

# WORCESTERSHIRE LMC

## NEWSLETTER

MAY 2006 EDITION

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### **PCT MERGER**

By now I suspect you have heard that the Secretary of State has confirmed the decision to merge our three PCTs into a Worcestershire wide PCT. Similarly our Ambulance Trust is to be merged into West Midlands Ambulance Trust. We are informed that the process of selection of a Chief Executive will be done on a regional basis. Applicants will be assessed by an assessment centre and people who are considered appropriate will be put in a pool and can then apply for a number of positions before short listing and local selection. It is anticipated that this will be completed by the end of July. Hopefully by the beginning of August a Chairman and Chief Executive will be in post who will then work on appointing all board members and the other directors. If nobody is selected on the first round this will go out to a national process. Directors of Public Health are being appointed on a national basis. It is possible that they key players will not all be in place until February. The LMC has been greatly concerned at the level of inertia in the system over the last few months and also the inability of our three PCTs to effectively work together on a number of key issues. We very much hope now that this decision is taken things can get going. Worcestershire is certainly behind on a number of issues.

### **CHANGES TO THE STATEMENT OF FINANCIAL ENTITLEMENT 2006** **PERSONAL ADMINISTRATION OF ADMINISTERED ITEMS**

The arrangements have changed as a result of the change to dispensing arrangements generally. The on cost and retainer allowance has gone but the dispensing fee has been enhanced. Practices need to be aware of this change which will have an impact on their finances. The detailed guidance is available on our website at:

<http://www.worcslmc.co.uk/Docs/PersonalAdministration-changesundertheSFE2006.doc>

On a related matter the LMC has had discussions with Pfizer Pharmaceuticals who are keen to sponsor a meeting to look at the VAT implications of dispensing. Dispensing representatives have put together a list of issues and we are looking for a date early in the summer when an outside consultancy firm will put on a presentation with advice for dispensing doctors. As soon as details are through we will notify you.

The PPA has produced new guidance on dispensing endorsements, apparently with no prior discussion. This is also now on our website at:

<http://www.worcslmc.co.uk/Docs/DispensingDoctorendorsingguidance2006final.doc>

## **OUT OF HOURS**

Dr Ben McCaffrey, the Clinical Director of the Out of Hours Service came to the last LMC meeting and gave us an update of the developments taking place and answered questions. There remains a real concern about current arrangements, but they are working to significantly improve and speed up the triage process and are considering using a central call centre. Anecdotally we hear patients having to wait a long time to be seen and continue to have real difficulties getting through on the telephone. If practices have particular concerns of clinical incidents then Dr McCaffrey is very keen to hear of these, the practice should contact him directly with cases which give them concern. The LMC particularly raised a couple of issues with him, firstly our ongoing anxieties that District Nurses currently have to use the patient line to ring through with requests for information, advice or medication. A change is taking place in the triage arrangements which hopefully will improve this but the current policy seems very unsatisfactory and unhelpful to our District Nursing colleagues. The LMC is also concerned about the issue of Out of Hours dentistry. There is no longer any Out of Hours Dentistry whatsoever but dental practice answer phones have the Out of Hours number on as they have been contracted by the PCT to provide Out of Hours dental cover. In view of the fact that GPs have been trying to avoid providing Out of Hours dental services one wonders whether this is a very sensible policy. Of more concern is the fact that dental practices can close at 5.00 pm and so between 5.00 and 6.30 pm patients are ringing the Out of Hours number to be told that this is not available and they should ring practices. Already practices are receiving requests. Our advice to practices is they should advise the patients to wait until the Out of Hours Service is available as they are contracted to provide the dental cover not GPs. This has been brought to the attention of the PCTs. GP's are being put at risk by being pressurised into providing care for which they are untrained and ill equipped.

## **PRACTICE BASED COMMISSIONING**

A very useful document has been produced by the Secretariat of Wessex LMC and is available on our website at. It gives a very good review of current NHS policy. The LMC is concerned that our three PCTs have still not made an agreement amongst themselves on how to take Practice Based Commissioning forward. The LMC has been asking for a county wide meeting for months. Work is taking place in various localities on how to make some progress on Practice Based Commissioning. Many people are taking a pragmatic view of this and feel that in some way or other GPs will need to be involved. It is very much central to Government policy and so it is hard to see this one going away. The LMC continues to press for a county wide approach to PBC. We are also concerned that the budgets have not yet been agreed and so practices have not had sight of any of the financial implications. It is very clear that if PBC is to succeed PCTs will have to work much harder with practices. The idea that commissioning will devolve to practices is simply not tenable. The PCTs will need to commit staff and resources to new arrangements if PBC is to take off. The LMC remains with the view that the current DES is a toe in the water scheme and will develop in coming

years. Elsewhere schemes and arrangements are now in place and it is sad once again that Worcestershire is being left alone.

