

FLU UPDATE

The price war on flu vaccines eventually came to a close with Solvay and Wyeth being the preferred choice for the LMC.

They gave discounts of 46% and 40% respectively and this resulted in gratifying profits per dose to the practice.

There has been a considerable response in the two counties to these deals. Some practices have used the discounts that we have obtained to renegotiate their deals with their own suppliers.

Whilst this is understandable it is disappointing to the LMC Secretariat, which has worked hard on our constituents' behalf to secure these deals, and it is disappointing that GP practices have not reciprocated with their

support by placing orders with our preferred suppliers.

Next year the Secretariat intends to enlarge the scope of the purchasing group by negotiating deals on travel vaccines and other surgery disposables. We look to the GP practices to support these initiatives when we will again be passing on all the discounts to them.

If you wish to know any further information about the purchase of flu vaccine please contact the Secretariat or visit our website:

www.bbimc.co.uk

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1 Classifieds

SPONSORSHIP UPDATE

We are delighted to announce that Wyeth Pharmaceutical Company became joint sponsors of our Newsletters with effect from 01 January 2003

Wyeth



Erratum:

The 7th sentence of the 6th paragraph of the article 'Appraisals Again' on page 3 of the last Newsletter should have read: "There is no reason why Non-Principals should **not** appraise Principals and vice versa."

Thanks go to Dr Denny for highlighting the omission.

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Letter From The Secretary

We are awash with contract rumours and Chinese whispers. There was a widely reported meeting held on 10 January when the Negotiators presented, to LMC Officers, a 'progress to date' report and the reasons for the recent delays.

I have spoken about the conspiracy theory already, with a push to persuade GPs to sign up to the fifth wave PMS thus losing national negotiations for GPs as a whole. Other reasons for the delay range from departmental incompetence for not making robust staff cost information available in time, to the necessary time for putting primary and secondary legislation in place in the four home countries. Wales and Scotland go to the polls in May to elect their respective legislatures. Only after that can progress be made, assuming the profession votes for the package. There would then follow partial implementation in October with full implementation on 01.04.04.

John Chisholm on the 10 January gave an upbeat presentation and had Chris Town of the NHS Confederation sitting on the platform with him. Some clarity seems to be emerging although as the Negotiators frequently said throughout the day "nothing is agreed until everything is agreed". That means everything may go down to the wire. The whole package will be put to the profession at another Special LMC meeting on 21 February.

If the Negotiators feel that the final package is unacceptable they will use the 21 Feb meeting to discuss other strategies and further action.

Generally good progress has been made in all areas of negotiation although some areas are not yet fully agreed. The critical matters to be resolved remain around pensions and enforced allocations.

The impression given was that remuneration will increase notwithstanding the ability to shed OOH responsibility, probably by April 2005. The quality and outcomes framework has been simplified but covers eleven clinical areas:

- ◆ CHD
- ◆ LV dysfunction
- ◆ TIAs/Stroke
- ◆ PVD

- ◆ Hypertension
- ◆ COPD
- ◆ Mental Health
- ◆ Epilepsy
- ◆ Diabetes
- ◆ Asthma
- ◆ Hypothyroidism.

The quality incremental steps will be independent in each area, evidence based with exception reporting.

The organisational foundation on which the system will be built covers Records, Communication (including patient experience), Education and Training, Practice Management and Medicines Management.

The weighted capitation formula for the distribution of the global sum which covers Essential and Additional Services will be based on:

- ◆ Age
- ◆ Sex
- ◆ Morbidity/deprivation
- ◆ Rurality
- ◆ Staff Costs
- ◆ Nursing and Residential Homes.

Peter Holden gave the impression that the current regulation 38 preventing the provision of services privately to NHS patients would be scrapped or altered to allow GPs to offer limited services on a private basis.

So now it all depends on those two difficult areas being resolved and proper pricing. The Roadshow for Bucks and Berks is on 11 March and has been well publicised. Jane Solomon or myself will come out to give extra presentations to groups of GPs/staff/interested parties. Michelle at the office will handle all requests for such presentations (michelle.walker@bblmc.co.uk).

