

Sept/Oct
2002

Letter From The Secretary i s

Inside this issue:

The daily battles through the traffic are a sure sign that the schools are back and we are well into autumn. This heralds the return to full 'medico-political' activity and time to watch for the Department and Management cruise missiles coming over the horizon.

During the holiday season The NHS Reform and Health Professions Bill received Royal Assent, so from 1 October the PCTs hold sway. LMCs, from that date, have to relate to them by statute and I shall be seeking recognition from all PCTs from that date to acknowledge our current arrangements to retain a countywide LMC fulfilling its role through the Local Reference Committees. To that end, I shall be writing to all PCT Chief Execs to take this to their Boards after the beginning of the month.

The negotiations over the new contract are going on apace. The rough timetable is the completion and pricing by the end of November. Roadshows should be held in January and February next year leading to a second ballot in March.

We all await with interest the pricing process on which, amongst other things, success or failure depends. The word is that the pension negotiations are not going well and the government still will not recognise GPC as the national negotiating body around PMS. This

particularly worrying as the Department not long ago announced a 5th wave of PMS. It is possible to imagine a conspiracy theory whereby, for whatever reason, the new contract is either rejected or delayed paving the way for disenchanted GPs to jump into PMS. If this achieves a critical mass of PMS doctors, making them a majority, it is only a matter of time before national negotiations become irrelevant and talk of a new GMS contract is just a distant memory. At the same time, the Department has a cash limited primary care service, which has been the aspiration of successive administrations for many years. Caveat emptor.

On the other hand, if the cynical analysis above does not evolve it is likely any new contract will have to be instituted with transitional phases, not least because of the necessity for primary legislation. The United Nations, our Tony and GW's anxieties about Iraq, could yet confound all predictions.

I shall give as much notice as possible of any large consultation meeting to be held on our patch.

PS Please share this Newsletter with any Non-Principals working in your practice.

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INSERTS:

1 Classifieds



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Christopher Tind

Letter From The Secretary To All Non-Principals on the Supplementary Lists in Berks & Bucks

Non-Principals are between 20% and 30% of the GP workforce.

Now that the Supplementary Lists are in place it is at last possible to reach Non-Principals working in general practice locally. The GPC has a Non-Principals Sub Committee to look after national issues for you and your colleagues.

Now the latest legislation is in place all responsibilities for managing Family Health Services pass to PCTs, including notional management of Supplementary Lists. This is passed to the TVPCA in Berkshire and FHS Management Services in Buckinghamshire.

It is your right, if you so wish, to join the local mainstream representative structure provided by the Local Medical Committee. The LMC is a free-standing autonomous representative Committee regulated by statute. Principals pay a Levy to support the Committee and if Non-Principals wish to use the organisation then they also will be required to pay a Levy at a rate to be negotiated with leading Non-Principals in your area.

Non-Principals will have reserved seats on the Local Reference Committees and the countywide LMC and, if necessary, be able to convene their own Sub Committee of the LMC to deal with matters relating strictly to their group only.

What does the LMC do? It fulfils the statutory consultative role around a whole raft of issues relating to General Practice. It will take concerns of Non-Principals to PCTs about CPD appraisal and clinical governance. It provides a support service for doctors in difficulty and will help to resolve disputes between colleagues. The LMC Secretary will advise doctors subject to complaints, disciplinary or performance procedures and, if necessary, accompany them to hearings.

The Secretariat is building up wide experience around contracts and partnership agreements and tries to find the answers to any question that doctors ask.

The representative structure will be all the stronger if Non-Principals play a full and active part. As the LMC Secretary, I shall be writing to all Non-Principals on the Bucks and Berks Supplementary Lists in the next few weeks. I hope that you will seriously consider becoming involved.



Violence

A quick update on the management of violent patients.

Under Regulation 9 any GP can request immediate removal of a violent patient from their list. However, the episode of violent or threatening behaviour must have been reported to the police to satisfy the regulation. The patient will be allocated and the new GP will have been told of the circumstance.

A second offence means the patient goes onto the violent patient's register. In these circumstance the responsibility of the PCT to ensure 'robust arrangements' apply.

Health Service Circular (HSC) 2000/001 requires the PCT to make arrangements for a place of safety where violent patients are seen and offer a Contract (LDS) for their management. In most places this means a retainer and a supplementary capitation fee.

Although this HSC has been in place for 28 months some PCTs have not begun to address the problem.

Nigel Crisp has issued a letter requiring all PCTs to have robust plans in place by the end of October.

You do NOT have to look after violent patients if they satisfy the criteria of the HSC.

You have a duty of care to your colleagues and staff both morally and under Health and Safety legislation.

ECMS

Elaine Bennett, the Project Manager, presented the results of the evaluation to the two county LMCs earlier this month. The strength of the political imperative to implement the system is clearly very strong as plenty of fudging was in evidence.

Over 75% of the respondents were GPs.

There is marginal evidence, as yet to be proven, of statistical significance of some equalisation of workload in the A&E departments in the Acute Trusts.

That is where the positive storyline ends. There is no evidence of improvement (or “disimprovement” as in the questionnaire) in patient care and the comments of the users are overwhelmingly negative or neutral.

The “don’t knows” also are in the majority in one or two of the significant questions. Less than 5% of the returns noted an improvement in the process of admitting patients.

