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## Pension Dynamisation

See http://www.bbolmc.co.uk/news1006.pdf for an explanation of dynamisation

Lord Warner wrote to the GPC on 7/12/06 announcing:

- DOH proposals to apply revised Dynamisation arrangements to GP past service costs for the years 2003/2008.
- The Secretary of State has decided to exercise her powers to apply GMP Dynamisation totalling 48% over the years 2003/2008. This will be applied as set out in the table below.

| Year | Proposed % increase in GPDF 2003/2008 | Compound % GPDF |
|---|---|---|
| 2002/03 | Baseline | 0 |
| 2003/04 | 12.9 | 12.9 |
| 2004/05 | 6.9 | 20.7 |

| 2005/06 | 7.3 | 29.5 |
|---|---|---|
| 2006/07 | 6.9 | 38.4 |
| 2007/08 | 6.9 | 48.0 |

| Year | % increase in GPDF Proposed by Lord Warner 2003/2008 | Predicted GPDF based on expected GP profits |
|---|---|---|
| 2002/03 | Baseline | Baseline |
| 2003/04 | 12.9 | (known figure)12.9 |
| 2004/05 | 6.9 | (estimated)10.8 |
| 2005/06 | 7.3 | (estimated)12.0 |
| 2006/07 | 6.9 | RPI + 1.5% |
| 2007/08 | 6.9 | RPI + 1.5% |

Important additional sentences from the Lord Warner letter are:

- We believe it will address GP expectations by allowing a generous, but not open ended revaluation in the value of their past service contributions to the scheme.
- It will also operate more evenly by spreading GPDF over the full period,
- GPs will continue to benefit from generous, above inflation, revaluation of their past service contributions, payable in full from the outset.
- These proposals address an unintended consequence of the nGMS agreement in a way that is fair to GPs, other NHS PS members, and the tax payer, and which will not draw excess resources away from patient care.

The predicted compound dynamisation for 2003 to 2005 was about 48% with a partially negotiated deal for 2005-2008 of RPI + 1.5% each year.

48% over 5y therefore represents a poorer deal for GPs and particularly affects GPs who took their pension after the 3 years 2003 to 2005 when the rise in income following the new contract was expected to slow down.
Their dynamisation drops from possibly 48% to a definite 29.5%

Government reneging on the new contract pension deal has provoked considerable anger amongst GPs and resulted in the following GPC statement:

GPC News Extract 22/12/06
In the two weeks since Lord Warner's announcement of the government's decision to impose a cap on the GP Dynamising Factor (GPDF), the GPC has been taking further extensive legal advice and is now finalising the steps it needs to take to challenge the government's decision in the courts. The GPC's lawyer is briefing an expert in judicial review and we hope to have further news in January. It should, however, be noted that the timescales for judicial review

are long and, assuming the final advice is not against taking this route, it is very unlikely that there will be a result before the summer. Lawyers have also advised that no consideration of individual legal action against the government will be possible before the actual 04-05 dynamisation figure is announced.

The GPC plans to publish a FAQ document setting out its position and answering common questions about the implications of the dynamisation cap. This should be available on the BMA's website by the end of next week.

## LBC Training and Acquisition of Smear Taker Numbers

The Secretariat has been active during December 2006 in investigating and trying to sort this issue in all three counties.
This followed reports of PCTs insisting that all GPs attend lengthy and poorly pitched LBC training if they wanted to continue to take smears
Various vague edicts have been issued to practices often without clarity of process or author.

I have posted the problem on the national LMC Listserver and received some interesting responses. "Cascading" is what is suggested in the national NHS screening committee literature. Some areas involved their LMC early and negotiated a sensible cascade system but Thames Valley PCTs have not followed such good practice.
One Cytology lead from each practice attends the taught course and then using a DVD trains and issues numbers (accredits) to other practice clinicians.

There seems to be no nationally agreed system and certainly no national negotiation with GP representatives. It is particularly worrying that the National Screening Committee has also recommended all smear takers attend an update course every 3 years. GPs will not be able to function if every aspect of the generalist care they give is subject to the same degree of unnecessary accreditation and "diplomatosis".

Secretariat investigations locally have been hampered by difficulty in discovering who is making the rules. It remains unclear whether GPs without LBC accreditation and a lab number will have any smears they submit rejected.

I have asked the GPC to look at the problem, stressing that GPs need a system that gives the necessary LBC training without an unnecessary and time consuming bureaucracy. In the Thames Valley getting PCTs and Cytology Laboratories to see sense and enter dialogue has been partially successful.
I will continue to battle for something sensible.

## NHS Summary Care Record (SCR)

Possibly provoked by a recent Guardian Newspaper campaign or www.TheBigOptOut.org/forGPs, some practices are receiving queries and opt-out requests from patients on the SCR

The Ministerial Taskforce reported on Monday 18 December. It suggested a compromise between the pure opt-in and opt-out positions.

It recommended:

- An immediate start to the national publicity campaign
- Local campaigns when the summary care record (SCR) is due to go live in a specific area.
- Patients be encouraged to view their summary via HealthSpace, on a print out or directly at that same time as local campaigns.
- A reasonable period (yet to be defined) during which the opt-in position will be the default position. Patients will be encouraged to agree that the summary they have looked at is accurate and consent for this information to be shared via the SCR.
- After this 'reasonable' period those patients who have not expressed any opinion will be deemed to have given implied consent for sharing a summary, which, in the first instance, will only cover drugs and allergies.

