The Secretariat of Berkshire & Buckinghamshire Local Medical Committees

NEWSLETTER

July/August

OOH

So now is your chance to get rid of OOH responsibility. By December 2004 PCTs must be in a position to permit GPs to opt out and become the sole commissioners of OOH services in primary care. They can also be the providers if they so wish. The service that will be provided will be driven by affordability.

The amount that will be deducted from global sum to pay for the opt out is 6%. This for many will be less than £6K and for a few it will be more. In any event it is less than most people currently pay to devolve their responsibility.

The decision to opt out must be on a Practice basis as it will be a Practice based contract. The PCTs will not be able to return the responsibility to Practices if they are in difficulty, it simply will no longer be part of the Practices' contractual obligation.

Practices will still be able to seek PCT approval to provide their own OOH, however they will have to meet all the quality standards identified in the Carson report. These standards are likely to prove too challenging for most practices unless they buy in a call handling service from another agency. PCTs will have the discretion where and how they commission the OOH services.

The shape of OOH provision will be very different in two years time with doctors playing a minority but essential part. It is difficult to see how OOH Co-ops as they currently run will fit into the general scheme of things other than as an administrative infrastructure for whatever emerges. Economies of scale may drive PCTs to join forces and have a countywide Hub and Spoke organisation. Interesting times.

Practices should start thinking now about their options and should notify their PCT of intention to opt out by 30 September 2003.

Our grateful thanks go to Wyeth for their continued sponsorship Wyeth

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Letter From The Secretary

Now the dust has settled following the emphatic ballot result the real work begins. Although the Negotiators may believe the result was an endorsement of the process many GPs in Bucks and Berks voted yes as a leap of faith and a rejection of the perhaps worse sequelae of a no vote. I have been accused of being 'a little uncharitable' when I expressed this view at the ARM of the BMA but nonetheless believe it to be true.

It is essential that the flow of information between the Negotiators, GPC and the profession undergoes quantum improvement to avoid unnecessary difficulties in the implementation stage. There is an opportunity, as never before, for LMCs and PCTs to work collaboratively to the benefit of Practitioners and Patients through the appropriate planning of clinical services.

There is much to be sorted out between now and 1 April 2004 and it is as yet uncertain when all the legislation will be in place. Particularly unclear at present are the implications for PMS practitioners. The Secretariat will be pressing hard for answers.

PCTs are setting up implementation groups and there is co-operative working between PCTs to try and share such expertise that is available. GPs, however, must focus very hard on putting themselves in the best position possible to ensure the best results from the contractual changes.

The LMC intends to sponsor some “Implementation Seminars” in the autumn by which time problem areas will be identified. Please keep your eye on the website for announcements nearer the time.

The big challenges for PCTs will be IT, OOH and Enhanced Services. There are sections on each of these elsewhere in the Newsletter.

Although the revised ready reckoner will not be published until the Negotiators are sure that it is robust there are many areas that GPs can be addressing in the meanwhile. Make sure your lists are as clean as possible as there is a movement to Global Sum payments against real list size and not notional list size.

Make sure that you maximise your GMS income in this financial year. Check all your claims for Items of Service payments.

Do a stocktake on what services you are providing that could come under Enhanced Services. Apart from all those services under the Directed Enhanced heading are you doing things like INR testing, near patient testing, IUCD, etc? If you are providing these services you will need to put your bids together now to get a share of the funds.

John Hutton wrote to all PCTs a few weeks ago spelling out to them the amounts that they had received for the underpinning of Enhanced Services. The amount increases each year for three years. Finance Directors have been asked to identify how they have spent the funds in the current year. The sorts of things covered are advanced access, investing in primary care, LDS, in house clinics and other incentive schemes. This challenge has caused creative accounting in some areas of the UK. Matters should be plainer under the new contract as Directed and National Enhanced services are nationally priced and specified and many other aspects are covered elsewhere in the contract or in the Q & O framework.

