

Summer  
2002



## WEB SITE

We've got a new web site!

Why not check it out and let us know what you think?

[www.bblmc.co.uk](http://www.bblmc.co.uk)

Suggestions for additions/amendments welcome to:

[pauline.green@bblmc.co.uk](mailto:pauline.green@bblmc.co.uk)

### Inside this issue:

Web Site	1
Welcome	1
2002 AGMs	1
Letter from the Secretary	2
Your Secretariat Team	2
News	3
Reminder – LMC Representatives	3
News (Continued)	4
County LMCs	4

### INSERTS:

1 Classifieds  
2 Hypertension Insight  
(NB: only a limited number of copies of this insert are available and they will be shared equally between the practices in both counties)

### WELCOME

We are delighted to welcome to the Secretariat Team Mrs Michelle Walker, Administrative Officer, who joined us on 27 May 2002.

Michelle has settled in well and her contribution to the Team is already much appreciated.

### 2002 AGMs

Arrangements for the Annual General Meeting for each county LMC are underway.

It is likely that Berkshire's meeting will be held in October and Buckinghamshire's in November.

More news next month.



Mere House Dedmere Road  
Marlow Bucks SL7 1PB  
Phone: 01628 475727  
Fax: 01628 474731 or  
01628 481173

## Letter From The Secretary

The Medical conference season is over and both Hospital Consultants and GPs are focused on their respective contracts. Not all is smooth as the Junior Hospital Doctors felt that unlike their GP counterparts they had not been consulted on the new Consultant Contract. Despite a heated debate at the ARM of the BMA representing a Seniors/Juniors split the profession felt that the new Consultant Contract should be supported.

The LMC Conference and the Special (Contract Framework) Conference were held on the 19 and 20 June in London. Despite all the hype they were muted affairs. MMR and Violence towards GPs were hotly debated but all the first day's transactions were overshadowed by the expectations of the following day.

However the Conference very early in the proceedings voted by a significant majority to welcome the proposed new Framework thus stifling reasoned opposition and a full debate on the issues. The representatives were clearly in support of the Framework and listened reasonably courteously to those few expressing a counterview.

The majority voice at the Special Conference has been solidly reflected in the ballot result:

**75.8% For  
24.2% Against  
in a turnout of 68%.**

There can be no doubt therefore that the profession wishes the negotiators to pursue the new arrangements to a satisfactory and logical conclusion. In the press release John Chisholm, who was lauded by the Special Conference, must feel a sense of achievement albeit that the serious negotiations start now, acknowledged the holes in the Framework concerning Pensions, Demand Management and Allocations. There will be no deal without a resolution of the outstanding pension issues. Apart from satisfactory pricing

GPs will need to see an end to allocations and robust mechanisms for demand management. The negotiators will be under no illusion as to the size of the task ahead of them bearing in mind the parlous state of recruitment and retention and that any agreement will be the template for many years to come.

The Audit Commission report which largely supports the new Framework, like the profession expresses grave doubts about the possibility of recruiting staff into primary care to deal with the spiralling demands in an ever increasingly complex discipline.

It is implicit in the proposals that much power will devolve to PCTs who as yet have not the resources and in many cases the expertise to deliver. These and many other points will emerge as the continuing debate unfolds over the next few months. It seems that the dye is cast in respect of Out of Hours and that the responsibility for the provision of this service will pass to PCTs sooner rather than later. This raises the question as to the future viability of Co-operatives as currently constituted. The transitional period between opting out and opting in will be particularly testing and the situation will become clearer when the pricing of the contract and the OOH commitment costings are completed. There is a huge risk that vast reservoirs of experience may be lost unless the PCTs are particularly forward thinking.

No doubt when the contract negotiations are complete the LMC will organise the necessary meetings for the profession to debate fully the implications of acceptance of the definitive priced proposals in the second ballot.



