

LMC Secretariat Newsletter (November 2005)

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NHS Reorganisation

On 28.7.05. Nigel Crisp (NHS Chief Executive) published:

"Commissioning a Patient Led NHS"

He wants to

- Reconsider the optimal size and fitness for purpose of PCTs (by October 06)
- Develop PCTs to support PBC and performance manage all contracts including those with the independent sector
- Accelerate PBC and engage local clinicians in service redesign (Universal PBC by December 2006)
- Secure services from a range of providers rather than just through direct provision by the PCT

At their board meeting on 12th October, the Thames Valley SHA considered a paper setting out three options for PCT reorganisation.

- Three PCTs Oxon, Berks, Bucks with Milton Keynes

- Four PCTs Oxon, East Berks, West Berks, Bucks with Milton Keynes
- Five PCTs Oxon, East Berks, West Berks, Bucks, Milton Keynes

The SHA has recommended to the Department of Health that there should be public consultation on all three options.

The DOH will assess proposals against agreed criteria with a response expected by the end of November. Three months public consultation is likely after this.

Also proposed are:

1. Thames Valley SHA should merge with the Hampshire and Isle of Wight SHA by 1st April 2006.
2. A newly configured Ambulance Trust, coterminous with the new SHA boundaries.

A recent statement from Patricia Hewitt says:

- District Nurses, Health Visitors and other staff delivering clinical services will continue to be employed by their PCT unless and until the PCT decides otherwise

Tender Process for PCT Management in Oxfordshire

Is this a Department of Health experiment, which if successful, could be applied further a field in the Thames Valley?

On 10.10.05 the SHA proposed a tendering exercise for the senior PCT management structure. Bids could come from both within and without the NHS. Speculation about United Health Care, Kaiser Permanente and BUPA is rife.

This surprise initiative has met a mixed response, but has definitely upset many in Oxfordshire.

LMC has organised an extraordinary Open Meeting on 10.11.05. (7:30pm) in the John Radcliffe Hospital

The full implications are still not completely understood so I await the formal tender documents.

The worries expressed to LMC are:

- Transparency: Who is making this decision to look outside the NHS?
- Conflict of interest: Being both Commissioner and Provider, and Shareholder Profit
- Local NHS expertise will be lost forever
- Big companies have an unfair advantage
- More employment uncertainty for NHS staff

Counter Points encountered are:

- Is it really Privatisation or just seeking the best management team available. If that comes from outside the NHS, so be it
- The best NHS Executives should be tested against those outside

- Oxon has recently lost a lot of executives
- There are conflicts of interest even within NHS teams
- Oxon has deficits because current NHS commissioning is too weak. The resources and skills of large companies are needed to sort this

Unison now has a website dedicated to this issue on

www.keepournhspublic.org.uk

Petition being organised with view to launching a local referendum on whether Oxfordshire wants the control of health services privatised

A recent statement from Patricia Hewitt says:

- The design of the new, stronger PCTs is not a top-down reorganisation.

Over Trading Referral Quotas and Filters

The Thames Valley Health System is overtrading (not living within budget). One focus of attention is the gap between budget and spend for referrals into and within secondary care trusts.

With government targets the old safety valve of waiting lists can't function; hospitals have to perform all referred activity.

Using the old block contracts deficits sat with Hospital Trusts, but under full Payment by Results (PbR) all Thames Valley deficits will move to commissioners.

The solution to over trading is to perform less activity and/or obtain cheaper activity. The problem is that commissioners feel they cannot currently control the activity of referrers and people making decisions on clinical intervention (resource users).

Additionally resource users have no idea how much they are spending.

It seems irrefutable that when spend exceeds budget, someone has to make decisions about rationing or redesign using cheaper options.

If GPs don't get involved in commissioning or PBC then someone else will do it with a likely less palatable result. Demand filters seem preferable to quotas, especially if these are based on a "last in, first out basis". However, it may be that things that are beneficial but not top priority may have to be cut.

As always politicians shy away from advertising this.

Payment Calculations for 2yr old immunisations

Across the Country, many practices have been shocked after seeing their first quarter payment figures that they have failed to reach the 2 yr old immunisation target figures. This is primarily because the number of groups of immunisations contributing to the average percentage vaccine uptake has been reduced from four to two (compare paragraph 8.3 of the SFE05/06 with 8.3 for 04/05). MMR now contributes 50% to the average percentage, making it harder for practices to hit the 90% target.

I gather EMIS predicted reports have not been updated to reflect this change so the sudden failure to reach targets came as a shock to practices.

The GPC has taken this issue as a matter of urgency to the Department of Health. They are pushing hard for informed dissent to be recognised as reason for excluding patients from target calculations. Government is seeking MMR dilution by adding in MenC but GPC wants resources to follow this.

Post Graduate Medical Education & Training Board (PMETB)

On 1st October 2005, responsibility for certification of vocational training moved from the JCPTGP to PMETB. Some problems with this change have appeared quickly.

- The cost of obtaining certification is significantly higher than before.
- Processing of applications is taking longer, possibly preventing some newly trained doctors from working.

