The Secretariat of Berkshire & Buckinghamshire Local Medical Committees

NEWSLETTER

Nov/Dec

Letter From The Secretary

The Timetable for the new contract is becoming clearer. The negotiations are coming to a close and the priced proposals will be published at a special LMC meeting for Chairmen and Secretaries on January 10th. There will then be a series of Roadshows before a ballot in late February with the results being published for start of implementation, if the profession approves, on 1 April 2003.

Following the recent letter from John Chisholm to the profession it is clear that the "must deliver" areas of pensions, demand management and enforced allocations are high hurdles.

Will the English Consultants' rejection have a knock on effect on the GP negotiations? Let's hope that the Department will be keen to avoid another rejection by ensuring a pricing package that interests GPs. If properly priced it is possible that the PMS carrot may look less succulent thus securing national negotiations for the majority for the foreseeable future.

Out of Hours remains a big challenge to PCTs. Although much work is going on around Accreditation and Assessment of providers many of the questions hanging over the transfer of responsibility from contractors to management are unanswered and may ultimately mean that some co-operatives cannot continue "to trade".

The 'comics' have published remarks attributed to Mike Farrar of the NHS Confederation that private companies could receive National and Local Enhanced Contracts if these were not taken up by local practices. It does not take the intellect of a genius to imagine the next move. How prepared are you to slip into commercial mode should the need arise? There can be little doubt that the remuneration packages may look very different after 1st April. The workforce problems, arising from the government's weighting formula produced at York University, will compound the difficulties and it is possible that in some areas of the UK primary health care will be driven in the same direction as dentistry. This is all in the realm of 'horizon scanning', however, and there are matters in the 'here and now' which are concerning all GPs.

These are:

- ECMS
- Violence towards GPs
- Appraisal

and there are individual pieces about progress in this Newsletter.

The GPC has not yet published the timetable of Contract Roadshows. The Secretariat, on the instruction of the LMCs, is provisionally making arrangements for either **21 or 28 January**, again at Adams Park in High Wycombe. You will all be alerted when the final arrangements are made.

Both AGMs have been held which have approved the constitutional changes necessary to satisfy the new legislation. The office is still waiting to receive formal recognition from PCTs in both counties. However business carries on as usual and as the relationships develop each organisation is learning how the other ticks, hopefully to the mutual benefit of both in the long run.

The AGMs, although poorly attended, were enjoyed by those that came. Dr Evan Harris MP, in Berkshire, and Dr Tony Stanton OBE in Bucks, gave excellent presentations as the evaluations testified.

Christopher Tiarks

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Inside this issue:

Letter from the Secretary	1
Contract Update	2
Roadshow Update	2
STOP PRESS: Contract Roadshow	2
Appraisal Again	3
PCTs & Practice	3
Reminder – LMC	3
Patient Advice &	4
Partnership	4
A Message for Practice Managers	4
Flu Vaccinations	5
Junior Members	5
Consent & Confidentiality	5
Snippets: ECMS Email Referrals	6
Christmas	6

INSERTS:

1 Classifieds

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

Contract Update

Three of us from the office attended the LMC Secretaries' Conference in London. John Chisholm gave an update on the Contract negotiations. He made it clear that the Negotiators would not be selling the contract but rather explaining the detail after pricing. He made it equally clear that if certain parts of the negotiations were unsatisfactory the Negs wouldn't hesitate to tell the profession that the outcome was unsatisfactory.

One or two matters became clearer. The formula for the weighted distribution (notional list) of the global sum for the Essential and Additional Services is nearing completion. Although it is coming out of York University it is **NOT** the same formula that has been used for manpower distribution that has so disadvantaged many of the more affluent areas, particularly PCTs in the Thames Valley StHA. Worked examples are not yet available from the new formula and will not be available until 10 January.

The weightings will take into account such things as:

- Deprivation
- Age/Sex weightings
- Morbidity
- Nursing and Residential Homes
- Rurality

and probably others.

