

# WORCESTERSHIRE LMC

## NEWSLETTER

SEPTEMBER 2006 EDITION

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### **QOF MEETING**

Hopefully by now you have already had notification of this meeting. On the evening of the 19<sup>th</sup> October 2006 at Bromsgrove Hilton hotel, Dr Grant Ingrams, our local GPC Rep will do a presentation about this year's revisions to QOF. There will be then plenty of time for questions and answers. The meeting starts at 7.30 p.m. with a buffet followed by his talk. GPs and Practice Managers are welcome to attend. Please let us know if you plan to be there.

### **PRACTICE BASED COMMISSIONING MEETING**

The LMC has taken the view that Practice Based Commissioning is the future for General Practice. The government quite clearly see this as the solution to the NHS's chronic commissioning problems and this is supported by a lot of academic work. The LMC believes that the current DES is simply a toe in the water scheme and does not reflect what will happen over the next few years. The major issue for Worcestershire is commissioning with the Acute Trust, for which we will need to have some sort of county wide organisation. However local commissioning groups in different localities can look at local commissioning issues and also providing. It is this combination which makes this a very attractive proposition particularly because many of us are greatly concerned by the ongoing rush to privatisation of the NHS. Undoubtedly the private sector is going to increasingly start looking at General Practice and see if there are areas where they can take over contracts. Be assured there is already a small threat to practices in Worcestershire and this will grow. The only way to safeguard General Practice as we know it is to embark on Practice Based Commissioning consortia. This will be able to resist the pressure from the private sector. This is beginning to happen elsewhere and we are very pleased to have Dr Neil Parkes coming to talk to us at the Pear Tree Inn at Smite on the 23<sup>rd</sup> November 2006. He is Vice Chairman of Lincoln LMC and the Executive Director of a PBC Unit which is a group of practices, some of whom are actually merging their practices into a larger organisation. He has a vision of groups like this across the country loosely networked, sharing expertise and having the ability to protect traditionally General Practice values from United Healthcare and others. We think this will be a really interesting evening and we hope as many practices as possible will be represented to hear what Dr Parkes has to say. He is a very enthusiastic speaker and is very committed to this idea.

An interesting website that you might find useful on PBC is [www.improvementfoundation.org](http://www.improvementfoundation.org)

### **NEW PCT**

At the time of the last LMC meeting the Chairman, Dr Bryan Smith had been announced but the interviews are still taking place for Chief Executive post. After considerable discussion we have produced a document entitled 'Working with the new PCT' which is available on our website or from the office. We have set out what we believe to be the key issues facing General Practice in Worcestershire and how we would aim to see the relationship with the LMC and the PCT start. The LMC is now the only county wide organisation in Primary Care and so is obviously a base for discussion. How commissioning will be organised in the county is yet to be decided and it is important that this is GP led. Of great interest is how the individual localities will be serviced by the PCT and again we have little idea of what they have in mind.

The LMC has no doubt whatsoever that this time of great change in the NHS it is vitally important for practices to be in communication with their colleagues and working together. It is simply no longer possible for us to survive as isolated individual units. To that end we have co-opted Practice Managers from the three Practice Manager Groups onto the LMC and very much value their input and advice. A two way dialogue of information to and from the Practice Manager Groups needs to continue to grow and the LMC is particularly concerned that these Practice Managers Groups will continue to exist in the coming years. There are worries that, particularly in one area, the attendance at Practice Manager meetings has declined. We would strongly encourage all practices to ensure that their Practice Managers attend their local meeting to hear what is going on and to network with their colleagues. We know that the three Practice Manager Groups are in discussion about how they may work together when we are dealing with one PCT.

### **SOUTH WORCESTERSHIRE PCT**

Just before South Worcestershire PCT disappears, the Acting Chief Executive wrote to practices advising that they were cutting back payments for a number of areas namely GP Appraisal, the grant to the Non-Principals Group for Education and Clinical Governance matters. The LMC was not consulted about this and was dismayed that this decision had been taken apparently without consultation with the other PCTs. What will happen when the new PCT is in place is unclear. Guidance centrally suggests that PCTs are not really able to stop appraisal and there are additional complications in South Worcestershire that the GMS practices have been levied to pay for their appraisal process. So obviously some of them have already paid a significant amount of money into the scheme. We have written formally expressing our concerns and asking for discussion about this.

The end to funding of the Clinical Governance Groups has not met with great support. Many people see this as a useful way of maintaining dialogue between the PCT and localities. It would perhaps have been better to continue with this until new arrangements were in place. Similarly the modest grant to the Non-Principals Group was useful to support and enhance the work of this group and maintain good numbers of non-principals working in the county who contribute greatly to the workforce. All of this is sending a very negative message at a time when positivity and looking forward is very much needed.

### **TYPE 2 DIABETES 'DUMPING'**

I'm afraid that sounds like a rather tabloid headline but it reflects an issue that the LMC is increasingly concerned about. We have been aware for some time that local Diabetologists were keen transfer large amounts of their work to General Practice. In Redditch & Bromsgrove work had started on the idea of a LES to look at Type 2 Diabetes on insulin and in due course insulin initiation for these patients. That was cancelled by the PCT due to lack of funding. However, we believe that some of the Diabetologists are already transferring patients back to Primary Care. The LMC has written to the PCT, the Diabetologists and the Acute Trust pointing out that this has not been discussed and is a classic example of 'dumping'. The new GP Contract was intended to see an end to this and we are very saddened that discussion has not taken place beforehand. We would encourage practices to look at this issue closely as there are both financial and clinical governance issues. If the practice does not feel that they have the clinical expertise to look after these patients then they should refer them back to the hospital stating that they feel that this is above and beyond their area of competency. The LMC has written asking if they will cease this practice pending appropriate discussions. Obviously the PCT funding for the Diabetologist Service will reduce as fewer patients are seen. The LMC believes that this is quite an important issue as we have tried very hard to stop an end to dumping and have a more mature discussion on how services are commissioned and provided. We very much hope the new PCT will take this onboard at an early juncture.

