Partnership Agreements that perhaps every practice should review to see if any changes need to be made to their existing practice agreement (<http://www.worcslmc.co.uk/Docs/PartnershipAgreements-February2006.doc>). There is a very helpful document entitled 'The financial implications of increasing list size' which may be an issue that practices need to look at particularly if the open but closed loophole is closed.

(<http://www.worcslmc.co.uk/Docs/Financialimplicationsofincreasinglistsize-Feb2006.doc>)

Guidance on non GMS contracting arrangements for 2006/07 (DOH website, gateway reference 6287) has been produced and details arrangements for PMS contracts in future. This will apply to all PMS practices and is something you should consider as no doubt we will be hearing from PCTs shortly on this matter. It is the Departments intention to issue directions to PCTs requiring them to review the financial provisions within all their PMS agreements at the earliest opportunity with the specific aim of constraining the costs of such agreements. The guidance sets out to assist PCTs reviewing these financial arrangements and seeking to constrain payments made under these contacts so that future investment from 1406 is consistent with the changes introduced to contractors providing equivalent services under a GMS contract. The LMC has tried to persuade for many months all three of our PCTs to move to the standard Lockharts Contract. This may again be an opportunity to use this development. We will be watching this with particular interest over the coming weeks.

The GPC has produced guidance for practices on Agenda for Change and this is on our website. Another document on the website relates to the use of Controlled Drugs and a link is included for your information -

<http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/ControlledDrugs/fs/en>

An updated list of all the GPC guidance documents can now be found on the website at:

<http://www.worcslmc.co.uk/Docs/ALLGUIDANCEONGPCWEBSITE-Final1.doc>

Finally the Cabinet Office has produced a document entitled 'Making a Difference; safe and secure data sharing between health and adult social care staff'. It may not at first sound like an exciting document but it is interesting that right at the beginning it states that there is a presumption agreed by the Law Society; the Association of British Insurers and the Association of Personal Injury Lawyers that subject to the expert witnesses view, no patient records will be requested for claims below £10,000. That may finally do something to ease the burden of requests for copies of patient notes. I'm sure our staff will be delighted. (http://www.cabinetoffice.gov.uk/regulation/documents/mad/data_sharing.pdf).

VAT AND DISPENSING DOCTORS

The GPC has advised us they are aware that some financial advisers are encouraging dispensing doctors to backdate their registration for VAT in order to make backdated claims on VAT reimbursement. This would result in them receiving double payments on their VAT costs because up until the 1st April this year all dispensing doctors were entitled to receive an allowance in lieu of their VAT costs on the drugs they dispense, providing they were not registered for VAT. The GPC has advised us that they do not and will not condone the behaviour of any practice that attempts to profit in this way. A statement is being published through the Department of Health, NHS Employers and GPC websites and sent to all dispensing contractors. This makes it clear that if a dispensing doctor obtains a backdated VAT registration he will have reopened the question of his entitlement to any VAT allowances that were paid to him by the NHS. The Department will require PCTs to pursue recovery of total amounts for allowances incorrectly paid, even where they exceed any VAT refund claim from HM Revenue and Customs. The LMC felt it appropriate to point this out to dispensing practices and would advise great caution and the need to seek expert advice in how to handle VAT registration and its management.

MIDLAND SOUTH CAPACITY MANAGEMENT SYSTEM

The Ambulance Trust asked if they could come to the LMC to talk about Capacity Planning. We were greatly surprised to find that what they proposed to the LMC appears to be a very helpful system for GPs to access emergency care for our patients. Some documentation was given to us and we have put this on our website. What is being developed is a scheme whereby practices can either ring one number or log onto a website and transfer all patient information directly to the Ambulance Trust who will then send it to the Acute Trust. One call will be enough to send a patient to hospital. Members of the LMC questioned the Project Manager in detail about this scheme and at the end felt this seemed very worthwhile and frankly we were pleasantly surprised that somebody had come along to the LMC with a scheme that was both workable and understanding of the needs of GPs. Further information will be produced in due course and the LMC look forward to its implementation. Subject to PCT financial approval this is likely to be in the autumn of 2006.

ANNUAL CONFERENCE OF LMCs

Four members of the committee will be going to London for the LMC Conference on the 15th and 16th June. The closing date for submissions of motions is the 18th April. These will be discussed at our meeting on the 6th April. If there are any burning issues that you would like to be raised at our National Forum please will you approach the Secretary as soon as possible.

