

Letter From The Secretary

March/April

nGMS day is upon us despite all the difficulties with many issues unresolved for lots of GPs. When the history of the contract is written it will not make happy reading for the Profession, Department and most probably the Treasury. It is clear now that the government has badly miscalculated the cost of OOH provision both in terms of manpower and cash.

However, the political imperative to begin the fragmentation of services is such that OOH will go to PCTs by 01/01/05 no matter what.

It is clear that the GMS contract will not address recruitment and retention in general practice but is likely to have the reverse effect. The concept of a Contractor, rather than an individual relationship with the PCT, added to NHS profits having a direct link to superannuation and seniority payments means the number of Principals will decrease. In a few years the GPs holding the contract will be the entrepreneurs who will deliver their contractual obligation using a diverse skill mix of employed healthcare workers, some of whom may be doctors!

This will suit the government just fine, after all doctors are the most expensive healthcare workers to train, pay and pension off. Blair and Milburn probably had their tongues firmly in their cheeks when they heralded 2000 more GPs by 2004. Although they will claim to have achieved this target, it adds up to less than 50 whole time equivalents.

The new contract requires a whole new philosophy. The Patient Services Guarantee is the responsibility of PCTs and they alone will decide on the shape of services to meet the need of their population. They will be wise, of course, to consult with the profession but the buck stops with them. This is why GPs are not Preferred Providers for the majority of Enhanced Services.

The corollary to this is, of course, that GPs will be looking critically at their business plans and examining the cost benefit analysis of providing Enhanced Services at all and may take the view that many of them are not worth the candle. Perhaps they can use the time released for pursuing more fulfilling and profitable activities.

This is part of the huge philosophical shift accompanying nGMS, not least the fragmentation of services which is bound to affect continuity of care and undermine the traditional holistic and pastoral nature of UK general practice. Maybe the new world will be better, maybe not. It will certainly be the elderly and vulnerable, both patients and doctors, that will feel the draught of change the most.

Cash flow will be really difficult in year 1 but those practices that are well organized for their Q and O will reap rewards in year 2. The key to good business management is to organise cash flow, scrutinize costs carefully, hold minimum stock and remember your staff are your greatest

Christopher Truitt

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NEW LMC SECRETARY

I am retiring as LMC Secretary at the end of July. Dr Paul Roblin, currently part time LMC Secretary to Oxford LMC and GP in Oxford, has been appointed as my successor.

I am sure he will serve you all well and wish him every success in his appointment.

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LMC Elections

You should all have had LMC election papers by now. The way GMS and PMS are developing makes it very important to have a strong representative voice.

The LMC is recognized by Statute and the Local Reference Committees are now in the Constitutions which have been agreed with PCTs.

The current elections are for the vacancies on the County Committees created by compulsory retirement which is rotational. All retiring members may seek re-election.

Members elected to the County Committee automatically sit on the Local Reference Committees in their Constituency, which currently are where the main action takes place.

Times of change present opportunities and threats and the representative structure needs GPs with enthusiasm and purpose who wish to try and influence events. I cannot emphasise too strongly the need to keep the Committees active.

Don't hesitate to put your name forward. Contested elections are healthy for democracy and strengthen the structure.

The County LMCs meet about 5 times a year and the Local Reference Committees every other month in each Constituency. There is a moderate honorarium for each attendance and the meetings of the Local Reference Committees are held at lunch time, the County Committees meet in the afternoon.

Motions to Conference

Both County LMCs will be considering Motions for the LMC Conference.

Please either contact your local rep, or the Secretariat, with matters you would like to Committee to consider for submission as resolutions for debate as soon as possible.

Dr Peter Johnson

Dr Peter Johnson, who has served the LMC in Berkshire for many years as a member, Vice Chairman and Secretariat Board member, has resigned on taking up the position of PEC Chair at Reading PCT.

All the Berkshire GPs owe him a debt of gratitude for all his service and wise counsel.

Fitness Programmes

GPs are increasingly being requested to sign Fitness to Exercise Questionnaires sent by Health Clubs.

There are varying opinions as to whether or not it is advisable to fill in such forms and it will be down to individual choice in the end. An appropriate fee should be charged to the patient or organisation seeking the information and certificate and an appropriate consent signed.

Bucks LMC approved a form of words "A properly graduated programme of exercise is shown to be beneficial to people with high blood pressure and I know of no reason why should not undertake such a programme"

Members charged between £15 and £20 for a short certificate.

Our web site averages 1000+ hits per month. Why not have a look? www.bbimc.co.uk

Information about the Global Sum, Open/Closed Lists, Preferred Provider Status, Health Service Body Status, Partnership Agreements, OOH, Prevalence and Superannuation Contributions can be found in our Jan/Feb Newsletter.

If you no longer have your copy, you can access the information

➤ **Pneumococcal Immunisation**

Pneumococcal Immunisation for >75s will be incorporated into the Flu Des with an additional payment for each vaccine administered.

➤ **OOH (Again)**

Most PCTs are hoping to be in a position to take over OOH by 1st October. Make sure you give notice to opt out by 1st April.

In the interval each Contractor will have the responsibility of providing Essential Services in the defined OOH period. They can, as before, sub-contract this responsibility to an approved OOH provider.