Hopefully this may allow recognition of pockets of difficulty in affluent or average populations. It is possible that the worst fears of a double whammy of diminished income and baseline workforce in some of our patch may be ameliorated or avoided.

Dr Chisholm was emphatic in his comments on the need for the problem of enforced allocations to be addressed in the contract proposals and was less forceful about demand management, which is clearly a major problem because most of the NHS's challenges arise from under capacity.

What is very important is that all practices must be able to calculate what their likely income is to be if the new contract is approved.

There must be a ready reckoner for the ***before and after*** of both GMS and PMS practices so GPs can make an informed decision.

Roadshow Update

The new GP contract is about to hit the newstands!

It will be published on 10th January and the GP ballot will take place at the end of February.

Whichever way you vote will have an enormous impact on the future delivery of Primary Care and on your own pockets.

As a result the LMC are organising another GP Roadshow in Wycombe as well as local meetings in the two counties.

Christopher Tiarks and Jane Solomon are arranging to do presentations for individual practices, Practice Manager and Practice Nurse Groups in the two counties.

If you would like a presentation please contact the office and we will be pleased to come and talk to you or your practice team.

We aim to 'tell not sell' the contract and feel that the more members of the practices we discuss the proposals with the better informed they will be to make a reasoned decision on the ballot.

STOP PRESS:

NEW CONTRACT ROADSHOW DATE CONFIRMED AS

TUESDAY, 28 JANUARY 2003

Details will be circulated to all practices shortly

Appraisal Again

There have been no robust agreements as yet between PCTs and the LMC as to the funding. Some Berkshire PCTs are forging ahead on the grounds of their proposal of £650 per appraisal with £300 being provision for locum cover for the appraisee. This may, or may not, be appropriate depending on the costs of locums in the area, their availability and how long the process takes for individual practitioners. Another solution, which is perhaps preferable, is for the PCT to employ a short contract locum to cover GPs' absence from their practices for appraisal.

It must be remembered that the process will take at least two separate half days as the paperwork needs to be submitted to the appraiser well in advance of the appraisal meeting. This makes locum costs higher than 'a days locum' as two half days usually cost more than one. In some cases the preparation time may take longer than one session and PCTs should budget for this.

In a few cases it may be necessary for there to be a follow up meeting, perhaps after six months. Any such process should also be funded for both parties.

There is general agreement about the purpose and structure of the process and that Form 4 should be the property of the appraisee. The PCT has the right to have signed evidence that the appraisal has taken place and an anonymised Form 4 will help the PCT's educational planning and learning needs assessment. The PCT does not have the right to receive identifiable information other than in the case of a serious performance question. These issues were agreed at a very positive Bucks countywide seminar. Work is being done to establish the costs of locum cover in the county before figures are firmed up.

The appraisers must decide for themselves what is appropriate payment for this important role. They must insist on a proper contract which spells out responsibilities, remuneration and costs reimbursement, indemnity, training and audit arrangements.

There are wider questions about the training and audit of appraisers. The appraisees must have confidence that the process is being taken forward to an agreed standard right across the patch and should be offered a choice of appraisers to avoid conflicts of interest or personalities. There are differing views as to how many appraisals an appraiser should do in a year. The received wisdom is between 6 and 10. This means that each PCT will need to identify and train between 10 and 18% of its GPs to be appraisers. Of course Non-Principals must be included and, therefore, a similar number must be identified for training. There is no reason why Non-Principals should appraise Principals and vice versa. In Slough they have multidisciplinary appraisals where, for example, a Health Visitor might appraise a GP. Although many GPs are comfortable with the arrangement it does not have universal support and is an unresolved question at present.

The whole picture of appraisal is gradually coming into focus. It is a process that the profession is wise to embrace as formative, which will be a major contribution to personal professional development.

Like everything else at the moment appraisal may well be a major item in the new contract.

PCTs & Practice Managers

More and more GPs are rightly relying on Practice Managers for the smooth running of their practices and as a source of information from PCTs as to what the next imperative is.

