

Letter From The Secretary

Dear Colleague

A very Happy New Year to everyone.

Huge challenges lie ahead as the shape of things to come gradually come into perspective. It is now confirmed that the three counties Bucks/Berks/Oxon definitely become the Thames Valley Health Authority on the 1 April, which in turn becomes the Strategic Health Authority on 1 October.

Congratulations to Nick Relph, currently Chief Executive of Berks HA, on his appointment as Chief Executive of the new Thames Valley Health Authority. Those of us in Berkshire know Nick well and look forward to a positive working relationship.

The Primary Care Organisations do not have full devolved powers over FHS and allied functions until 1 October at the earliest so there is a 6 month period when no-one will be particularly certain as to what responsibility rests with whom. This makes the local LMC Reference Sub-Committees all the more important.

Other uncertainties lie around the contract negotiations, which will undoubtedly impact on the future of PMS as well as whether or not GMS is going to be supported by the majority of the profession in its future form, whatever that may be. It is not long until April after which we are going to have to do some very serious thinking.

As I mentioned in the last Newsletter, the new regulations around Lists, Supplementary Lists and the powers of suspension, went live on 14 December. Work is being done on how to implement the requirements of the legislation both sensitively and smoothly.

The profession is suffering severe collateral damage from the Shipman's criminal career. There are bound to be hiccoughs in the implementation of the new regulations. However, we are being consulted and will do our best to ensure the iron hand is at least in a velvet glove.

It is worth repeating:

1. That in order to claim superannuation on 90% of their earnings backdated to 1 April 2001 locums must join a Supplementary List by the end of February this year. The host HA will be responsible for the employer's contribution.

2. All GPs joining the Medical List as from 14 December last will have to give references and sign the statutory declarations around criminal records.

3. All doctors currently on the List will be asked to sign a declaration about their criminal record by the end of June.

4. All Non-Principals must be on a Supplementary List by the end of June.

The Secretariat is making progress in setting up the local LMC Reference Sub-Committees and there seems to be general acceptance by all involved that this is an appropriate way to engage with the PCTs.

This mechanism will be kept under review and the legislation, which gives statutory recognition of LMCs by PCTs, will be on the statute book by the end of the year.

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Emergency Capacity Management System (ECMS)

March 4th is the date set for the system to go live. Management has taken on all the concerns raised by GPs. The LMCs asked what evaluation is in place as the project is a pilot. The pilot is set to run for six months, presumably from the time that it goes live.

From the Primary Care end of things evaluation will start at the beginning of the project and be reviewed at three months. Both GPs and Patients will be asked for their views in a co-ordinated way targeting both those who are unaffected by

the system and patients that are directed to a different hospital than that which might have been expected.

A sample number of contacts will be examined and a brief questionnaire sent to both GP and patient. I sat on the working group that agreed the evaluation, which is largely at the request of the GPs. Please complete the questionnaire if you receive one so that the evaluation can be seen to be robust.



FAREWELL TO CAROL

It was with regret that the Secretariat said goodbye to Carol Birchall at the January meeting of Bucks LMC, following her recent resignation due to increased family commitments.

We are extremely grateful to Carol for all her hard work whilst Minute Secretary to both county LMCs and extend every best wish to her for the future.

YOUR SECRETARIAT TEAM

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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 LMC meetings
- ⇒ your views.

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News

◆ **Provision of Medication for Patients Going Abroad**

The circular letter that I sent to all GPs in Berkshire, after consultation with John Davies at the Health Authority, seems to have caused more problems than it has solved. The office has had e-mails and phone calls from both patients and doctors on the matter.

The point of circulating the letter arose from some patients and their visiting relatives trying to abuse the NHS.

The letter stated the bare facts. Patients are not entitled to provision of their medication under the NHS when not resident in this country. Clearly if someone is on three monthly repeats the view could be taken that these could reasonably be given at the due time. No one would challenge provision for a holiday abroad, which in most instances is two to three weeks. Hence the 28 day suggestion. It is perfectly in order to offer patients travelling abroad for periods longer than their usual prescription time a private prescription for their medication to cover that time. You are not entitled to charge for this service.

The guidance given that it is reasonable to give one month's supply is the same advice given as my predecessor, Dr Owen Lister, 10 years ago.

As there is no case law this is guidance and GPs may use their discretion should they wish and think it appropriate to give more than the recommended 28 days supply.

◆ **Vale of Aylesbury Occupational Health Scheme**

GPs in the Vale of Aylesbury are being asked to complete questionnaires about their patients seeking employment in the PCT in relation to the Occupational Health Scheme which is now the statutory responsibility of Primary Care Organisations. The PCT consulted the LMC about the Fee currently being

offered (£15) for completing these forms. The LMC fully supports Occupational Health Schemes and welcomes that they are now recognised in statute. The LMC also recognises the ever-increasing burden of requests for information from various bodies on a raft of issues, none of which (apart from the Benefits Agency) are part of GPs' contractual obligation.

The questionnaire around mental health (Q No 7) could be construed as either giving an opinion on suitability or possibly being prejudicial to the employment of the applicant.

The LMC advised the PCT that GPs would be advised not to give an opinion but would provide an extract from the records for a fee similar to that offered by Insurance Companies for a Medical Attendants report after being provided with the signed consent of the patient.