Saturday mornings will be treated in the same way as any other OOH period. If there is no OOH provider to cover this period then the Contractor must make other arrangements. This does not mean they have to provide a surgery but must ensure a patient can be seen if it is clinically necessary. There may be different rules applying to PMS Practices depending on what their individual contract defines.

➤ **PMS**

The final Regulations covering the variations to the present contracts have just been published. Every PMS contractor should have a copy to refer to. They are published by HMSO. The Statutory Instrument is 2004 No. 627 and can either be downloaded from the web <http://www.hmso.gov.uk/si/si2004/20040627.htm> or purchased by contacting TSO customer services 0870 600 5522 or email customer.services@tso.co.uk. I am not going to summarise the document as it runs to 142 pages.

The tariff for OOH opt out will be of particular interest and is currently set at £6k per 1838 patients. This is likely to be adjusted downwards to reflect the downward movement of the cost in nGMS because of the application of Carr Hill to GSE.

➤ **Essential and Enhanced Services**

The big debate going on is about where the boundary lies between Essential and Enhanced Services. You may have seen articles in the comics about speeches made at NatPact Roadshows.

I attended the Gatwick event and Rob Webster, whilst choosing his words carefully, certainly made much of Para 2.19. iii of the implementation Guidance. This refers to the transfer of

responsibility for work paid under the SFA to nGMS as Essential Services. The so called John Wayne clause “a man’s gotta do what a man’s gotta do” (actually it was Gary Cooper in High Noon before the shoot out). The implication is that anything that you were doing for no identified additional payment under GMS transfers over to nGMS. There are clearly some Services that are not Core/Essential. The “List” that has been circulating including Zoladex, among others, identifies some of these.

This has to be seen in the context of Para 12 to Schedule 2 of the current GMS Regs which compels GPs to provide such services to patients usually provided by a General Practitioner. Therefore, if a significant minority of Practitioners were not providing the service then it is **NOT** covered by Para 12. Furthermore, any procedure in the fringe area would be open under current Regs to refer to secondary care.

The Patient Services Guarantees rests with the PCT. They will not wish Contractors, on 1 April, to tell their patients that they no longer are paid to provide service “x” and to go to the hospital. This will be bad for the patients and their relationship with their practitioner and very bad for PCTS. On the other hand, GPs have a legitimate expectation to be paid for what they provide outside Essential and Additional Services.

The LMC supports a transitional phase so that patient services may be secure. To achieve this a LES to include a basket of services at a very moderate price is a way forward. Such a LES would be short term, 6-12 months, after which a review of activity could be undertaken and suitable contracting arrangements put in place for future years. This would establish the principle that the “Basket” services do not form part of Essential Services.

The plot thickens. PCTs must consult with LMCs concerning their Enhanced Services floor spend. That is to say LMCs may comment on whether or not they believe the services included in the floor are within the definition of an “Enhanced Service”. The definition is described in Paras 2.78-2.80 in the implementation Guidance. The key phrase is that to be an ES they must be “contestable” by PMS and GMS practices. E.g. podiatry cannot be included. If some PCTs after challenge have to rethink their Enhanced Services Floor, this may free up some funding for GP-led service provision but will give PCTs some difficult commissioning/decommissioning choices in view of the widespread predicted budget deficits.

The powers that be at the Health Authority are aware of the “Basket” principle and perhaps there may be a HA solution sought. **The LMC is working on the problem but it is unlikely to have a solution by 01/04/04. It is probably a good idea to continue the services you have been providing while negotiations continue. If they go nowhere then practitioners can always refer to secondary care. However, the choice is yours.**

Keeping up with information is of huge importance at times of great change.

Some GPs are very well read on all the new documentation and others less so! I have heard of one or two GPs that hadn't opened their spreadsheet before being visited by the PCT for their contract meeting.

Practice Managers are becoming an ever more important member of the team. GPs will have to rely on good management to maintain both cash flow and profit.

The LMC communications rely on the Newsletter published about every other month, the Website which is being visited by more people every week, and the List Server which has about 180 subscribers.

Pauline Green is putting more and more documents on the List Server which, hopefully, are of relevance to you.

Some PMs do subscribe and those that do not are very welcome to join (contact Pauline at the office).

We would appreciate feedback on how our communications are reaching you and any suggestions as to how we may improve things.

SECRETARIAT LIST SERVER

180+ GPs and Practice Managers have now signed up to our List Server, established to facilitate the exchange of information, views and ideas, across the two counties.

If you would like to join them, you can do so via our web site, or by sending your preferred email address to:

GPC REGIONAL REPRESENTATIVE

Dr Eric Rose is the GPC Regional Representative for both counties.

You can contact him by telephone on 01908 393979, or by email at:

ericdrose@aol.com

YOUR SECRETARIAT TEAM

Dr Christopher Tiarks, Medical Secretary (email: christopher.tiarks@bblmc.co.uk)

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Web Site: www.bblmc.co.uk

Your LMC Representatives Are There For You – Please Use Them

They are there to help and advise you and can be contacted with:

- ⇒ queries;
- ⇒ topics you would like raised at the LMCs' County or Local Reference Committee meetings;
- ⇒ your views.