### YOUR SECRETARIAT TEAM

Dr Christopher Tiarks, Medical Secretary  
Ms Jane Solomon, Director of Development & Liaison  
Mrs Pauline Green, Administration & Information Manager  
Mrs Michelle Walker, Administrative Officer  
Mrs Gillian King, Office Assistant  
Email addresses:

christopher.tiarks@bblmc.co.uk  
jane.solomon@bblmc.co.uk  
pauline.green@bblmc.co.uk  
michelle.walker@bblmc.co.uk

Web site: [www.bblmc.co.uk](http://www.bblmc.co.uk)

## ◆ ECMS Update

The system still is causing a lot of bother to a lot of GPs although some are finding it OK and relatively user friendly. The LMC having been excluded from the Project Board since April, I have now been invited to the local Project Team meetings in the last month and am getting a feel for what is going on.

The isochrones make interesting viewing. In Buckinghamshire there are large areas where the system could not possibly deliver benefit and I am waiting to see the similar isochrone map of Berkshire.

The Buckinghamshire LMC is reserving judgement until it sees the outcome of the evaluation process. All of you should have been sent an evaluation form with an impossibly tight turnaround time. I spoke to Elaine Bennett asking her to extend the return time. This has been done so if you have just got home from holiday do return the form even 'out of time'. 600 have been returned so far from all sources.

The message is definitely getting across from the local Project Groups to the main Project Team that the current system isn't delivering the promised changes. There is clearly pressure to decide what to do next. What is certain is that the LMCs and GPs and other stakeholders will have a chance to comment on the analysis of the evaluation and future proposals before the Chief Executives make a final decision. Most of the Acute Trusts are not finding benefit, as it is clear the main problem we are facing is inadequate capacity and until that is addressed all Management Systems will be struggling.

Elaine Bennett, the erstwhile Chief Executive of the South Bucks PCG, is the Project Manager and is coming to both the county LMCs in September to give a presentation. An early steer from the evaluation is that most of the comments are negative and GPs should certainly not sign up to a system that is causing them difficulties **without delivering benefit to patients.**

After September 18<sup>th</sup> when the pilot comes to an end the system is likely to stay in place until the evaluation/consultation has been completed. A variety of suggestions have been put forward as to what happens next, from going back to the old system to local single points of access across the health economy. However, it is premature to think along those lines until it is clear whether anything good has been learnt from the pilot that is worth taking forward or developing.

The LMCs will be in touch with all GPs after their next meetings with an update following the report from Elaine Bennett and advice to GPs as to how to act in the future.

## ◆ Watch what happens to GMS Underspends

GPs need to be vigilant about what is happening to money that is earmarked for GMS. In many cases where there have been GMS underspends this money has gone to 'shore up' overspends in other areas, frequently prescribing overspends. This is clearly inappropriate when GPs are crying out for additional funding for note summarisers and computer hardware, to name but two.

When challenged PCTs hide behind the fact that the total health economy was

overspent and they are required to be in financial balance at year end. But, given that primary care receives only 20% of the overall budget, it is hardly equitable for PCTs to take money earmarked for GMS to feed the greedy giant that is secondary care. How long can primary care be expected to operate on a wing and a prayer?

## ◆ Workforce Crisis

Since April 2002 the Government has changed the methodology of sanctioning new GP appointments. Assessment is now calculated not on the traditional notional list size but on a list size based on weighted capitation.

The notional list size target for a WTE GP under the old system was approximately 1800 patients. The current national average number of WTE GPs per 100,000 – weighted capitation is 53.2. The government target is 55.7 WTE GPs per 100,000. However, the Thames Valley StHA is already over target for GPs with only Slough PCT area allowed unlimited growth.

Applying the weighted capitation formula in Berkshire and Buckinghamshire PCTs, there is only an ability to increase the size of the workforce by 3% which in the case of areas such as Wokingham equates to 2.25 WTE. This is a PCT area where there are current vacancies of 3.75 WTE. Newbury PCT is also facing a similar dilemma.

GPs in all areas are suffering from high workload plus increasing allocations and this latest blow to the recruitment crisis will only fuel the fires of discontent within the profession.