The LMC and the PCT are revisiting the issue and hopefully will sort the difficulties out shortly.

◆ **Practice Nurses Pay**

The Liaison Forum discussed Practice Nurses Pay. Steve Young (Chairman and Chief Executive of Chiltern and South Bucks PCT) informed the group that Region, and subsequently the HA, and then the PCOs had passed on Practice Nurses Pay increases in full to Practices. Not all Practices have passed that on to the Nurses concerned. Whilst it is in the gift of Practices to decide on how best to use their discretionary funding the LMC feels that unless there are compelling reasons to the contrary these pay awards should be passed on to the Nurses concerned whenever possible.

◆ **Note Summarisation**

The countywide drive towards note summarisation got off to a poor start because of inadequate funding and differences in implementation across the county.

The LMC recognises that well summarised records are the foundation of good clinical Practise but that the process is skilled and labour intensive. There was a constructive debate in the Liaison Forum as to how to take this forward. Each practice should have received a flyer from the Informatics Managers with responsibility for the project and all concerned are exploring all possibilities for additional funding.

◆ **Fitness for Physiotherapy**

GPs in Aylesbury have been approached by Physiotherapists at the Cultural Centre asking for opinions as to the fitness of people attending on a self-referral basis for graded exercise programmes.

The LMC feels that GPs are on the whole not qualified to give such advice and are advised not to do so.

If a GP feels they can fulfil this role then naturally a professional fee should be sought before giving any such advice.

◆ **GPC Contract Negotiations**

Bucks LMC had a debate as to how the profession should prepare itself for the publication of the outcome of these negotiations.

It has been well publicised that GPC is also working on lifeboat strategies should the profession not endorse any newly negotiated contract.

The Committee was unanimously of the view that in order to make a valued judgement about what was on offer they needed to have some idea of other possibilities.

To that end the Secretary was instructed to write to Dr Chisholm requesting the publication of lifeboat strategies before the profession is asked to make a judgement about the concluded negotiations.

GPC Slot

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

The abolition of health authorities in April this year, with their main functions relating to general practice being taken over by primary care trusts, will prove to be a mixed blessing for general practitioners.

Many GPs will not be sad to see the end of what they regard as bureaucratic and cumbersome organisations which have too little understanding of the needs of general practitioners and their patients. However, it would be a mistake to believe that PCTs will be a great improvement.

PCTs are very young organisations and in a number of areas within Berkshire and Buckinghamshire will only come into existence on the day that health authorities disappear. There will be no organisations senior to PCTs able to hold their hands in an effective way whilst they attempt to function properly. Bizarrely, Strategic Health Authorities (StHAs), which will take on those functions of health authorities not covered by PCTs and which will to a limited extent support PCTs, will not be created until 1 October. We can expect a difficult year ahead, with PCT boards and professional executive committees (PECs) at times making poor decisions through ignorance and inexperience.

It is extremely important that GPs realise that the body that represents and looks after their interests is their LMC and **not** their PCT. Many GPs think that this function is in part carried out by the GP members of PCT boards and PECs. As PCT budgets run out and life in the NHS gets even more uncomfortable for both patients and GPs it will become abundantly clear that the GPs on PCTs have corporate responsibility to the PCT and not to other GPs and their patients. Given that PCTs have a statutory duty to stay within budget, the consequences of this corporate responsibility are not difficult to work out. We can expect to see cuts in services and pressure on GP practice infrastructure budgets sanctioned by PCT boards and PECs including their GP members. However, both PCT members locally and politicians nationally will make as much as they can of the existence of GPs on PCTs. It will be presented, to those GPs gullible enough to accept it, as evidence that GPs' interests are still being protected by these individuals. Do not believe it.

In this climate LMCs must remain vigilant in the defence of the GPs' interests. However, LMCs' ability to function effectively will also be sorely tested over the next year. Until now LMCs have been configured on the basis of one LMC per health authority with each LMC representing many hundreds of GPs. The NHS Reform and Healthcare Professions Bill shifts the statutory duty of recognition of LMCs from health authorities to PCTs. This makes representation difficult. LMC members need to have a good working knowledge of GPs' Terms of Service, our contractual arrangements and the funding of GMS and PMS. Some PCTs have fewer than one hundred GPs. Only a small number will

wish to be involved in LMC work and only a few will have the necessary knowledge and experience to keep tabs on what PCTs are doing with GPs' money. Nationally the GPC is getting reports of PCTs deliberately underspending GMS and transferring funds into, for example, drug budgets, using the unified budget to hide the process by which they achieve this. It is always easiest to pull the wool over peoples' eyes at times of change and upheaval and NHS managers know this.

In Buckinghamshire and Berkshire the intention is to continue the existence of the two main parent LMCs with the creation of smaller LMCs in each PCT area. Many of you will already have received invitations to meetings intended to kick-start the process of creating these PCT-level LMCs. If the meeting in your area has not yet taken place, make sure you attend. You need to know what plans are being laid locally to ensure that your interests will continue to be protected in the future. The GPC will continue to fight for the interests of GPs at a national level. Locally, your parent LMC and PCT-level need as much support as possible from their members if they are to protect you and your practice effectively.

Contact your GPC representative about any general practice matter that you want raised there:

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