When Dr Laurence Buckman came to meet with Worcestershire GPs he gave a very interesting discussion about how PBC might develop. That changed the view of some people present and gave a very different perspective on how to look at Practice Based Commissioning. The LMC is very keen to pursue some of the ideas he put forward and this is going to be discussed at our next LMC meeting. We would very much welcome the thoughts of GPs before this meeting and indeed if people want to come to the first part of the LMC meeting they are very welcome to attend. Dr Buckman's view, endorsed by an increasing number of people is that the way forward for Practice Based Commissioning is for GPs to take charge of this and to set the agenda. It is suggested that in an area like ours we form a limited company with all Worcestershire practices included. This would give us huge clout, particularly with the Acute Trust who would have no option but to deal with us. Individual practices will have real difficulty trying to make changes in commissioning just for their small number of patients. In addition this company would be limited by guarantee and the risks to the budgets would be minimised by having large number of practices involved. Advisers are saying that PBC should cover groups of more than 120,000 patients. Smaller groups are greatly at risk of fluctuations in costs or high cost patients affecting their annual expenditure. Another advantage of a large group like this is that it brings everybody into the "club". Practices who are not particularly keen on this could simply join in and follow the company line with referrals and management but enthusiasts can be allowed to develop their own particularly areas within the fold. Such an organisation may at last be able to divert resources from Secondary Care to Primary Care. This can be done by commissioning work ourselves or on behalf of ourselves.

Finally and perhaps most importantly for the future is the worry about APMS. Increasingly the private sector is looking at aspects of General Practice to take over and although we are not yet at risk, undoubtedly this will spread to Worcestershire. Apparently a particular area that they would like to get their hands on is diagnostics. Surely a GP company for Worcestershire would be able to commission these services, either for ourselves or by ourselves and provide significantly improved care for our patients and resist the charms of APMS.

Avon have a county wide limited liability partnership called GP Care which was set up last year, 90 of the 149 practices are included. We sought the information from them; this may be quite a useful model to look at.

As we said the LMC feels that this is a very worthwhile thing to investigate and we have put feelers out amongst other LMCs for advice and guidance on how to take this forward. The GPC is also working on this. We understand that Cleveland has made real progress along these lines and we have made contact with them. We hope to have a lot more

information available for the next LMC meeting and any of you who are keen to be involved are very welcome to attend.

### **IT MATTERS**

Dr Richard Kinsman represents the LMC on the county wide IT Group. Any particular IT matters should be fed back to the LMC office and he will raise them on our behalf at this group. There does seem to be a willingness to look sensibly at GP IT matters. We also would advise practices to look to moving to the NHS net for their emails. It is a much more reliable service as many of us have found who have already made the changes.

The GP Systems of Choice: NHS Briefing. The latest document has seen a further change in policy which now suggests that GPs may move to the GP clinical system offered by their local service provider or keep their existing GP clinical system undergoing upgrades as they become available under GP Systems of Choice. They can alternatively move to another existing GP supplier's clinical system. A briefing document is available at <http://www.connectingforhealth.nhs.uk/gpsoc>.

### **FREEDOM OF INFORMATION ACT**

The Information Commissioner has decided to extend the lifetimes of current Publications Schemes by at least 2 years. This will mean that there will not be a requirement for practices to rewrite their schemes and submit them for approval by October of this year. There remains a requirement for practices to keep their existing schemes up to date and notify the Information Commissioner of any changes or deletions to them.

### **WORCESTERSHIRE SAFEGUARDING CHILDREN BOARD**

This new organisation set up by Social Services has started to produce practice guidance and information on existing protocols. The LMC has made contact and has commented on a number of papers they have produced. We are hoping to organise a meeting shortly on how to disseminate information on best practices to GP's but also to ensure that the protocols are workable. We would welcome feedback from practices with any concerns or comments about the existing system in Worcestershire.

### **£750 TRAINERS GRANT**

At the last LMC meeting we discussed the continued non-payment of the £750 CPD grant that the Review Body awarded to GP trainers for 2005-2006. In the West Midlands region the number of trainers was actually higher than some budgeted for and it was suggested that doctors would receive the reduced amount. The award was made by the Review Body, it is a national award and is non negotiable. This has been taken up at the last GPC meeting and they have written to the Department of Health formally on our behalf. We are awaiting a response.

# **WORCESTERSHIRE LMC**

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

**The next LMC meeting will be 8 June 2006**