As information becomes available it will be posted on the website and disseminated through the list server.

SECRETARIAT LIST SERVER

Our List Server, to facilitate the electronic exchange of ideas/information/views across the two counties, is now up and running and is proving useful and popular.

It is available to GPs and Practice Managers at no cost.

If you would like to join the List Server please email your preferred email address to:

pauline.green@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.

Snippets

✦ CHI Star Ratings

Here are the star ratings for the Trusts in our area:

PCTs:

MK	0
VofA	0
Wycombe	1
C&SB	1
Bracknell F	2
Slough	2
WAM	0
Wokingham	0
Reading	0
Newbury	1

Acute Trusts:

MK	0
S Bucks	0
RBBH	1
H&W	2

Mental Health:

Berks	1
Bucks	0

Ambulance Trusts:

Two Shires	3
RBAT	3.

Star ratings are a very blunt instrument, with some targets that could be thought of as inappropriate. However, the scores on a national scale are very poor which must be causing discomfiture to C/Es from the TVHA downwards. No doubt GPs will get the backlash – wasn't it ever thus?

Apart from the star ratings we await with interest the CHI clinical governance review of West Berks PCTs which will be of greater value.

✦ IT and the New Contract

There has been some confusion about the current state of play on funding for GP IT systems, mainly because at one stage the Negotiators said that all GP IT requirements would be funded at 100% from 1st April 2003 irrespective of whether the new contract was accepted or not.

As it stands, PCTs will pay 100% maintenance charges for GP computer systems, backdated to 1 April 2003 and any 'minor upgrades'. Now, what the classification of 'minor upgrades' is is dependent on the amount of resources that PCTs will have after funding your maintenance charges. The LMC has asked several PCTs for clarification of what they deem 'minor upgrades' to include and so far there is no explanation forthcoming. All PCTs are claiming that they have insufficient funding to meet both maintenance charges or upgrades. However, we learn that PCOs are due to receive additional short-term funding to cover the contribution previously made by GPs for the transitional period.

In the meantime it is important that practices gain prior approval from their PCT for any IT improvements they wish to buy before purchase if they wish to apply for reimbursement.

IT will play an essential role in the successful delivery of the new contract and it will require a greater use of IT systems than is the norm at the moment. PCTs will need to take an inventory of all GP systems and all practice systems will need to be upgraded to capture, analyse and report in line with the quality and outcomes framework as well as capturing information to record work done on additional and enhanced services. In order for this to happen before April 2004 there will need to be a huge investment in both equipment and resources – just let us hope it happens.

In the meantime practices should be doing their own stocktake to ascertain what their needs will be in future and who will be responsible for the huge amount of data inputting that this new contract will require.

If you wish to find out more on this subject try looking at the website:

http://www.nhsconfed.webhoster.co.uk/docs/5imt.pdf

✦ Appraisal

Appraisals are now taking place throughout the two counties and some PCTs are reporting a take-up of as much as 85%. However there are still a few GPs who, for whatever reason, are slow to bite the bullet. We have received no negative feedback from GPs who have been appraised, in fact quite the contrary, reports say that the whole process has been very helpful and informative.

Appraisal is a developmental tool and a means by which an individual can look at the way in which they work and identify any potential training needs. It is not a way of policing your performance.

Revalidation will soon be upon us and although there is yet to be further clarification on how this can be achieved, evidence of appraisals having taken place are thought to be key to the process.

We would therefore urge you to undertake the process if you have not already done so and if you have any concerns you wish to talk through please call Christopher Tiarks.

Snippets (Continued)

✦ **Enhanced Services**

Enhanced Services fall into 3 categories:

1. Directed Enhanced Services
2. Nationally Enhanced Services
3. Locally Enhanced Services.

All of these Services come out of the Unified Budget over which the PCT has full responsibility for commissioning Services.

Directed Enhanced Services

Are mandatory for the PCT to commission and include the following Services:

- Childhood Immunisations
- Flu Immunisations
- Quality Information preparation
- Violent patients
- Minor Surgery
- Access.

