

LMC Secretariat Newsletter (September 2005)

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NHS Reconfiguration

"Commissioning a Patient - Led NHS" was issued by Nigel Crisp on 28.7.05.

DOH is seeking:

- Faster roll out of Practice Based Commissioning (PBC)
(deadline now Dec 2006)
- Reconsideration of optimal configuration of PCTs and SHAs so they are fit for purpose.
- £250m in overhead cost savings
- Greater PCT co-terminosity with local authorities
- Encouragement of independent sector
(Now using term "Care outside hospital ")
- SHA plans for change by mid October 2005.
- PCT change to be implemented by October 2006
- PCTs acting as providers of services only where it is not possible to have separate providers

Thames Valley Reconfiguration

(Extract from SHA Board paper August 2005)

The current model of 15 PCTs has come under increasing pressure. In the light of this, the number of PCTs will need to be significantly reduced whilst retaining a strong locality focus.

5 PCTs across Thames Valley suggested

| PCT | Population | Allocations 05/06 £m |
|-----------------|-------------------|-----------------------------|
| East Berkshire | 373,000 | 401 |
| West Berkshire | 444,000 | 443 |
| Buckinghamshire | 484,000 | 481 |
| Milton Keynes | 215,000 | 245 |
| Oxfordshire | 612,000 | 654 |

The SHA will seek the views of key stakeholders across Thames Valley to ensure that we make a single move to a configuration which is robust, fit for purpose and future proof. The aim would be to present the preferred way forward in more detail to the SHAs September Board meeting for onward submission to the Department of Health.

The SHA would prefer to establish all the new PCTs across Thames Valley on the 1st April 2006.

Annual Contract Reviews for GMS and PMS Practices

The GMS and PMS Regulations that came into force on 1st April 2004 include the following requirements:

- Each contractor must submit an annual return relating to the contract to the PCT
- Following receipt of the return, the PCT must arrange with the contractor an annual review of its performance in relation to the contract, and
- The PCT must produce a final written record of the review, with a copy to be sent to the contractor.

This annual contract review is distinct from the annual QOF review process, but with practice and PCT agreement both could be combined.

Additional Points made by SHA

- Model Thames Valley pro forma documents have now been produced for use from April 2006 at the latest.
(preferably before then, in the current year if possible).
- Before sending the pro forma to practices PCTs or their Agencies should add information they already hold.
- Rather than being asked to provide such information repeatedly practices merely have to confirm that it is correct.
- PCTs need to be satisfied that all the services that are funded through the GMS Contract global sum or the PMS Agreement price are being provided by contractors according to the relevant Regulations.
- Arrangements for commissioning and provision of Enhanced Services must be clear to both parties.
For each service there must be a written service specification that also details what activity is being paid for, how activity is to be counted and reported, when payments are to be made and by what method. Annual review of planned against actual activity should inform the next year's contract for services.
- The annual contract return and review provides a framework within which PCTs and practices can together review the past year's activity and performance and discuss options for change and development of services in the coming year.
- It may not be necessary formally to visit every practice annually.
Where the annual return demonstrates satisfactory performance and no change in services is needed in the coming year, PCTs should use their judgement on whether the process should be completed by correspondence.

Alterations to Flu Immunisation Programme 2005

The Department of Health in England have recently (25.7.05) issued a letter concerning the above. This can be found on the Department's website at:

http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/ProfessionalLetters/ChiefMedicalOfficerLetters/ChiefMedicalOfficerLettersArticle/fs/en?CONTENT_ID=4116516&chk=qsKsaR

This letter notifies practices that two additional groups have been added to those recommended to receive flu immunisation

- People with chronic liver disease.
- People who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill.

The letter reminds PCTs that under a DES there are nationally agreed prices (£7.51 for 2005/06) but proposes no in year amendment to the DES to cover the 2 new groups.

The DOH suggest PCTs commission a separate LES.

One TV PCT has pragmatically added the new groups to their local DES document at national price. I support this approach and have also asked all other TV PCTs for their plans.

Flu Vaccine Delays

European Vaccine Manufacturers have announced a 3-4 week delay in flu vaccine provision this year. They blame the WHO for late delivery of the H3N2 FluA strain.

Chiron are also short of 2m doses for technical reasons

DOH has put back the end of the flu uptake monitoring period to end of January 2006.