Details on the new system can be found at <http://www.pmetb.org.uk/pmetb>
The GPC and RCGP are working together to improve matters, but so far have found the PMETB response unsatisfactory.

Issues at end of Registrar Year

LMC has been alerted to the plight of some Registrars being unable to work as a GP immediately after their training year ends because of delays in paperwork
I have researched how this might be avoided.

The following points may be useful:

- Registrars must apply to go on a performers list before they begin work in their training practice.
- Once the list application is submitted the regulations allow a new registrar to work in that capacity for a maximum of 2 months without having their list application completely approved.
- Registrars coming to the end of their training year need to plan in advance.
- Until Registrars have officially altered their performers list status from registrar to that of a fully vocationally trained GP they cannot practice independently of their trainer.
- Any record of required hospital posts should be sorted well in advance of the end of the Registrar year because it is often the source of bureaucratic hiccups.
eg not all posts are within the 7 years before application for CCT
(Certificate of Completion of training)

- Armed with a PMETB certificate the next task is to apply to join a performers list. The forms and details of the support documentation needed can be obtained from the TVPCA (Berks and Oxon) or Bucks PCSS
- If necessary this application can be fast tracked by phoning:
TVPCA: (Joy Blight or Jeniene Scott) on 0118 918 3333
Bucks PCSS: (Janet Cockfield) on 01296 310085 or
janet.cockfield@bssmail.nhs.uk
- I have asked for the process and forms for list application or status alteration to be placed on the TVPCA website to avoid unnecessary postal delays.

It already exists on the Bucks site:

www.buckshealth.nhs.uk/pcss/Medical/MedicalPerformersListApplicationa.doc

Premises Capital Grants

BBOLMC has highlighted the joint SHA/PCT decision not to spend the Thames Valley share of £108 million money for 04/05 and 05/06. This decision is apparently a response to the system wide financial deficits. The GPC has received confirmation from the Department of Health that the money cannot be spent on anything other than "qualifying capital developments". What is doesn't say is how long the spend can be delayed so this may be false reassurance.

Avian Flu Pandemic Planning

This issue is currently featuring highly in the media. The Secretariat is involved in local planning across the Thames Valley. If illness rates become high, flu will inevitably dominate practice workload. I am sure GPs will play their part but they must not be financially penalised for doing so. Some neglect of QoF preparation will be inevitable in pandemic circumstances. I have asked the GPC to agree a mechanism with the Department of Health that will ensure if complete QoF catch-up was not possible post pandemic, then practices income would be based on data from the most recent non-pandemic year. The GPC have recognised the need for such negotiation and will take the issue to the Department of Health.

Other pandemic issues currently being worked through are:-

- How to communicate involving knowledge and advice to front line clinicians.
- How to protect front line clinicians (masks, vaccinations, antiviral drugs)
- How to use doctors efficiently in a pandemic.

The national flu pandemic plan has been revised and can be found at:

www.dh.gov.uk/PandemicFlu

Involving not marginalising LMCs

Across the three Counties, PCTs seem to be collaborating in reaching commissioning decisions to deal with the current financial deficits. Many of

these decisions will effect how GPs refer patients. I believe the LMC should be involved early: better to avoid unnecessary conflict and reach compromises which are acceptable to both sides.

Some of you may have heard the Today programme on 12th October. This followed the leakage of the Commissioning Board paper for Buckinghamshire on the subject of referral caps and referral diversion. My personal view is that such initiatives are necessary in the modern NHS but their development should not take place behind closed doors and the LMC as the statutory representative of all practices should be involved in any change.

We have a similar situation in Berkshire where a new PCT collaboration in the West (CAG) seems to have agreed a list of ineffective referrals to secondary care and notified the LMC very late in the process. In Oxfordshire, the equivalent committee to CAG is called CLAG and the LMC have been involved from the outset. I would much prefer it if Bucks and Berks took the same line ensuring LMC involvement.

I am writing to all PEC Chairs in Bucks and Berks to set up better liaison mechanisms between the Secretariat and new PCT collaborations.

Cameron Fund (CF)

The CF is a charity providing help and support to GPs and their dependants suffering poverty, hardship or distress. It has written to LMC seeking help in obtaining donations (which can be gift aided) and bequests.

The CF stress that pension schemes, insurance schemes and state benefits don't cover all eventualities and that their work s essential.

Four million pounds has been distributed since 1970 across 900 cases.

The current case load is about 70.

A mandate is available if practices wish to donate a certain percentage of their income at source - CF suggest 5p per patient per year, which would equate to £90 per year per practitioner (£54 per annum after tax).

Further details can be found at www.cameronfund.org.uk

Primary Care Development Scheme (replacing the golden hello scheme)

Late in August, the Department informed Strategic Health Authorities and PCTs of the Thames Valley allocation of £292k. I made initial inquiries and was told that a Lead Thames Valley PCT was being decided on. As the process seems to have stalled, I have again asked for SHA action.

It now seems that Milton Keynes were chosen as lead PCT but confusion over whether they were merely the banker or responsible for coordinating distribution decisions has led to an unnecessary delay.

Could this be linked with the Thames Valley financial deficit?

I am urging the SHA to move things forward more quickly.

