

# LMC Newsletter 8.2.08.

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## GMS contract negotiations: Yesterday's GPC meeting

(This extract comes from GPC News 8.2.08)

The GPC debated the current options (A and B) for contractual change for 2008/09 proposed by the Government. Option A is the governments' offer which in England, Scotland, and Wales includes a proposed extended access Directed Enhanced Service (DES). In Northern Ireland extended opening is not a priority. Option B is the alternative that will be imposed in England, Wales and Northern Ireland if option A is not accepted, and an alternative proposal in Scotland based on option B. The possible consequences of accepting or rejecting the Governments' proposals were discussed.

In the coming weeks a poll will be sent to all GPs in the UK to seek the views of the profession on these proposals. Details of the proposals in all four countries will be clarified and sent out with the poll documents. The GPC will continue to work with NHS Employers to clarify the details of the options and the wording of the extended access DES and continue to seek improvements to the terms of the DES.

The GPC debated and passed the following motion –

***That the GPC has come to the conclusion that Option A is less damaging for general practice, because the alternative option will harm the underlying fabric of NHS general practice more quickly and more lastingly.***

This was after an assessment that, whilst both options were highly undesirable, Option B would remove significant amounts of funding from the contract, particularly through the permanent removal of 135 QOF points, and would not guarantee that the governments would not try to do the same or worse next year. The GPC negotiators believe future negotiations would be more difficult if imposition B was to be the final outcome and would not result in the Department re-opening negotiations. It was felt that this was not the ideal battleground on which to engage and the public debate needs to be focused more on the wider threats from the increased privatisation agenda and the implementation of the Darzi proposals rather than extended hours.

The GPC continues to have serious concerns about Option A and that GPs are having to select from two options, both of which it considers to be unacceptable. However, it was decided that the committee should take a view on the options as many GPs were asking for the GPC's opinion in advance of the poll.

Of particular concern with Option A is the rigidity of the DES for extended hours and the way the Government is approaching this whole issue. The negotiators will continue to push for changes to the DES, because, as it stands, it is believed few practices would be able or willing to do it. There

will be increased efforts to convince MPs and patients that Government plans are misguided, and that attempts to micromanage practices from Westminster are a recipe for increased patient dissatisfaction.

A third letter to the profession from the GPC chairman analysing the options and their implications will be sent via email to all GPs next week, prior to the start of the poll. The committee also discussed the questions to be included in the poll, which will now be finalised and the poll sent to all GPs later this month.

Further information is available on the BMA website here:  
[www.bma.org.uk/ap.nsf/Content/Hubthenewgmscontract](http://www.bma.org.uk/ap.nsf/Content/Hubthenewgmscontract)

## GPC view: PCT requests to audit practice opening times

Please see the advice below from the GPC Legal Department on how practices could respond to PCT requests to audit practice opening times following the Britnell letter

There are two main threads to this issue:

Firstly, that the GMS regulations do not make it an obligation that in-house hours must be fixed to current levels within any practice – as long as those arrangements are appropriate to meet the reasonable needs of patients then the contractor is not in breach of his contract.

Secondly, requests for information from the PCT are governed by regulation 77 of GMS whereby contractors must produce information reasonably required by the PCT for the purposes of or in connection with the contract or reasonably required in connection with the PCTs functions. The key word here is reasonable.

If the information is being requested because the PCT wish to ascertain whether within that practice, the reasonable needs of patients are being met, then this may be considered reasonable. To demand information from practices on the basis of the introduction of a DES that has not yet been agreed or implemented appears to go beyond reasonableness.

Please note that Reg 77 is a widely drafted provision and it is likely that most requests for disclosures by the PCT will be caught by it. In this context, if GPs wish to counter the demands then the best argument to use is to contend that it is beyond the requirement of reasonableness and therefore the contractor cannot see that he has a duty to provide the same for the above reasons. Please note that this area has never been tested in court and there is no clear precedent for it.

I suggest the following wording:

We have considered your request for information in relation to our obligations of disclosure under our current contract. We do not feel that the PCT in this context is entitled to demand this information from us at this stage. Firstly, the DES has not yet been agreed and we understand that the implementation of it is still subject to legal consultation.

Secondly, as we have not indicated that we are minded to take up any DES if one were introduced, then we do not consider that your request is reasonable. On that basis, and in exercise of our rights under our contract we must decline to produce the information.

Shanee Baker  
GPC Lawyer

## One way to comment on the current situation

### Darzi's next steps review

Individual GPs are encouraged to complete the online questionnaire for NHS staff which is part of Darzi's next steps review. The questionnaire can be found at:

<http://survey2.cobalt-sky.com/webservice/mrwebpl.dll?project=i10688>. In the comments section, GPs may wish to make reference to their views about QOF and the contract negotiations.