However, there are a number of unresolved issues. Firstly the ability of patients to truly prevent an upload to the spine needs to be dealt with. Putting in specific codes at this stage may not be the best approach as they can be ignored if the system creators so wish and may not offer patients protection. It is hoped that the establishment of a new advisory group on the implementation of the SCR will address this.

The workload issues relating to discussions about the upload also have to be addressed. Whilst the BMA is actively pushing for an opt-in process, they are aware that this brings huge additional workload implications. GPC has said that practices would rather see this than an opt-out process with minimal workload and a breakdown in patient trust in their GP. It should be underlined that only pilots are being proposed at the moment but GPC are absolutely clear that they have to see this additional work resourced. At the moment the IT DES covers data accreditation, but it does not cover connecting to the spine, or the patient discussions about this. Only practices that have gone through the data accreditation process successfully will be in a position to upload any data at all.

## GPC view of Disability Equality Schemes

The Disability Discrimination Act (DDA) includes a new general duty on public authorities to eliminate unlawful discrimination against disabled persons and promote equality of opportunity between people with disabilities and other persons. The definition of discrimination has been broadened, and can now

include 'not making a reasonable adjustment to the way the public authority function is carried out.'

However, it should be noted that:

- GPs are only public bodies for Freedom of Information Act purposes
- For the purposes of the Disability Discrimination Act, there is no regulation to say that GP practices need a disability equality scheme
- The obligation under the Act is on the PCT
- Like all employers, GP practices should make reasonable moves to comply with the DDA, but this is slightly distinct from having a specific disability equality scheme

## Business Planning Course (8.2.07)

Thursday 8th February at Windsor Racecourse

By popular demand the LMC are organising a business planning workshop in response to feedback from the recent workshop on Tendering in October.

Business planning was identified as an important training issue and will be key to the successful future of practices; particularly in relation to new developments in the provision of medical services and as a compulsory element of PBC. The LMC feels that every practice should have the opportunity to learn how to prepare a business plan which can compete with any that a commercial organisation can submit.

We have invited back Nigel Grinstead from Healthskills, who was such a successful presenter in the October meeting, to lead attendees through the process of putting a successful business plan together.

The workshop will run from 9.30 am to 3.30 pm and will include lunch and refreshments. The delegate rate will be £60.00

If you wish to attend please contact Michelle.Walker@bbolmc.co.uk
or phone on 01628 475727. Places are limited and will be awarded on a first come first serve basis upon receipt of a cheque for the full amount.

## Junior Members Forum 2007

14 - 15 April 2007 Apex City Quay Hotel, Dundee
Nominations by 5pm Friday 26th January 2007 (Must come through BBO LMC)

Aimed at young potential future medical politicians so applicants must be within 12 years of qualification

See:http://www.bma.org.uk/ap.nsf/Content/Hubjuniormembersforum?OpenDocument&Highlight=2,Junior,members,forum

The annual Junior Members Forum takes place over a weekend in informal

surroundings. It provides an opportunity on the Saturday to listen to expert speakers and join in a symposium and group work on a chosen subject.
A semi-formal dinner is held on the Saturday evening, preceded by a reception.
On the Sunday, Forum members can take an active part in influencing BMA policy and learn the basic rules of medico-political debate while exchanging views with doctors in other branches of medicine.
The Forum is open to elected or nominated BMA members from all disciplines within 12 years of provisional registration or within 11 years of the first full registration with the GMC, and medical student members.
Members of the Forum are expected to attend all sessions of the Forum, and travel and accommodation costs are met by the BMA.
Members are selected as far as possible on a geographical and craft basis, giving preference to those who have not previously attended a Junior Members Forum, and where possible on the basis of "first come, first served".
Where necessary, seats are reallocated on this basis once the deadline for nominations has passed.

## QOF business rules/read codes

Version 9 of the QOF business rules/read codes is now available at:
http://www.primarycarecontracting.nhs.uk/145.php

## Average GP List Size

I have received a couple of queries from PMs regarding rumours of changes to the average list size and the knock on effect upon QOF payments.
I think this emanated from Pulse.

The GPC issued clarification on the 23rd November:
*"The average list size that is used to work out your QOF payments (ie contractor population index) is within the SFE and remains the 5891 that it has been since the beginning of the contract. If the CPI were at any point to change this would not happen without GPC and LMCs being informed of the nature of such negotiation well in advance of any actual change".*

## BNF for Children (BNFC)

For more information on BNFC please go to: http://bnfc.org

For view frequently asked questions, go to
http://bnfc.org/bnfc/bnfcextra/current/450003.htm

To order a copy please go to:
http://www.pharmpress.com/shop/product_display.asp?mscssid=5k33fpeOqrlf8gafj9p8f2k0lhpq3guc&sitelanguage=eng&productid=0853696764

## Listing To Receive Regular BNFs

Use NHS Order Line (08701 555455) or dh.bnf.amendments@etdsolutions.com

## 'Legalising illicit drugs: A signposting resource'

This has been added to the BMA website.
The resource is intended as a summary of the key arguments for and against legalising illicit drugs and can be accessed using the link below:
http://www.bma.org.uk/ap.nsf/Content/legalisingillicitdrugsresource