By the same token PCTs are using PMs as a source of information from practices.

This is fine but everyone involved must ensure that PCTs are not short-cutting consultation by using PMs as a source of information synonymous with GPs when this may not be the case.

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.

Patient Advice & Liaison Service

Patient Advice and Liaison Service – what's it all about?

This new service – PALS for short – is being introduced in every NHS Trust, and Primary Care Trust. The service will provide support to patients, carers and relatives, representing their views and resolving local difficulties by working in partnership with Trust staff and health professionals.

The service is completely confidential and aims to:

- ✓ Advise and support patients, their families and carers
- ✓ Provide information on NHS services
- ✓ Give details of local groups who can give support and advice
- ✓ Listen to patients' concerns, suggestions or queries
- ✓ Help sort out problems quickly.

PALS also plays an important role in helping to improve care, as the anonymised information it receives from people who use services is used positively to influence change.

PALS will complement, rather than replace, the existing complaints service. It is expected that people may choose to speak to PALS first, especially where the difficulty can be easily or quickly resolved.

PALS has a special role when working with independent practices who have their own processes for dealing with problems. Here the emphasis is on liaison with the practice to resolve concerns, as the quickest way to deal with any difficulty is often within the practice itself.

To contact your local PALS service, call your PCT or hospital Trust.

Partnership Agreements

Have you got a partnership agreement?

Unhappily all too often GPs do not realise the value of such an agreement before they need one and it isn't there. The resolution of disputes is often made much easier if mechanisms have been agreed when relationships are good.

You are a Partnership at Will if you haven't got an agreement, or if the personnel of the partnership have changed and you haven't made an appropriate addendum (on the advice of a solicitor) to your current deed. Being in a partnership at will may well jeopardise the security of its individual members.

Yes, it costs a significant sum to put an agreement together and have it engrossed. The cost in the long term often proves to be a good investment. Settling your grievances in court may cost tens of thousands of pounds. Many have thought in the past that restrictive covenants are not enforceable. There is now case law to show that this is not the case.

Your new partnership starts as soon as a partner leaves the partnership or a new partner joins. It is important to have **your deed signed at that time**. Avoid putting off the signing of the deed, as you never know when you may need it. For bridge players it's a bit like taking a finesse before drawing the first round of trumps.

I can think of no other walk of life where you would be prepared to enter into your most important commercial relationship without having the heads of agreement defined, signed and witnessed.

Agreements may have to be scrutinised carefully if and when it is the partnership that is in contract with the PCT for provision of services rather than the individual GPs concerned.

The Negotiators at GPC tell us that if your partnership deed is robust it will take no more than a codicil to deal with the new contractual changes should they arrive.

A Message For Practice Managers:

**HAVE YOU GOT A PROBLEM OR QUERY?
DO YOU NEED SOME ADVICE OR INFORMATION?**

Then why not try me!

I would be delighted to help and, If I don't know the answer, will do my best to find it for you.

**Email me at pauline.green@bblmc.co.uk or contact me at the Secretariat Office Tel: 01628 475727
Fax: 01628 481173 or 01628 474731.**

Flu Vaccinations

The LMC are negotiating with drug companies to bulk purchase flu vaccines for GP practices in Berkshire and Buckinghamshire. This will enable the drug companies to undercut their offers to individual practices and provide practices with a larger profit margin.

There are approximately 200,000 patients in the over 65 group in the 2 counties and the drug companies estimate there are a further 50,000 - 70,000 patients in the 'at risk' group. The LMC will pass on all the cost savings to practices and the drug company will set up direct mandates with all the participating practices as they do at the moment but with the benefit of the bulk purchasing discount.

The LMC is currently talking to all 5 companies that produce the flu vaccine and when all the quotes are received will be writing out to all practices with details of the scheme and the cost savings that practices can benefit from.