### 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.

## NEWS (continued)

### ◆ GP Appraisal

The profession accepts the concept of appraisal as a developmental process and not as a management tool. Following negotiation with the GPC Nigel Crisp has sent guidance to PCTs as to their responsibilities.

PCTs are busy trying to implement mechanisms for GP Appraisal. The LMC has not yet received full proposals from any PCT but has written recently asking for the final proposals. Despite this some PCTs are starting appraisal before agreement has been reached.

It is very important that GMS GPs realise that their terms of service requirement to undergo appraisal is only valid if the process is properly funded after consultation with the LMC. The Guidance is quite specific. The cost of allowing the GPs' work to continue unabated while they are absent for the appraisal process, both preparation and the appraisal itself, must be borne by the PCT. **Therefore using protected time initiatives where the work stacks up with only emergencies covered is wholly unacceptable.**

Other unacceptable means of providing appraisal that may be used by PCTs:

- ❑ tying the process in with PGEA;
- ❑ using Incentive scheme money to fund the process.

Any GPs who enter into arrangements for appraisal in any of the above ways will be selling themselves and their colleagues short. The GPC negotiators worked hard to achieve the acknowledgement of the Department that appraisal was not an 'extra' but part of the GPs' work commitment.

Opinions vary as to how much time is involved. The GPC says 13.25 hrs are necessary the Department says 6 hrs. The figures for the cost of an appraisal (both parties) vary across the country. As the PCTs are unable to identify funding they will be looking for the cheapest option. In order to achieve this they are likely to try and persuade GPs to accept one of the three 'No No' options outlined above.

Some PCTs have earmarked as little as £350, which of course doesn't even open the betting. If 13.25 hrs are necessary £1000 will be the minimum requirement for each appraisal. However we await the PCTs' proposals with interest and the advice of the LMC is not to participate until the process has been properly agreed. **Don't forget the obligation rests with the PCT not with you.**

### ◆ Your Representation

Parliament is now in recess until October. This means that NHS Reform Bill will not be enacted until the autumn at the earliest.

This Bill will transfer responsibility for FHS to PCTs and the statutory relationship between LMCs and Health Authorities will cease. LMCs after that time will relate to a PCT or group of PCTs. It is for this reason that in our two counties we have set up the Local Reference Committees, one for each PCT, under the umbrella of a countywide LMC.

The system on the whole is working well apart from one Berkshire PCT that is clearly trying to undermine a strong appropriate GP voice through the traditional statutory LMC pathways.

The Thames Valley Health Authority has approved the current mechanism, which we intend to continue after the legislation changes. To this end the Secretariat is working on a new Constitution, mirroring the present arrangements, which will be necessary when the new legislation is on the statute book. The new Constitution will need to be approved by the PCTs in the two counties.

Both County LMCs feel it important to keep a countywide body to look at the broad important political issues but that the Local Reference Committees are proving very useful in establishing constructive relationships with PCTs. It is highly unlikely that the current configuration of PCTs will last long. Nick Relph, erstwhile Chief Executive of Berkshire Health Authority and now Chief Executive Officer of Thames Valley Health Authority, has already rationalised the Oxfordshire PCTs. We therefore need to keep a flexible arrangement that can adapt to future changes. Who knows East Berks/West Berks, Milton Keynes, Mid Bucks and South Bucks may emerge. This is just one of the many possible permutations. It is rumoured that there may be new PCTs that cut across county borders.

You will be kept informed but do use your county and local Committees. Make them work for you. Don't hesitate to let the Secretariat Office know about your concerns so that we may take them up with the PCTs. Although, quite rightly, primary health care is now being looked at from a multidisciplinary standpoint, you as GPs are pivotal in the success or failure of the new arrangements. Failure will benefit nobody.

## COUNTY LMC MEETINGS

Buckinghamshire county LMC meets next on 06 September 2002 and Berkshire county LMC on 10 September 2002.