

LMC Secretariat Newsletter (June 2006)

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Practice Based Commissioning DES

Under the PBC DES practices must submit (and agree with PCT) a plan containing objectives against which the achievement payment will be assessed at the end of 06/07. Thames Valley PCTs seem to be producing tables of targets, with the implication that plans will only be passed if practices commit to the list tabled.

Usually PCTs are advocating that a proportion of the 95p per patient in component 2 is devoted to percentage reductions in activity or spend in secondary care.

The LMC feels that practices would be unwise to sign up to these before their budget is seen and assessed for adequacy.

PCTs will be scaling down each real practice budget to make it affordable.

If the percentage taken off is large then savings will be unachievable, and it will not be possible for practices to get the full 95p per patient in component 2.

Given that the DES is meant to be a low level introductory PBC scheme promoting initial engagement, the LMC feels objectives should be confined to processes, e.g. reduction in referral and OPD follow-up, acute admission avoidance, cost effective prescribing and analysis of spend against budget.

Oxfordshire PCT has recently sprung a development on the LMC and practices, without negotiation. Any practices submitting its plan later than 30th June 2006 will be subject to an 8p per month reduction in component 1 pay. This was hidden in the minutes of a Local PBC Committee and never raised at the LMC/PCT Liaison. Objections have been lodged with the PCT.

Collaborative Arrangements

The services covered by collaborative arrangements are provided to Local Authorities (LAs) by PCTs to enable LAs to carry out their responsibilities in the fields of education, social services and public health.

Legislation (see below) dictates that they have to be funded by PCTs usually via GPs without charge to the patient.

The list of services includes

- Those in relation to children in care or being considered for adoption and fostering, together with certificates and reports on prospective adoptive or foster parents.
- Psychiatric examinations for the sectioning of patients (under the Mental Health Act).
- Blue Badge (disabled parking) permits.
- Priority housing reports requested by local authorities.
- Attendance at case conferences and other meetings arranged by Social Services.
- Notification of infectious disease.
- Certificates to enable chronically disabled or blind persons to obtain telephones.

Current legislation is contained in sections 26-28 of the NHS Act 1977 and section 15 (1) (c) of the NHS (Scotland) Act 1978).

What's Changed?

Until 2006/07 the rates for work under the collaborative arrangements have been set by the DDRB and issued via an NHS circular.

Mechanisms and responsibility for the reimbursement of fees and allowances are now to be agreed locally between the parties concerned.

PCTs are still obliged to pay doctors for undertaking these services.

BMA Advice

- The BMA advises individual doctors and GP practices that they should establish their own fees for this work.
- They should also notify their PCT that, as there is no longer a DDRB recommended fee, any request for collaborative work received after a set date will be charged at their own fee rate (as stated above the BMA recommends that a notice period of at least three months be set).
- It is also the decision of individual doctors whether to use the 2005/06 fee rates as a reference point and then apply an annual increase based on their own rate.
- In accordance with the framework of the law laid down, the BMA is prevented by the Competition Act 1998 from publishing suggested fees for services which can be provided by any doctor.

BBO LMC has produced a draft letter for practices to send to their PCT using the text above and listing its unique charges.

This can be found on www.bbolmc.co.uk

See also GPC guidance on www.bma.org.uk/ap.nsf/content/CollabArrange
This guidance has raised some further questions, particularly over whether it is illegal for individual doctors to even discuss their fees with anyone outside the practice and whether an LMC is prevented from negotiating a collective agreement with local authorities. The GPC are now seeking urgent legal advice. Until then, in order to avoid any potential problems with competition law etc. they are advising a cautious position.

QOF Results and the Press

The LMC is aware that some practices may be receiving requests from local press etc for their QOF results for this year. They would like to remind practices that the advice on the Freedom of Information Act Q&As on the BMA website still stands:

Q: We are receiving requests for Quality and Outcomes Framework (QOF) data. Should we disclose this information or is it exempt?

A: Under section 22 of the Freedom of Information Act, data which is intended for publication would normally be exempt from disclosure. As a result, it is legitimate to refuse to disclose information on QOF before it is published.

Once QOF data have been published, practices can refer enquirers to the appropriate websites.

24 hour retirement

<http://www.nhspa.gov.uk/site/index.cfm>

The NHS Pensions Agency has announced a change in understanding of the requirements for GPs to 'retire' for 24 hours and be able to return to practice, subject to not exceeding 16 hours a week for the first month.

However, despite GPC requests, they have still not produced a technical newsletter and some PCTs are stating that they are unaware of the changes.

The GPC have asked the NHSPA to advise employers of the current position.