LMC Representation of Sessional GPs

As a sessional GP and full time LMC Secretary, I was interested to read an article on LMCs in the October/November NASGP newsletter. To my mind, it was factually wrong in many areas and I have passed the following comments back to the organisation.

- How LMCs operate and who they represent is governed by the unique constitution of each LMC. It is therefore not possible to describe in one statement how the same issue would be handled by different LMCs.
- Statements in the article implying obligatory use of electoral reform society and rules of how sessional GPs register for a vote are wrong.

Annual Conference of LMCs

This takes place on 15th & 16th June 2006 in the Logan Hall, London.

- Lists of the County reps need to be sent to the BMA by 15th December 2005.
- Deadline for motions to the GPC is noon 18th April 2006.

Dovedale Counselling (Berks & Oxon)

Two of the three Thames Valley counties purchase a counselling service for GPs and their admin staff and immediate dependents.

Details are available on www.dovedale.co.uk

Click the tab "support for NHS staff"

The Password is GP-CARE (case dependent).

The webpage includes an online self referral and useful literature.

The original pilot service began in October 1995 (Bucks, Berks, Beds & Herts and others). Oxon joined in 1998 and Bucks opted out in 2002 when an alternative provider was found by the Health Authority.

Dovedale invoice

- Newbury PCT for 453 GPs
- South West Oxon PCT for 461 GPs
- The cost is £13 per GP family per annum in Berks
- And a sliding scale in Oxon (price related to usage)

Normalisation and Miscalculation of Global Sum Payments

This issue is dragging on, much to everyone's frustration. The Department of Health appears unable to sort this out quickly. The GPC is pressing for greater speed.

Trainers Pay

The 34th DDRB report recommended that all approved GP trainers should receive a general payment of £750 per year towards their CPD costs. The Secretary of State appeared to accept this recommendation but Ministers now seem to be backtracking, claiming they never agreed this component of the report. The GPC has been forceful in its condemnation of this approach and the DOH has backed down.

Is the government preparing for clawback?

Quote from recent GPC News

"Government, PCTs and Department of Health say they have spent considerably more on the GP contract than they intended and early evidence is that GP income has risen significantly above what was expected."

There also appear to be vague political campaigns to portray GPs as overpaid and underworked. Such comments give an indication of government strategy that may be preparatory to clawing back the recent financial benefits of the GMS contract. The White Paper consultation "Your Health, Your Care, Your Say" has been criticised for slanting the questions to the public in order to obtain a predetermined result. Government will then be able to increase workload burdens on practices and cite the public wish as justification. The GPC is planning a counter campaign to promote general practice and capitalise on the existing high regard general practice has with the public.

A White Paper on "Out of Hospital Care" is expected sometime later in the year. There is some speculation that this is proving hard to write because of contradictory government policies eg C&B vs PCT commissioners living within budget

GMS Contract Review

Negotiations between the GPC and NHS employers are continuing. Some changes to QOF are expected by April 2006. The allocation formula group (global sum) report will be consulted on in 06/07. There will be no formula change before April 2007.

There is also discussion on funding for PBC and Choose & Book and GPC is seeking a legal view of creeping "planned" underspend against the enhanced services floor

Practice Based Commissioning

■ Peter James (SHA lead on Clinical Engagement and ex PEC Chair of Slough PCT) has organised with MSD a meeting on PBC
Friday 18th (17:30) to Saturday 19th (13:00) November
Marlow Crowne Plaza

For details contact Laura Pearson
07779 706532

laura.pearson3@merck.com

▪ West Berkshire PCTs are holding a PBC event on Wednesday 9th November 09.00 - 16.00 at Blue Mountains Conference Centre nr Bracknell
Details from Sandy Briddon
0118 982 2892 or sandy.bridon@berkshire.nhs.uk

▪ GP Bulletin 46 (November 2005) announced that from December within each SHA, a single PCT and selected practices will get extra support with implementing PBC under a National Primary Care development Team (NPDT) programme
Further details from
Jacquie White (0161 236 1566 or jacquie.white@npdt.nhs.uk)

QoF Visits

This years QoF visits are now underway. There is some difference in approach across the Thames Valley, creating confusion for practices. The Berkshire PCTs worked together, produced pre-visit forms and issued 'best practice' guidance. Many practices interpreted the guidance as essential requirements for QoF. This is not the case. Remember the rules on QoF are dictated by the SFE and can not be altered.

Other PCTs have rolled all the required practice visits (QoF and Contract Review) into one in order to relieve practices of a constant round of PCT visits. However, they have not made clear what are contractual requirements, clinical governance requirements and QoF requirements.

The LMC have asked them to amend their paperwork to provide clarification. Please let us know if you are experiencing any difficulties with this one.

Primary Care Incident Decision Tree

See www.npsa.nhs.uk/health/resources/incident_decision_tree?contentId=3020

The NPSA (National Patient Safety Agency) has released a new web based version of the "Incident Decision Tree" (IDT) to help managers analyse serious patient safety incidents.

Although originally tested in secondary care, IDT has now been extended to cover primary care.

IDT is part of a drive in the NHS to move from "who is to blame" to "why did the individual act in this way?"