Choose and Book (C&B)

Most PCTs seem to have reached their first C&B target of 30% sign up. Some are now turning to the second target (October 2005) of C&B being used for 50% of referrals. This attracts £100k per PCT.

Recent figures from Connecting for Health suggest C&B is way short of such usage.

Of approx 9k practices in England, 419 are able to use the C&B system but only 119 are actually doing so.

So far only 2,250 bookings have been made using C&B compared to the original DOH target of 200K by Dec 2004.

Paul Cundy, Chair of GPC IT sub committee, quoted as saying the system is completely useless, GP unfriendly and time consuming. He supports use of booking centres (referral hubs) which are also endorsed in Connecting for Health's "myth busting" leaflet.

Lost Premises Funding

The GPC have been receiving reports from LMCs of SHAs informing PCTs that they should not spend their part of the £108 million non-recurrent money on GP premises, that was allocated for 2004-06, but instead use this to help pay off PCT deficits.

The GPC raised the issue back in January with the Department when it became apparent that, in many areas, this funding was not being directed to practices. Despite repeated requests, the GPC never received a satisfactory response to this so will be taking this issue up again now that they have hard evidence of this happening.

If anyone has further evidence of SHA/PCTs not spending their allocations on premises, please send these into the LMC office as soon as possible.

Outstanding CRB Disclosure Application issues

Earlier this year the TVPCA agency initiated CRB (Criminal Record Bureau) catch up on all doctors on their GP performers lists for Berks and Oxon.

In order to remain on a list doctors were required to have initiated the application by 1.2.05.

There remain some doctors who have still not supplied all the supporting evidence for their application and who therefore do not yet have an Enhanced CRB Disclosure certificate.

A letter has gone to these doctors advising them that if the outstanding documentation is not received within 28 days, a formal notice of removal from the performers list will be issued.

LMC needs to point out that this is not an idle threat.

Involved doctors should contact Jeniene Scott on:
0118 918 3331 or Jeniene.scott@tvpca.nhs.uk

Transfer of Patient Notes: GPC View

The Joint GP IT Committee (JGPITC) are aware that some practices are sending incomplete medical records on to the next practice when a patient transfers.

This usually means that practices don't print and forward letters and other reports that are often scanned and "attached" to the GP electronic patient record (EPR).

Sometimes the incompleteness is highlighted by a note advertising that the records are 'available on request', but other times the gaps in the record are only obvious when the records are under review (e.g. for a medical report). The JGPITC would like to remind practices that they are required to forward the complete medical record when requested to do so by their PCO. However, fully summarised "paper-light" records will generally be sufficient, providing they have been carefully examined to ensure that no important patient details have been omitted. Practices are reminded that it is their duty to ensure that all scanned letters and supporting documentation are explicitly linked in the appropriate place within the patient's records, to ensure that vital information is transferred safely and efficiently and that context is maintained.

Until GP2GP transfer is in place, the GPC do not recommend that electronic information is transferred between practices e.g. by disk or CD-ROMs.

Tax-deductibility of Employers Pension Contributions

The BMA recently issued guidance on pensionable earnings, primarily intended for practice accountants.

Since then they have received queries regarding the tax-deductibility of employers contributions, and whether this is allowable under current tax law. The GPC are working closely with the Department of Health and the Inland Revenue and understand that guidance will be issued shortly to confirm how GP

employers contributions are to be treated as fully tax deductible. The GPC are awaiting an official communication from the IR and will publicise this as soon as they receive it. In the meantime, contacting your local tax office about this issue may be unhelpful and so the GPC advise all GPs and practice accountants to await the IR guidance.

What Replaced “Golden Hello”?

GPs previously received a “Golden Hello” payment on taking up their first eligible GP post or on returning to general practice as an initiative to help recruitment. With the agreement of the GPC this payment ceased on 31 March 2005 subject to it being replaced on 1 April 2005 by the Primary Care Development Scheme (PCDS). The PCDS was negotiated between the English Health Department and the GPC and agreed in early March 2005, with the intention of allocating specific funding to under-doctored areas to help improve recruitment.

Unfortunately, to date the Primary Care Development Scheme has not been rolled out by the Health Department. When the GPC agreed that the golden hello scheme should be withdrawn it was on the basis that the new scheme would be implemented forthwith. Initially the GPC were told that the general election had delayed matters, but it is now over four months since the new scheme was due to be implemented. As this does not seem to have been resolved by the Department of Health route, the GPC have written to the Secretary of State, Patricia Hewitt, outlining their deep concern and asking for her intervention in order to resolve this as a matter of urgency.