### **COLLABORATIVE ARRANGEMENTS**

May we remind practices that they need to set their own fee scale. There has been a debate for some time around the legality of LMCs issuing advice or even negotiating these fees locally and the lawyers have confirmed LMCs must not get involved in this and nor should practices collude. Each individual practice needs to do this and notify the PCT. Details of this are included on our website.

### **TAXI DRIVING MEDICALS**

Yet more forms are appearing for GPs seeking inappropriate opinions. The LMC would strongly advise GPs when filling in any forms that they should only complete the form and provide factual based on the patient record. If people are being asked to confirm that a person is fit to drive a taxi or fly an aeroplane

or dive in the Bahamas, unless you have particularly expertise in that area GPs should not be doing this. Don't forget that by completing this form you are liable should your decision prove to be faulty. It is unfortunate that so many organisations are passing the buck onto us and don't recognise that for many of us we have no idea whether somebody is fit to dive or not! Just be careful what you complete.

We continue to be concerned at the number of cut price insurance reports that people are receiving. Often with these there is a "get out clause" asking GPs to include any relevant information which may affect insurability. We would remind practices of our previous advice that arrangements for these are a private arrangement between the practice and the insurance company. Many of us now ask for money up front before the form is completed and charge our standard rate for all insurance forms. The GPC is aware of this, the bottom line is the insurance companies are not formally bound by any rules as to how they approach individual practices.

Some practices are concerned that the Benefits Agency sending out forms seeking wide ranging information from practices in order to evaluate patients suitability for benefit. Frequently this information is not available. Some practices have adopted a slip which is attached to the form and returned to the Benefits Agency as follows:

*'It is the opinion of the doctors in the whole of this practice, and the doctor completing this form, that the medical records do not provide sufficient factual detail for the form to be completed with sufficient accuracy and that in order that the person should not be disadvantaged, the only satisfactory way forward is for the person to be seen and examined by a Benefits Agency doctor.'*

#### **REQUEST FOR PRESCRIPTIONS FROM SECONDARY CARE**

Many times this issue comes up and we have had another instance of a Mental Health Clinic asking GPs to prescribe Depo injections that they are going to administer to their patients. We would remind GPs that this is not appropriate and they should not do this. Similarly this applies for providing coils to be fitting in Family Planning Clinics. We have raised it with the appropriate PCT. They have taken to stop this practice and pointed out to the Mental Health Services that this is medico legally and inappropriate and is also a way of transferring costs from one budget to another. We hope that the particular clinic where this has been happening will stop trying to persuade GPs to do this.

#### **CHOICE**

The LMC has had complaints from a number of practices in Worcester City who have been attempting to use Choose & Book to send Orthopaedic patients to Worcestershire Royal Hospital. As none of the surgeons there have

appointments within the 13 week target all these referrals are being bounced back. This is obviously ludicrous and the LMC will be taking this up with the local MPs. These referral type problems seem to be becoming more prevalent nationally and we would welcome information from practices that are having such referral problems, either with Choose & Book or even with Secondary Care providers refusing to accept referrals.

### **IM&T DES**

Primis Plus have launched a web portal of information on accreditation for the new DES. You can register there for more information as it becomes available. Regular updates will also be provided to LMCs from the GPC and we will pass this onto you. Look at [www.primis.nhs.uk](http://www.primis.nhs.uk).

### **DISPENSARY SERVICES QUALITY SCHEME**

The NHS employers and the GPC in consultation with the DDA have now published details of the Dispensary Services Quality Scheme together with guidance to assist practices and the PCTs to implement the scheme. This is available on the BMA website. Directions supporting the scheme will come into practice by the start of autumn. PCTs have already contacted the LMC and we will be meeting to discuss how this will be established shortly.

### **WORCESTERSHIRE LMC NEWSLETTER**

For the last six months we have emailed out this Newsletter to all Practice Managers as well as to other practice staff and GPs who have also requested the newsletter by email. This has gone down very well and many practices have said that they no longer wish to receive hard copies of the Newsletter. We have therefore decided that in order to stop duplication and also to reduce LMC costs we will no longer be sending out hard copies of the LMC Newsletter following this publication. All Worcestershire LMC Newsletters will be sent out via email only. If you would like to be added to the distribution list please email Michelle Hallahan at [mhallahan@worcslmc.co.uk](mailto:mhallahan@worcslmc.co.uk) who will be happy to add you to the list. Unless you state otherwise you will be sent an email with a link to the Newsletter via the internet. Should you wish to receive a copy of the Newsletter in pdf format please could you state this in your request.

# **WORCESTERSHIRE LMC**

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### **Practice Manager Groups:**

David Jago, Chairman South Worcs PM

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Wendy Goodchild, Chairperson R&B PM

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

**The next LMC meeting will be 12 October 2006**