The ballot on the contract ends on 11 April. Inform yourself and vote hard when the time comes.



Rescheduled New GP Contract Meeting:

11 MARCH 2003

8.00 pm at Adams Park, Wycombe Wanderers Football Club

Hear the details of the new contract direct from a GPC Negotiator and raise any questions you may have

Places limited – don't miss out!!

Contact Pauline Green at the Secretariat Office on 01628 475727 or email her at pauline.green@bblmc.co.uk

Snippets

- **ECMS RIP**

I am sure the word has got round that the end is nigh for ECMS. Few GPs will mourn its passing. Chief Execs clearly thought that it did not provide good value for money particularly with so much opposition from the people that had to work the System. So goodbye isochrones and hello to the old system, whereby a GP rings a hospital who will find a bed elsewhere if they are on divert or whatever (that's the theory anyway).

What will happen to the three Ambulance Trusts is still unsure. It remains to be seen whether there will be further pressure to form a single Thames Valley Ambulance Trust. The politics are unclear.

The Project Team is looking at other systems to manage workload in the Acute Trusts which will not affect the actual process of admitting patients.

The System will be decommissioned slowly over two to three months and GPs will be informed as to how this is to be done.

- **Vacancies on Bucks County LMC**

We have the following vacancies on the Bucks county LMC:

MK – 1
Wycombe – 1
Vale of Aylesbury – 2.

We would welcome all expressions of interest, particularly from the Buckingham end of the Vale of Aylesbury PCT.

- **GPC Vacancy**

Dr Eric Rose, who practices in Milton Keynes, was successful in the regional election to the GPC following the resignation of Jonathan Reggler. There were four candidates. Contested elections are not that common and it is very encouraging to see GPs putting themselves forward.

Eric, as many will know, was the first full-time Medical Secretary in this Secretariat and is very experienced. He will no doubt meet old friends when he attends the Berks LMC meetings to update them on GPC activity.

- **Deregulation of Pharmacy**

The Office of Fair Trading has published a report recommending the deregulation of pharmacy.

This recommendation, if accepted by Government, will open opportunities to entrepreneurial GPs to offer expanded services to their patients without having to go through the tortuous applications and appeals where the 'prejudice' and 'necessary and desirable' tests are exhaustively debated.

This does not interfere with the current dispensing arrangements, which will continue more or less unchanged even under the New Contract if introduced. Nor will it spell the demise of the Essential Small Pharmacies Scheme, which works in a similar way to Inducement Practices.

If government accepts the recommendation Primary Care will look very different within a short time. There will emerge commercial/professional associations and competition will certainly move up the agenda in the world of community pharmacy.

- **Questionnaires**

Practices are receiving more and more questionnaires from all sorts of agencies. PCTs in order to fulfil their targets are needing huge amounts of information about numbers of patients with this or that pathology with supplementary questions.

Although information is necessary for proper service planning you have no statutory obligation to provide it. The searching and collation of information is time consuming, and partially at your personal expense.

Often the request goes to the Practice Manager who may feel they are obliged to comply though many managers will be aware that they are not.

One of the Local Reference Committees wished this to be raised in the Newsletter to remind GPs that they have a choice whether or not to spend their resources retrieving the information. Investment in Practice infrastructure is on the whole very poor and practitioners may take the view that they cannot continue to provide information without

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.

Snippets (Continued)

- **PPA**

The Prescription Pricing Authority are becoming increasingly vigilant about GPs' prescribing, particularly if they feel that GPs are using FP10s to stock their treatment room. The Authority is flagging up to PCTs instances where they feel the Regulations (**NHS Regs schedule 2 paragraph 43**) are being flouted and naturally investigations follow.

If GPs are found to be in breach of this Regulation they, at best, will have to pay for the drugs/dressings/appliances in question and, at worst, will be investigated for fraud. The treatment room must be stocked at the expense of the practice, the cost of which eventually will be passed back to the profession through the expense element of the remuneration system.