## Notice of GPC regional elections in the near future

Please see blue text below. The 2 new Thames Valley constituencies are coming up for election

Eligibility criteria at the bottom

The GPC regional elections 2008-2011 will be commencing very soon. Notices regarding the elections are planned for the 16<sup>th</sup> February editions of both the BMJ and BMA News and the election pack will be available on the BMA website shortly. The link will be emailed out as soon as it is available.

Elections will be for the LMC constituencies listed below, BBO LMC would like to raise awareness of forthcoming elections amongst our constituents now.

- Barnsley/Doncaster/Rotherham/Sheffield
- [Berkshire/North & East Hampshire](#)
- [Buckinghamshire/Oxfordshire](#)
- Cheshire/Mid Mersey
- Dyfed Powys/North Wales
- Gloucester/Avon
- Greater Glasgow & Clyde
- Hillingdon/Brent/Harrow/Ealing/Hammersmith & Hounslow
- Leicestershire & Rutland/Northamptonshire
- Lewisham/Southwark & Lambeth/Bexley & Greenwich/Bromley
- Northumberland/Newcastle & North Tyneside/Gateshead & South Tyneside/Sunderland
- North Staffordshire/South Staffordshire/Shropshire
- North Yorkshire/Bradford
- Sandwell/Walsall/Wolverhampton/Dudley
- Wiltshire/Dorset

NB. to be eligible to stand for election to the GPC, candidates must be:

- [GPs who contribute to the voluntary levy of an LMC in the constituency and who provide personally or perform NHS primary medical services for a minimum of 52 sessions distributed evenly over six months in the year immediately before election \(2 May 2008\); or](#)
- [GPs who are on the doctors retainer scheme and who contribute to the voluntary levy of an LMC in the constituency; or](#)
- [Medically qualified officers of a local medical committee in the constituency.](#)

## **The National COPD Audit 2008**

GPC have been asked to encourage participation by practices in The National COPD Audit 2008. The audit is a collaborative project between the Clinical Effectiveness and Evaluation Unit at the Royal College of Physicians, The British Thoracic Society and The British Lung Foundation, and is funded by The Health Foundation.

In 2003, there was a National COPD Audit which focussed on a clinical audit of patients admitted to hospital with an exacerbation of COPD and also secondary care service provision/processes of care. For the 2008 project, the breadth of the audit has been increased in response to the changing patterns of care (specifically the integration of COPD services to community settings) and so we are planning to collect information about wider aspects of care and influences of admission and outcomes.

The general practice part of the audit will comprise of a survey being sent to the GPs of patients admitted to hospital with an exacerbation of COPD during the audit period. The survey aims to identify factors in pre-admission care that may have influenced the admission to hospital. It will be a short paper-based survey that can be completed by a GP, practice nurse or manager prior to being returned to the RCP via a pre-paid envelope. The main audit is due to begin on 3 March 2008.

The National COPD Audit 2008 is an ambitious, important project and it is hoped there will be a high participation rate, so that a truly national picture of COPD care can be presented.

Further details are available at [www.rcplondon.ac.uk/college/ceeu/ceeu\\_copd\\_home.htm](http://www.rcplondon.ac.uk/college/ceeu/ceeu_copd_home.htm).

## **Why everyone should have NHS smartcards**

NHS Connecting for Health (CfH) has informed GPC that in Spine release 2008-A, they will amend patient data in the Personal Demographic Service (PDS), such that the patient will be registered with the practice rather than a GP. This is to align the PDS with the 2004 GMS Contract Regulations.

In the course of preparing the Spine update, CfH has identified that a number of GPs have not registered for a smartcard. Whilst this is their prerogative it is possible that their [lack of registration could lead to problems in them being identified by the "Exeter" payments agency for Item of Service type payments and for the maintenance of their patient lists.](#)

Those GPs without smartcards will be contacted in the next few weeks asking them to consider applying for a card.

If there are any concerns about this issue please contact Matthew Isom in the GPC Secretariat at [misom@bma.org.uk](mailto:misom@bma.org.uk).

## **GPC advice on 0844 numbers**

There was a recent parliamentary debate on the charges patients are paying when ringing practice 0844 numbers, in particular when they are using mobile phones. GPC have since looked into this matter further. It would appear that where 0844 numbers are used by practices, there should be mention of the charge for phone calls in the practice's information leaflet. There is no need, however, for a message on the actual telephone system itself. While patients' telephone providers may have a variety of charges, in any practice information the price relevant to most consumers should be stated. GPC are

aware that there are probably few practices aware of this aspect of advertising practice so have asked LMCs to cascade this information.