REVIEWING THE WORK OF THE LMC AND LMC LEVY 2006/07

At the last two meetings the committee has been reviewing our structure and work with a view to producing our business plan for the coming year. In the last few months we have

begun the process to develop better links with GP registrars and Practice Manager Groups. We are currently piloting this by having representatives from the South Worcestershire Practice Managers group attending LMC meetings. If this proves successful we would like to roll this out to the other Practice Manager groups. We see this as an important way of sharing information and maintaining unity in primary care. Increasingly there will be a threat to practices from outside commercial organisations and there is a feeling that divide and rule is now "NHS management policy". The more that we cooperate and share information the better for everyone. We will report back in due course how this is developed.

Sadly our attempt to engage with the Acute Trust once again seems to have achieved nothing. Representatives came to our meeting, lots of useful discussion and suggestions were made but we have had no feedback. Maybe PBC will provide a lever that practices can effectively use to pursue change and better working with the Acute Trust. It remains of great concern to the LMC on the lack of engagement between ordinary General Practitioners and the Acute Trust. This undoubtedly has a detrimental effect to the care of our patients.

Michelle Hallahan's appointment to the LMC as our administrator has seen huge improvements to our IT. We have recently gone paperless with regard to LMC meetings, sending out all our paperwork to members by email, not all of whom coped with this! We hope to continue to improve communication and be able to email documents and newsletters etc direct to practices. If you haven't sent your email contact details to the LMC please do so and we will add them to your database. We hope that you feel that our website has been a real improvement to the services of the LMC and encourage you all to look at this regularly. As always the LMC very much welcomes feedback from GPs. The LMC is paid for by you to look after your interests. Please tell us how you think we are doing. Any GP is more than welcome to attend an LMC meeting and see what goes on. In the coming year we hope to begin to forge much better working relationships with the new county wide PCT and will be looking to invite regular attendance at the LMC meeting by the Chief Executive, directors or other non executives of the PCT. A significant unknown cost for the LMC in the coming year is national insurance and tax as the regulations on honoraria have changed and the LMC is waiting for detailed guidance from the GPC. This could have an initial significant cost for the committee. Otherwise we have budgeted on a modest increase in expenses and so we propose to increase the LMC annual levy from currently 23.04 pence per patient to 26.75 pence per patient. We are very grateful that every practice in Worcestershire has a mandate for the two levies (combined and statutory) and so the PCT will claim this money in the usual way from the 1st April.

Traditionally this LMC has supported some of the secretarial and administrative costs of the GP Associations in the county. We reviewed this at the last meeting and it was felt this was something the committee would continue to do. The funding will remain at the existing

0.5 pence per patient per annum. The LMC believes it is very important to retain some sort of locality focus and that this may become increasingly important with a county wide PCT.

PCT RECONFIGURATION

The LMC has formally responded to the consultation exercise on the PCT reconfiguration. The committee has supported the move to a unified Worcestershire PCT. However, we feel this exercise has been a somewhat cynical one and frankly a waste of public money. It is quite clear to everyone that the decision to do this was made some months ago. However, there are a number of areas of concern that we have passed on to the Chief Executive of the Strategic Health Authority who is heading up the consultation exercise. We feel it is very important to retain a locality focus around the patch and have made some suggestions on this. We worry about how the existing LES schemes for the three PCTs will be brought together in the new unified PCT. The LMC is working closely with Laurence Tennant who is heading up the Project Board for the PCT merger. Finally we have sought information on what kind of PEC will exist in the new PCTs. There is still no view on this although it has been suggested that the new PEC may only have one GP representative on it. If that is the case we wonder whether there should be a Non-Executive Director appointed for each locality and they should be on the board. The LMC will be watching developments with interest.

GPC ELECTIONS

By now you should all have received voting papers for the GPC election for our constituency (Herefordshire, Worcester, Warwickshire and Coventry). Three GPs are standing, Dr Canale-Parola, Dr Ingrams, and Dr Jones. We have included an election message from each of them on our website, the links are below.

Dr Canale-Parola:-

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

Dr Ingrams: - <http://www.worcslmc.co.uk/Docs/GrantIngrams-ElectionAddress.pdf>

Dr Jones:- <http://www.worcslmc.co.uk/Docs/TrevorJonesElectionAddress.doc>

MAKE SURE YOU VOTE FOR YOUR GPC REP!

PMS EMPLOYERS SUPERANNUATION

Further to the last newsletter we are advised that in the event of a written refusal from a PCT to a practice the only option is to go to the FHSAA and lodge an appeal. Their website tells you how. PCT's are not bound by an individual appeal to apply the ruling to other practices although they may choose to do so. Please inform the LMC if you do appeal.

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

The next LMC meeting will be 6 April 2006