

WORCESTERSHIRE LMC

NEWSLETTER

NOVEMBER 2006 EDITION

WORCESTERSHIRE PCT

Gradually our new PCT is taking shape and the LMC Officers were pleased to have our first formal meeting with Paul Bates, our new Chief Executive along with Dr Bryan Smith our new Chairman. We had a very productive discussion around the function and form of the new PCT and particularly how it will relate to the Local Medical Committee. Discussion is taking place both locally and nationally on the structure of PEC's. We understand that new guidance is out shortly on this matter. Paul Bates has had some interesting ideas about structure for the new PCT and this is going to be discussed at the first Board meeting. At the last LMC meeting Paul Bates came to meet members of the committee in his capacity as the new Chief Executive and discussed these matters with members. The Committee were supportive of the proposals he is making and as we indicated to him we hope to have a much better open working relationship with the new PCT than we have had in the past with their predecessors.

It is quite clear that the new PCT will be a very different organisation to its predecessors. For a start Worcestershire PCT is one of the biggest in the country. It has a huge budget, employs a large number of staff and will have overall reduced management capacity. Obviously the PCT for the foreseeable future will retain a large provider role but obviously commissioning is its major function and so how it will relate to and encourage and develop Practice Based Commissioning is a key matter. The Department of Health is starting to look in detail at performance and has collated figures relating to GP Performance in a whole range of areas and this will need to be reviewed and discussed in due course.

For various reasons the PCT has been late to appoint its Non-Executive Directors and the interviews for these posts are only currently starting. The LMC does regret that very few of our local non-executives will be staying in Worcestershire as they all seem to have got posts elsewhere. Although bringing in fresh blood to the PCT can be seen as an opportunity it is worrying that there will be a great deal of lack of local knowledge and particularly the history of why various things are the way they are in Worcestershire. Once again the LMC feels like the only stable rock in a turbulent sea. Hopefully if people will listen to us we will be able to explain why anomalies exist and what particular problems there have been that have never really been solved in Worcestershire. The new non-executives will be on a steep

learning curve. The LMC will do its best to work with them and support them in their various tasks.

GP APPRAISAL

The LMC has made representation to Paul Bates about his decision for South Worcestershire PCT to postpone all GP Appraisal for six months. Regrettably he has decided to maintain that decision which leaves the bizarre situation of appraisal continuing in two thirds of the county. However, he has realised that practices in the south had been levied from their global sum an amount for GP Appraisal which was then returned once appraisal has taken place. This means that the PCT does owe some amounts to practices. We understand the PCT is now looking at this to resolve this particularly anomaly. We understand that the new PCT will be drawing up plans for appraisal for 2007-08 and beyond and that this will be discussed with the LMC in due course.

CPD FUNDING FOR GP TRAINERS

You will recall that last year the Review Body awarded a £750 allowance to trainers for their CPD. We understand that a similar sum has been made available for this year. Trainers should hopefully be hearing from the Deanery about this in due course. If anybody has yet to claim last year's money they should contact Dr Schrieber as soon as possible.

GPC GUIDANCE

We have circulated to all practices the GPC Focus document we received on the Patient Experience Survey, available on the GPC website and our own. Another interesting Focus document has been produced on "Excessive Prescribing". It is clear that this is an area that both the Department of Health and the PCT are going to be looking at closely and practices should look at this particularly if their prescribing costs are significantly out of line with their locality, for whatever reason.

DIABETES CARE

A debate is starting in the county about diabetes care. A meeting was called some time ago for interested GPs to discuss with clinicians looking at changing the provision of service. In the meantime one of the Consultants apparently started to routinely discharge Type II patients who were stable on insulin back to general practice. This was brought to the attention of the LMC and an LMC representative attended the first meeting. It is clear that this is quite a major issue and we have brought this to the attention of the PCT as we believe how this is sorted out will set a very significant precedent for the future. Quite clearly hospital based diabetic services in Worcestershire are inadequate. They wish to transfer many patients back to Primary Care which will allow them to spend more time with the patients they believe they can help most. The impression that is being given is that

this transfer of patients will release funding which will be available for primary care services. Experience elsewhere suggests this is not necessarily the case and what will happen is that the gaps in the clinics will be filled with the Type I patients who have not been getting the service they deserve. In effect the service will see their existing patients more and cost just the same amount. This then leaves General Practice mopping up the work with no additional funding. We all know that as "dumping" and this is something the LMC is very keen to avoid. The issue of how additional care for diabetics in the community is provided and funded is crucial. We should also recognise that there is an issue of clinical safety here. There are undoubtedly many GPs and their practices that have an interest and expertise in diabetes that would be more than capable of looking after these patients. There may well also be a significant number of practices who do not feel at present either they have the time, resources or more importantly the clinical skill to look after these patients. So perhaps what is needed is actually not a two tier system but a three tier system. Sadly in secondary care and indeed possibly at the PCT there seems to be the misapprehension that the QOF payments cover this work. The LMC seems to have to continually remind people that the QOF payments were part of our pay rise and did not actually represent significant new money for new care. Certainly we cannot agree with the suggestion that QOF payments include resources for taking on this particular additional work.