A further question has arisen about whether it is necessary for GPs to come off the performers list for 24 hours to confirm their retirement. The GPC believe that this is not a requirement and will ask the Pensions Agency to clarify this as part of the Technical Newsletter.

The TVPCA view based on longstanding practices is that a retiring GP needs to resign as a contract holder. This has particular implications for single handed contractors, who are required by the regulations to give 3 months notice. Additionally without prior agreement there is no obligation on PCTs to offer the contract back after 24h. Cynical advice on the LMC Secretaries Listservers is for single handed contractors to get a new partner before retiring then invoke the mutual exclusion clause in a well written agreement!!

I have suggested to the GPC that they negotiate the abolition of any time period when the GP must not work. Other than making for bureaucracy the rule seems to fulfil no purpose

PMS contracts

The directions that accompany the guidance from the Department of Health on contracting arrangements for non-GMS contractors are now available on:

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsLegislation/PublicationsLegislationArticle/fs/en?CONTENT_ID=4133185&chk=aJyPyc

(cut and paste this into browser address bar)

It seems as if the directions are worded in such a way as to require review only of the levels of increases in funding for 2006/7 so as to be fair with levels of increase in GMS rather than being a mechanism for complete review or 'unpicking' of the whole existing PMS baselines within contracts. Further problems should only occur if PCTs and practices are unable to agree the level of financial constraints to be applied for 2006/07.

The LMC will be monitoring the situation with regard to the level of review that PMS practices are subjected to so if you have any information you feel would be useful or important for us to know, please forward it to the office.

GPC guidance notes for PMS and APMS contracts details the issues that may need to be considered and is available on:

<http://www.bma.org.uk/ap.nsf/Content/pmscont0406>

LMC would like to remind practices that PCTs cannot retrospectively amend contracts and refuse to make payments due under existing contracts.

APMS guidance

GPC guidance that provides a factual background on APMS and suggests ways in which GPs can best harness this new contracting route in the interests of their patients and primary care was released by the GPC recently. It offers guidance on tendering for APMS contracts, working for APMS providers and contracting care through this route.

The guidance is available at:

<http://www.bma.org.uk/ap.nsf/Content/apms0406>

Pensions Dynamisation

The DOH has now confirmed that the final 2003/04 dynamising factor is 12.9%

The GPC has also made it clear to the Department that they expect full implementation of the dynamisation factors for 2004/05 and 2005/06, calculated using the methodology as agreed in original contract deal.

Pulse on 1.6.06 quoted Andrew Dearden (BMA Pensions Lead) as predicting eventual dynamisation for 04/05 of 18-20% and for 04/06 of 8-10%, giving a total increase in dynamisation over the first 3 years of the new contract of 48%. This compares with the original GPC prediction of 33%

Choose and Book update

The GPC have received the following from the national Choose and Book team.

"The DES states that practices should not be penalised for not achieving targets for reasons outside their control and that judgement will rest with PCTs. The C&B team have asked for this point to be emphasised to the SHA leads who will be asked for guidance in cases where there is need for arbitration."

Therefore, even though the DES doesn't explicitly mention local problems, this was both parties' intention, and needs to be taken on board when it comes to calculating achievement. Obviously, leaving the final decision to PCT judgement is less than satisfactory and LMC will monitor the situation with regard to PCT judgement so please let us know if you experience problems.

Additionally, the GPC are still in discussions with the Choose & Book team about the calculation for the June target achievement and will report on this as soon as they have some further information.

Please note that Choose and Book Release 3.0 was released on Tuesday 2nd May. Practices disappointed with previous versions may like to take another look at the upgrade.

A selection of learning tools is also available from the Choose and Book website at www.chooseandbook.nhs.uk/release3.

To order copies of a C&B film, available on DVD (Ref: 2232) or CD (Ref 2233), visit <http://information.connectingforhealth.nhs.uk/> or telephone 08453 700760.

Details of a series of C&B road shows for Practice Managers can be found at www.keystone-group.co.uk/chooseandbook

Implementing the IT DES: Data accreditation

Guidance was released this week from the GPC and NHS Employers on data accreditation for the IM&T DES. This is now available on: <http://www.bma.org.uk/ap.nsf/Content/imtdes0406>

Amendment to Patient Registration Details (Data Quality Guidelines)

This is important for frontline users who register patients in practices.