Where is the GP trainers’ CPD payment?

The 34th DDRB report recommended that all approved GP trainers should receive a separate payment towards their CPD costs of £750 per annum, regardless of whether they have a GP registrar in post. However, the GPC have received numerous reports from LMCs that this payment has not been made to date. It has since been realised that this payment was not included in the Strategic Health Authorities and GP Registrar (Amendment) Directions 2005, which were issued in June. The relevant direction only states that the trainers’ grant has been increased - but makes no reference to the £750 payment. The GPC have written to the Department of Health asking them to confirm when and how this payment will be made to approved trainers and for this issue to be resolved ASAP.

Funding for Deaneries

The GPC have heard from various sources that SHAs and deaneries have not yet been allocated an educational budget for 2005-2006. Because this is affecting the planning for and the actual training and educational support of all doctors the BMA has written to Patricia Hewitt outlining these concerns. This letter highlighted that the next recruitment round for junior hospital doctor and GP

registrar posts in February normally starts now and that arrangements need to be finalised by early October at the latest. The letter asked for urgent intervention to try to resolve this, particularly in terms of ensuring that GP registrars and junior hospital doctor posts are not cut.

Doctor magazine (23.8.05) reports new deal:

| 05/06 (£) | 04/05 (£) | Increase (£) | % rise |
|-----------|-----------|--------------|--------|
| 3.5bn | 3.26bn | 243m | 7.4 |

Number of funded GP registrars is now 2778 compared to 2435 at 3/05

Focus on Community Hospitals: GPC Guidance

The new GPC guidance note 'Focus on Community Hospital GPs' is now available on the GPC website at: <http://www.bma.org.uk/ap.nsf/Content/focuscommhospgps>

This guidance recognises the problems facing GPs working in community hospitals, sets out the measures that the GPC is taking to remedy the situation, gives details of the DDRB pay award for 2005-2006 and provides advice as to what action GPs and LMCs could take locally.

LMC Conference 2006

Dates are now available: 15th and 16th June (Logan Hall London)

Charging Practices for NED Involvement in QOF PE4

The domino effect seems to be operating here. PCTs do talk to each other and copy strategy

Advice from the GPC office is:

"Many PCTs want to start charging for NEDs. I would suggest that practices leave the NEDs out of the picture and involve a few patients who would be willing to attend a relevant meeting and be involved in this. This has been our advice in the past and I would suggest you do that in the future. I don't think they can make a charge for NEDs already used as this was not made clear beforehand but for the future I would leave the NEDs out."

MMR Shortage

The GPC has been told that the supply problem has now been resolved and practices will soon be back using the licensed product. However, while there are still unlicensed stocks that GPs are expected to use, an assurance from the DOH on indemnity is still being sought.

Partnership Agreements

The GPC has dealt with some difficult and acrimonious partnership split cases recently, mainly due to the fact that there was not a partnership agreement in place. Unless a partnership agreement is in place, a 'partnership at will' will

operate and the partners will be governed by provisions of the Partnership Act 1890. This could result in:

- the loss of the practice NHS contract, with no obligation on the PCT to award a new contract to the remaining partners;
- the forced sale of partnership assets including the premises;
- significant legal costs;
- the inability to exclude one of the partners without a lengthy dispute resolution process or a court case.

The GPC urges practices to ensure that they have a written partnership agreement in place and to check that it is up to date and includes all partners. Further guidance on partnership agreements is available at: www.bma.org.uk/ap.nsf/Content/PartnershipAgreements0504

Jury Service

Representatives of the GPC, senior hospital doctors and junior doctors committees recently attended a meeting with the Department of Constitutional Affairs to discuss doctors' concerns about the implications of jury service on service delivery and practice organisation. The meeting was constructive and, as a result, the BMA is to draft guidance for those doctors who would like deferment or excusal from jury service. We anticipate that the guidance will be available in the autumn. In the meantime, LMC advises constituents that any application for excusal or deferment should be accompanied by detailed reasons, including the implications for service delivery of the absence of the doctor summoned; this explanation may be continued on a separate sheet of paper where there is insufficient space on the jury summons response form.

Further advice may be sought from Rachel Merrett (rmerrett@bma.org.uk)