All of these Services have nationally agreed terms and conditions and we understand that where Services have been provided in the past by GPs as part of GMS, eg child immunisations, then the GPs are the preferred providers. **Practices need to take a hard look at these Services and determine which they wish to provide them and notify the PCT accordingly.** It is worth noting that funding for Quality Information Preparation, which relates to note summarisation, will only be available for 2 years.

Nationally Enhanced Services

These Services also have nationally agreed terms and conditions but unlike Directed Enhanced Services are **not** mandatory for the PCT to commission. They include:

- Anti-coagulation Monitoring
- Enhanced Care of the homeless
- Intra partum care
- IUCD fitting
- Minor Injury Services
- Services for patients with MS
- Specialised sexual health services
- Alcohol Misuse
- Drug Misuse
- Provision of near-patient testing
- Provision of specialised care of patients with depression
- Provision of immediate care and first response care.

Again we would urge you to look closely at the terms and conditions of these Services and apply to the PCT if you wish to provide them.

Locally Enhanced Services

These are extra Services outside the remit of Essential and Additional Services that are negotiated locally between the practice and the PCT such as:

- Nursing Home Cover
- Provision of Saturday morning surgeries.

These Services have no national terms and conditions and are negotiated locally. The provision of most existing LDS schemes is likely to be included in this category.

Remember you do not have to provide any Enhanced Services and it is up to your practice to determine whether or not it is economically viable so to do. You would be expected to meet the terms and conditions for the Directed and Nationally Enhanced Services and would need to sign a Service Level Agreement or contract with the PCT to this effect.

We understand that although there are national terms and conditions for Directed and National Enhanced Services these are but guidelines and the PCT can offer more or less than the recommended rate. It would be entirely out of character, however, if they were to offer more but miracles do happen!

PCTs will be doing a stocktake in the autumn to determine which Additional and Enhanced Services practices wish to provide.

The LMC are currently undertaking a postal survey in the two counties to ascertain the take-up of Enhanced Services and would appreciate you taking part so that we can ascertain the levels of interest in the 2 counties. The information will also help us to negotiate with the PCOs on your behalf.

There is already considerable concern about the invisibility or lack of funding for Enhanced Services and the LMC would like to offer assistance to practices wishing to negotiate with PCTs to provide these Services.

✦ **Global Sum**

Having difficulties calculating your global sum? The TVPCA are offering to provide practices with details of their income earned in the financial year April 2002-March 2003. They can also profile it against the PCT average GP income and the Berkshire County income for that year.

If you want to avail yourself of this please email:

Anton.Glinski@tvpca.nhs.uk.

Buckinghamshire Support Services are also discussing providing the same service.

FREEDOM OF INFORMATION ACT

By now I expect you will all have realised that the Freedom of Information Act affects GPs. Although it affects all PUBLIC BODIES, and this includes GP Practices, it does not mean that you are necessarily an NHS body, which is an entirely different matter.

The Information Commissioner has made it clear that GPs must either use the generic model for Practices which you will find on the FOIA website (www.foi.nhs.uk) or **have your own model approved by her by the end of August**. This is a legal requirement. GPs will therefore probably go with the approved generic template.

In the part of the declaration which refers to money received from the NHS, this refers to money for the provision of GMS and PMS only. You do not have to include income from the NHS elsewhere, eg Hospital work. It is the task of the PCT to make declarations about such payments.

When making information available about practice income it is important that anyone who reads the information doesn't assume practice income means GP income/profit. Therefore a suggested form of words for this section before putting in the figures might be "Total funds accruing to the Practice (from GMS/PMS) before expenses, staff and premises are £……….".

After 2005 reasonable fees for making the information available may be charged.

DISABILITY DISCRIMINATION ACT

The Disability Discrimination Act covering access for the disabled to public services and facilities comes into force in October 2004.