A Buckinghamshire practice recently received a visit from the Medical Advisor having to justify a bundle of scripts marked 'treatment room'. The practice's records were exemplary and every item prescribed was identifiable in the patient records. They had an arrangement for storage of individual patient's items in the treatment room where they were having frequent dressings and this made life easier for the patient.

This was an unpleasant experience for the practice as any investigation raises doubts. It would be surprising if there were not practices in the two counties where the justification process would not be quite so straightforward. Once again the Practice's record keeping was its greatest defence but in different circumstances could have been its greatest weakness.

- **Post Payment Verification**

Buckinghamshire Practices have had a circular about PPV. The GP support services sub-contract an agency to undertake PPV for item of service payments on behalf of the PCTs.

The ethics of PPV and patient consent was looked into about 5 years ago when the system first came in.

It was agreed then that a notice in the waiting room informing

patients of the process giving them an option to 'opt out' was sufficient. Practices could if they wish work a different system whereby they sought signed consent randomly from patients attending the surgery premises. This latter method still remains an option for those practices that feel the former method is not robust enough.

The general issue of patient confidentiality and consent is becoming increasingly complex with more and more agencies wishing to obtain detailed clinical information for a variety of reasons. GPs must be ever mindful that they are the custodians of patients' personal information and must satisfy themselves that any access to records is proper and implicit, or explicit consent has been sought and received.

Generally where the information is to be used in the NHS family for the development of patient services or financial audit it is legitimate to allow access with presumed generic consent and without individual consent.

This difficult topic is complicated further by different interpretations from different sources of advice. The Information Commissioner's default position is that individual consent is necessary. This runs counter to the advice given by the GMC when PPV first arrived.

- **24 Hour Access**

This is an area where the new contract negotiations are incomplete. Views among the profession are mixed with some enthusiasts and many sceptics. On the whole the view is that enhanced access is an inappropriate political target that has the potential to disrupt organisations that are working well.

It has recently become clear that both arms of the target must be met for the PCT to fulfil its political imperative. That is to say that every patient must be able to see a GP in 48 hours and/or another healthcare professional in 24 hours. If the GP can offer an appointment the same day but another professional cannot be accessed in 24 hours then the target is missed! So in the world of advanced access a GP does not count as a primary care professional. Bonkers isn't it?

The LMC is pursuing this in all directions.

DON'T FORGET TO VISIT OUR WEB SITE:

www.bbimc.co.uk

There you will find information on a whole host of subjects including: the Secretariat Office and the Secretariat Board, County LMCs, their Local Reference Committees, Guidance, GP Support, latest news, forthcoming events, current and back issues of our Newsletter.

See what you think. Suggestions for additions or amendments – to Pauline Green at the Secretariat Office please – are very welcome.

2003 Meeting Dates

BERKSHIRE

County LMC:

11 FEBRUARY
01 APRIL
03 JUNE
09 SEPTEMBER
16 DECEMBER.

LOCAL REFERENCE COMMITTEES:

Bracknell:

13 JANUARY
10 MARCH
12 MAY
14 JULY
13 OCTOBER
08 DECEMBER

Newbury:

04 FEBRUARY
15 APRIL
24 JUNE
02 SEPTEMBER
04 NOVEMBER

Reading:

22 JANUARY
19 MARCH
21 MAY
23 JULY
22 OCTOBER
10 DECEMBER

Slough:

18 FEBRUARY
08 APRIL
10 JUNE
16 SEPTEMBER
11 NOVEMBER

Windsor Ascot & Maidenhead:

21 JANUARY
18 MARCH
29 APRIL
22 JULY
21 OCTOBER
02 DECEMBER

Wokingham:

20 FEBRUARY
17 APRIL
19 JUNE
18 SEPTEMBER
20 NOVEMBER

BUCKINGHAMSHIRE

County LMC:

17 JANUARY
14 MARCH
09 MAY
06 JUNE
12 SEPTEMBER
14 NOVEMBER.

LOCAL REFERENCE COMMITTEES:

Chiltern & South Bucks:

31 JANUARY
28 MARCH
30 MAY
25 JULY
31 OCTOBER
12 DECEMBER

Milton Keynes:

14 FEBRUARY
11 APRIL
27 JUNE
5 SEPTEMBER
7 NOVEMBER

Vale of Aylesbury:

5 FEBRUARY
26 MARCH
4 JUNE
30 JULY
29 OCTOBER
03 DECEMBER

Wycombe:

28 FEBRUARY
25 APRIL
20 JUNE
19 SEPTEMBER
21 NOVEMBER.

GPC SLOT

These views are a personal expression and not necessarily shared by the

I would like to thank all those who voted for me to be your regional representative on the General Practitioners Committee. As many of you will know, I have been politically active at national level since 1989 when I was first elected to the GMSC (the predecessor of the GPC) as one of a group of rebels against the 1990 contract. Another notable “new boy” that year was Christopher Tiarks.. We stood against an old guard on the GMSC many of whom had lost touch with grass-roots members and who felt forced by their own leaders to accept a contract which turned out to be a disaster for general practice.

Now a couple of weeks away from the announcement of another new contract some cynics may ask: what has changed? I hope a great deal; for a start the Committee looks younger although that may just be a change in my own perspective! The members are working GPs and it is clear from conversations over the lunch table that wherever they practice they share the same problems. The GPC has also consulted widely, testing the views of the profession through the Survey of GP opinion and the contract framework roadshows and ballot. This time there is no question of the GPC accepting the proposed contract on your behalf it is your votes which will decide.

I have my own check-list of criteria which the contract must fulfil in order to be acceptable for me and for the many GPs I have talked to. I am pleased to say that I think John Chisholm and his team are working to the same check-list and I hope we are going to end up with a contract which will serve to repair the damage done to general practice in 1990 and the years since.

The new contract is of course for GMS. There has been much debate at recent GPC meetings about the role of PMS and speculation as to why the government is still pushing this option so hard. I would particularly like to hear the views of doctors working in PMS practices in Bucks and Berks. Do you find PMS is working for your practice? What are the advantages? What are the disadvantages? Did you move for financial reasons or has the different contract genuinely helped your practice.

I welcome your views on the New GMS Contract, PMS or any other matters pertaining to General Practice.

You can contact me via my surgery 01908 393979 or by e-mail: ericdrose@aol.com

National Survey of PCT Patients

During March 2003, a postal survey will be dropping onto the doormats of 850 patients in each PCT area. The survey is being organised on a national basis by the Commission for Health Improvement. The results will be used as part of the PCT's star rating for 2003, and will be published in next year's patient prospectus.

This survey will be the first to involve PCTs. Earlier surveys have had a general practice focus, and many practices have carried out their own surveys independently, but this one will address a wider range of PCT functions.

The topics to be covered are:

- Prompt access
- Respect and dignity

- Information and education
- Involvement and choice
- Physical and emotional needs
- Co-ordination of care
- Environment and facilities
- Health Promotion
- Involvement in health services.

There is a renewed emphasis on obtaining feedback from patients and taking account of their views, to be used in improving care and placing the patient at the centre of health services. Surveys will be one of the methods used for doing this, and the PCT survey is part of a rolling programme. During the year there will also be surveys of outpatients and emergency departments in Acute Trusts, and with users of

YOUR SECRETARIAT TEAM

Dr Christopher Tiarks, Medical Secretary (e-mail:christopher.tiarks@bblmc.co.uk)
Ms Jane Solomon, Director of Development & Liaison (e-mail: jane.solomon@bblmc.co.uk)
Mrs Pauline Green, Administration & Information Manager (e-mail: pauline.green@bblmc.co.uk)
Mrs Michelle Walker, Administrative Officer (e-mail: michelle.walker@bblmc.co.uk)
Mrs Gillian King, Office Assistant

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EMIS.

For further details contact Mrs Lee Richardson, Practice Manager, Kingswood Surgery, Hollis Road, High Wycombe, Bucks, HP13 7UN.

Tel: 01494 474783.

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CLASSIFIEDS

JOB OPPORTUNITIES (CONTINUED)

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Telephone: 01635 867171 Fax: 01635 876395 E-mail: vacancies@tmpmed.co.uk

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