If this scheme is successful there is no reason why the LMC can not facilitate the bulk purchase of travel vaccines and other practice consumables

If you have any queries please contact Jane Solomon at the LMC.

Junior Members Forum 2003

As you may be aware, each year the British Medical Association organises a weekend meeting, the Junior Members Forum, which is aimed at budding medico-politicians. They are looking for young members of the Association (within 12 years of provisional registration or 11 years of full registration), preferably who have not attended a previous Forum.

The Forum provides an opportunity to exchange views with around 60 members of the Association from all parts of the profession and take part in medico-political debates in an informal setting.

The 2003 Forum will be on the subject 'Bullying, harassment and discrimination: Still rife in the 21st century NHS?' and will be held in Belfast over the weekend of 12 and 13 April 2003.

There will be 3 or 4 speakers on the Saturday morning followed by working groups in the afternoon. The Sunday will be devoted to debates on motions from Forum members arising from the previous day's activities or other medical/ medico-political subjects. The meeting will finish around 4.00 pm on the Sunday. Overnight accommodation and all meals will be provided from Friday evening and travelling expenses will be reimbursed. There will be a semi-formal dinner on the Saturday evening.

The deadline for receipt of completed nomination forms by the BMA is 5.00 pm on Friday, 17 January 2003.

Please contact Pauline Green at the Secretariat Office if you would like further details, or a nomination form (numbers are limited but LMCs can send in nominations).

Consent & Confidentiality

Questions are being asked about when it is necessary to obtain patient consent for inspection of medical records for a variety of reasons from PPV to performance monitoring and audit of GPs.

In the early days of PPV there was a widely held view that putting a notice in the waiting room that records may be perused for audit purposes was sufficient. Some practices did not accept this, although the initial negotiations were undertaken with the LMC, and insisted on individual signatures for consent.

The Information Commissioner does not believe that putting a notice in the waiting room constitutes consent and that individual patients should be asked to give written consent in every case.

PCTs are increasingly engaging outside agencies to do pieces of work with practices, which involves audit of records. There are serious questions as to whether this breaches patients' confidentiality.

I shall be raising this with all the PCTs in the near future and try to agree the rules by which patient records are exposed to third parties, be they lay or medically qualified.

Snippets

✦ ECMS

The work continues and the LMC is now more intimately engaged with the project management. It is clear that the powers that be are already thinking about the further implications of ECMS in relation to a 'single point of access to services' and the management of emergency services in general. That is to say how 999 calls will interrelate to ECMS?

Although work is being done on identifying those postcodes outside isochrones it is probable that in future most areas will be covered as and when community hospitals are drawn into the system. There is no doubt that the preferred option by all concerned is the removal of the call management from Surrey and transfer to the three ambulance trusts in the three counties although this is not the cheapest option.

Work is being done to make the system more user friendly to GPs and there are signs that the system may be improving to the benefit of all.

You will have all been told that the new project manager is Suzie Loader.

In conclusion although a system for the Thames Valley is going to be retained based on the Surrey software the final version will be very different from that which upset everyone so badly when it was first introduced.

✦ Email Referrals

There is a piece about consent and patient confidentiality elsewhere in this newsletter. The LMC has become aware of email referral systems that could potentially seriously endanger patient confidentiality. We are talking to the relevant PCT and hope to resolve the difficulty shortly.

If your PCT is introducing a system of email referral make sure you are satisfied that the data about your patients are secure. If you are not don't use the system.

✦ Violence

The Department has put a deadline for implementation of HSC 2000/001 for the provision of a place of safety of 31/01/03.

By this date all PCTs must put in place arrangements for the provision of services to violent patients. This not only includes secure premises but the offer of a contract to GPs under a LDS for the provision of the services. Progress in the Thames Valley with the police for the use of custody suites is looking promising.

CHRISTMAS ARRANGEMENTS

The Secretariat Office will close at 2.00 pm on Christmas Eve and reopen at 8.30 am on 02 January.

We wish you all a very Happy Christmas and peace, health & prosperity in 2003.

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