On 28.4.06 the TVPCA issued Bulletin 42 to update practice managers on latest requirements of the Connecting for Health "Patient Demographics Service" (PDS)

In order for patients to have NHS CRS records their key demographics must be unambiguously associated with an NHS number via PDS

See http://www.berkshire.nhs.uk/tvpca/pages/data_quality_info.htm
or use nicola.cliffe@tvpca.nhs.uk

Useful IM&T web links

Support Services Guidance (SLA)

www.dh.gov.uk/assetRoot/04/13/38/67/04133867.pdf

System Choice

www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps/systems_of_choice/gpsoc.pdf

Read Codes for the new QoF

The Read Codes for the new QoF can be accessed at the following link:
www.primarycarecontracting.nhs.uk/145.php

NHS Reorganisation

- On 16th May DOH announced reorganisation of Thames Valley PCTs into 5 larger PCTs wef 1.10.06.
- Secretariat plans to continue to hold current LRC and Liaison supplemented with liaison with emerging five new PCTs
- TV SHA will also merge with Hants and Isle of Wight to form South Central SHA
- Mark Britnell is new SHA CEO from 1.7.06. He is currently CEO of University of Birmingham NHS Foundation Trust.
- New SHA Chair is Geoffrey Harris (ex Chair Bucks MHT)
- There will also be a new South Central Ambulance Trust

Collaboratives

- Practices in many Thames Valley areas seem to be meeting to discuss forming a collaborative. When asked the Secretariat has supplied documents describing the options for setting up companies and agreements (practice2practice and practice2PCT)
- Secretariat senses that some GPs see a PCT conspiracy to give contracts preferentially to private companies in future.
- Secretary's view is that the current PCTs are in a state of planning and decision blight. Until the Chairs and CEOs of the new larger PCTs are in post it is impossible to predict how tendering will work. Secretariat will push for fair and equal treatment of all organisations
- Being a provider for services outside core general practice in the new large PCT NHS will not be a bed of roses. The NHS will still be a monopoly commissioner, seeking value for money by driving down price. Collaboratives could commit to considerable fixed overheads which eventually might not be covered by the income generated
- Secretary advises practices to be both cautious and realistic.

Doctors Health and Well-Being (including financial help)

- **BMA Doctors for Doctors Unit**
08459 200 169
<http://www.bma.org.uk/doctorsfordoctors>
- **Doctor's Support Network (DSN)**
www.dsn.org.uk or 0870 321 0642
PO Box 360 Stevenage SG1 9AS
Self Help group for doctors
Support line number is 0870 765 0001
Registered charity independent of the NHS
- **Dovedale Counselling** (Berks and Oxfordshire only)
www.dovedale.co.uk/GP-CARE
0800 214 307

- **The Sick Doctors Trust**
Early intervention and treatment for doctors addicted to drugs and or alcohol
0870 444 5163
www.sick-doctors-trust.co.uk
- **Royal Medical Benevolent Fund**
Registered Charity for doctors and dependents in need of financial help
0181 540 9194
<http://www.rmbf.org/>
- **Cameron Fund**
www.cameronfund.org.uk
020 7388 0796
- **Royal Medical Foundation**
<http://www.royalmedicalfoundation.org/>
01372 821011

Music in waiting rooms and on telephone lines on hold

For the past 2 months the Performing Rights Society (PRS) has conducted a campaign targeting all GP surgeries and dentists without a PRS licence
www.prs.co.uk/health

Some of you may not be aware that you require licences from 2 organisations to play music within your practices: PRS and PPL (see below)
You need to be licensed even if the music is on TV and you have purchased a TV licence.

The most obvious situations requiring a licence are:

- background music in waiting rooms
- music when a phone call is on hold

I have contacted the PRS because their website doesn't seem complete or easy to use. They agree and suggest practices phone for a quote on 0800 534 1000
There is a downloadable file on Music on Hold
See <http://www.prs.co.uk/DocsRepository/4184/MusicOnHold.pdf> but I can't find a waiting room equivalent

It's complicated to explain: they have over 40 tariffs
But basically.....

- If you are already playing music in the waiting room you will need to pay a higher charge for the first year and then a standard charge for subsequent years.
- If you are not playing music but are going to in the near future...you will be charged at the standard rate.
- The tariff also varies depending on the number of seats in the waiting room and phone lines
- If you are using a CD player as well as a TV/radio the number of seats included in the fee reduces
- Any extra seats incur an extra charge!!

Please note the PRS is not the only licence practices need

Another license is needed from PPL (Phonographic Performance Limited)
Tel: 0207 534 1000 (ask for the licensing dept.)

Website: www.ppluk.com

The licence money paid to PPL goes to record companies and performers
The licence money paid to PRS goes to composers and publishers.

The PPL site is easier to use than the PRS

Click the speaker (top left of home page)

[Playing music in public](#)

[How to obtain a PPL licence](#)

[Doctor](#)

[Background Music - Telephone Music On Hold](#)

[Background Music - Waiting Rooms/Reception Areas](#)

PPL Tariffs (ex Vat)

Waiting Room: £88.11

On Hold: 1-5 lines £110.92 and 6-15 lines £49.74