Practices need to ensure that their premises comply. Now is the time to assess your premises and if large sums are needed to bring them up to standard approaches should be made to the PCT to access the global premises fund which will be devolved to the TVHA.

Under the old rules improvement grants only reimbursed a percentage of the costs. After the new contract the premises fund devolved to Health Authorities is for all NHS premises so there will be a lot of calls on the fund.

GPC REGIONAL REPRESENTATIVE

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

He can be contacted by 'phone on 01908 393979 or by email at: ericdrose@aol.com

2003 LMC Annual General Meetings

Berks: 14 October 2003. 7.30 pm for 8.00 pm
Post Grad Centre, RBH, Reading
Guest Speaker: Chairman GPC Wales and Negotiator, Dr Andrew Dearden.

Bucks: 16 October, 2003. 7.30 pm for 8.00 pm
Post Grad Centre, SM Hospital, Aylesbury
Guest Speaker: To be announced.

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, Part-Time Office Assistant

Web Site: **www.bblmc.co.uk**

How is your PCT doing?

LMCs will have an important role for the foreseeable future, not only in calling PCTs to account but also in acting as a bridge between the contractor and management organisation. The price of freedom is eternal vigilance. So let the office know what your PCT is up to.

It is extremely important that as your representative organisation we have your version of what is happening on the ground, as information sharing by PCTs is very variable.

One PCT recently got in touch with the LMC telling us of its intention, as a cost cutting exercise, to reduce staff payments by 2%, in addition to revisiting the price paid per square foot to GPs for the use of their premises for community staff and rebooking at the provision of outreach clinics. The LMC was able to tell the PCT apart from sacrificing any residual goodwill the reduction of staff budgets runs counter to the Department guidance of giving a years notice of changes to the staff reimbursement system which can only be revisited on a three yearly basis. At least the PCT in this case let us know of their plans, however not all PCTs act in this way.

In the run up to the new contract we have a huge opportunity to ensure that the agenda is properly set. Please don't hesitate to let the office know about anything that your PCT is introducing that you don't feel comfortable about. We can take it up with them on your behalf.

Buckinghamshire Mental Health Trust

GPs in Bucks will know about the recent problems with the Trust. The PCTs headed by Wycombe instituted a Clinical Governance Review of the Trust after reports of repeated failings. The LMC received a lot of evidence of lack of support in the community and some frankly less than good clinical Practice.

This criticism was not intended to reflect on the professionals but rather management structures and the inability to recruit appropriately. The Chief Executive has been seconded to work with estates in the TVHA and the Medical Director has stepped aside. Only an Executive Summary of the Report of the review has been published for legal reasons.

A strategy steering group has been set up on which GPs have good representation. However, there are murmurings that there will not be enough resolute action taken to redress the problems.

As a coincidence CHI will shortly be undertaking its own clinical governance review of the Trust.

The LMC is a stakeholder and the Secretary is able to give oral evidence to the review team as part of the process. The dates for oral evidence are in the middle of September. **IF YOU HAVE ANY INFORMATION YOU WISH TO PUT TO THE REVIEW PLEASE LET THE OFFICE KNOW AS SOON AS POSSIBLE.** It is a real opportunity for you as the coal face workers to influence outcomes. But CHI likes hard data.

Flu Vaccinations

The Directed Enhanced Service for flu vaccinations includes the under 65 at risk group. It was expected that this year an IOS fee will be payable for **all** at risk patients. There are examples elsewhere in the UK of payments being paid for the <65's for the last two years.

It is unclear at present if government is going to honour its commitment for this year. Watch this space.

Pneumococcal Immunisation

It is likely this year will see the introduction of a rolling programme of Pneumococcal Immunisation, which will attract an IOS fee. Keep an eye on the web site for any update: www.bblmc.co.uk.

IT Revisited

The sum of £17m has been identified to devolve to PCTs for 2003/04 maintenance and minor upgrades. A far larger sum will be available for the PCT 100% responsibility, which kicks in proper in 2004.