As we have already stated the LMC believes this is an important area that does need to be resolved in a satisfactory way. If the new PCT and the Acute Trust can work together to take this forward that will set a very useful precedent for the future. The LMC will be watching this area with great interest.

WORCESTERSHIRE LMC LTD

Our work towards creating a limited company for the LMC is moving on and final documentation is almost ready. This will shortly go onto our website. We have been working closely with BMA Law who are now making the appropriate registrations at Company House. Basically in future Worcestershire LMC will remain as a Statutory Body collecting the levy and meeting once a year simply to manage levy payments. The members and officers of the LMC will be the same members and directors of the limited company. All the activity of the LMC other than levy collection will be transferred to Worcestershire LMC Ltd who will provide the same excellent service that they currently do now! The only difference that people will notice is the different name on our website, emails and stationery. That is the only difference it makes for anybody other than the fact that the company will have limited liability status and this will offer significant protection for anybody doing work on behalf of the LMC. In the long run it will also greatly reduce our insurance costs. Several LMCs have already taken this step and we understand a similar process is currently being undertaken by the London wide LMCs. Worcestershire LMC and the Limited Company will both have an Annual General

Meeting to which anybody is free to attend. You will all be notified formally in due course.

NEXT LMC MEETING

The date of the next LMC meeting has been changed to Wednesday, 13th December and Dr Bryan Smith, the new PCT Chairman hopes to attend. The first part of our meeting is an open meeting so if anybody would like to come along they are very welcome to be present.

URGENT CARE - A DIRECTION OF TRAVEL

The Department of Health under the auspices of Lord Warner has produced an interesting document entitled "Direction of Travel for Urgent Care: a discussion document". This is available on the DOH website and is Gateway Reference 7071. This was first brought to our attention by Dr Ben McCaffrey, the Out of Hours Medical Director who has some real anxieties about the document. It has been circulated to all LMC members. The closing date for comment is not until January so we will discuss this at the next LMC meeting. It may well be worth each practice printing out a copy and having a look at this as potentially it has real implications for General Practice. As you will have seen from the GP press Lord Warner is making all sorts of interesting comments, threats and suggestions that will most definitely affect General Practice if they are implemented. We need to watch these proposals carefully and feed back our thoughts to the GPC. We very much welcome comments from practices.

WORCESTERSHIRE LMC WEBSITE

The following information has been put on the website in the last month:

Focus on Excessive Prescribing - Nov 06:

<http://www.worcslmc.co.uk/Docs/Focusonexcessiveprescribing-November2006.doc>

Focus on Patient Experience Survey - Oct 06:

<http://www.worcslmc.co.uk/Docs/FocusonPESOctober2006-final.doc>

Opting out of the GP Patient Survey - Oct 06:

<http://www.worcslmc.co.uk/Docs/PESopt-outsOct06.doc>

Payment by results in 2007-08 National tariff (link to DOH website for downloads):

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4140197&chk=9QeNwB

The Statement of Financial Entitlements (Amendment No. 6) Directions 2006:

<http://www.worcslmc.co.uk/Docs/TheStatementofFinancialEntitlementamendmentno6directions2006.pdf>

WORCESTERSHIRE LMC

Email: info@worcslmc.co.uk

Website: www.worcslmc.co.uk

Regional LMC: www.wmrlmc.co.uk

Office: St Stephens Surgery, Adelaide Street, Redditch, Worcs. B97 4AL

Tel: 01527 65082

Fax: 01527 61211

MEMBERS OF THE COMMITTEE

CHAIRMAN:

Dr Bob Ingles

St Johns House Surgery, 28 Bromyard Road, St Johns,
Worcs. WR2 5BU

Tel: 01905 423612; Fax: 01905 420641

SECRETARY:

Dr Simon Parkinson

St Stephens Sugery, (address and contact details as above)

Email: sparkinson@worcslmc.co.uk

Executive Officer:

Michelle Hallahan, St Stephens Surgery (address as above)

Email: mhallahan@worcslmc.co.uk

Representatives:

BROMSGROVE:

Dr D Pryke

Vacancy

REDDITCH:

Dr S Parkinson

Dr S Pike

WYRE FOREST:

Dr R Horton

Dr V Schrieber

Dr K O'Connor

WYCHAVON:

Dr C Ounsted

Dr J Rankin

Dr R Kinsman

MALVERN:

Dr D Radley

Dr G Wilson

WORCESTER:

Dr M Keeble

Dr R Ingles

Dr J O'Driscoll

Non-Principals:

Dr N Burger

Out of Hours:

Dr R Kelsey

Dispensing:

Dr D Brownridge

Registrars Rep:

Dr D Hughes

Practice Manager Group Representatives:

David Jago, Chairman South Worcs PM

Wendy Goodchild, Chairperson R&B PM

Don Beckett, Chairman Wyre Forest PM

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 13 December 2006