On reading the evaluation it is difficult to understand the relationship between the recommendations and the findings, particularly when the costs of the system could well be better deployed in other clinical activities.

Large areas of the two counties lie outside the isochrones where the system should be helpful according to the theorists.

These latter points bring into clear perspective the political imperative passed down from the Department or Ministers to the Chief Exec of the StHA, Nick Relph.

It is one of the clearest examples of consultation being meaningless and the conclusion being drawn before the evidence is in place.

The strongest argument in favour put forward is that there is not anything better, but no evidence of this is available for public scrutiny. The comparisons are with only three or four other systems in England.

The costs of continuing the system, which allegedly will be tweaked to make it more user friendly, is estimated at being between £650K and £800K.

Ms Bennett reported to the Committees that the system only covers 25% of all admissions, the balance occurring either by 999 calls or attendances at casualty.

Both LMCs are dismayed at the clear disregard of the opinion of GPs, who were the majority responders to the evaluation.

Bucks LMC has yet to decide whether it wishes to make any recommendations to its Constituents as to the future use of the system.

In summary, the view of both LMCs is that if the system is rolled out it flies in the face of the evidence and is clearly politically driven, as the cost benefit analysis to patient care doesn’t add up.

The large sum will be spent on a system, which is producing evidence of marginal equalisation of workload in the acute trusts, at a time when investment in Primary Care is minimal notwithstanding the government’s (clearly empty) promises.

YOUR SECRETARIAT TEAM

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NEWS

◆ Local Reference Committees

The Secretariat appreciates the majority of PCTs in the two counties that are consulting so thoroughly with the Local Reference Committees on a whole raft of issues, whether statutory or not. It is very encouraging to see the benefits emerging where dialogue is taking place. By the same token, the Office tries whenever possible to assist the PCTs, particularly in the area of performance, partnership difficulties and interpretation of the Regulations. It is also very rewarding to see new faces emerging in the GP membership of the Reference Committees. Some PCTs are very much further ahead of the game than others.

For example, the LMC apparently came in for some criticism at the Wokingham PCT Council (where it has no formal representation) in relationship to LMC advice on manpower issues. This is not particularly surprising. The Committee is there unashamedly to represent the interests of GPs and ensure that PCTs comply with the proper routes of consultation. For those not in the Wokingham PCT, their Council is a multidisciplinary forum where all sorts of matters are presented to people working within that organisation, including local Practices. The Secretariat's view is that sometimes the Council is used, inappropriately, as a substitute for the LMC discussing matters that are the statutory preserve of the Contractor Committee and which should first be discussed there.

A second example is in Newbury, where the PCT does not seem to understand when it must consult and the need and benefit of a formal engagement between the statutory Committee and senior members of its organisation. The last two Reference Committee meetings have not had a representative of the PCT attend. Such misunderstandings lead to tension and ultimately trouble. GPs in Newbury can, and do, influence events through their active GP forum, which should complement the statutory mechanisms. However, GPs may not always be able to keep abreast of changes to the regulations and NHSE

missives and, thus, may be trying to provide answers and take decisions with only half the information. Here again, matters concerning terms of service, distribution of GMS discretionary funds and contractual arrangements must come to the LMC first.

The Office will strive hard to achieve the excellent relationship it enjoys with the majority of PCTs with those where it is less well developed. It will also be sending to all PCTs a dossier of issues that either must, or should, be taken to the LMC for consultation.

◆ Local Reference Committees - Meeting Dates to 31/12/02

Berkshire:

01/10/02 – Slough
24/10/02 – Wokingham
30/10/02 – Reading
07/11/02 – Newbury
11/11/02 – Bracknell Forest
19/11/02 – Windsor, Ascot & Maidenhead
03/12/02 – Slough
19/12/02 – Wokingham.

Buckinghamshire:

04/10/02 – Chiltern & South Bucks
11/10/02 – Milton Keynes
18/10/02 – Wycombe
27/11/02 – Vale of Aylesbury
29/11/02 – Chiltern & South Bucks
13/12/02 – Milton Keynes
20/12/02 – Wycombe.

◆ County LMC Meeting Dates

01/11/02 – Buckinghamshire LMC
12/11/02 – Berkshire LMC.

◆ Relationship Between GPs and PCTs

Life is becoming increasingly difficult for everyone in Primary Care. GPs feel beleaguered and PCTs are trying to balance the books with insufficient funds under a heavy political imperative. This naturally leads to frustrations and sometimes acrimony. One PCT Chief Executive, who comes

from a GP background and therefore can see both sides of the problem, has gently reminded me that abusive communications from GPs, be they verbal or written, can offend.

The Local Reference Committee of this PCT felt it would be appropriate to remind GPs that courtesy in the long run wins the day. When reaching for your pen please try and make your points not only with clarity, vigour and firmness but also with courtesy.

◆ Data Protection

Bryan Steiner, a Practice Manager in Bucks, spotted a possible “try on” by a company which, by its literature, could be construed by the unwary to be an official body. It is nothing of the kind.

The Data Protection Agency Services Limited (which is a Limited Company and nothing to do with the Information Commissioner) is circulating organisations with forms to register under the Data Protection Act for a fee of £117.25, pointing out the penalties for failing to do so.

The trouble is that on their introductory sheet the words “Data Protection Agency” are in a large bold font and the words “registration service ltd” are in a smaller font on a separate line. This could possibly be misunderstood.

Your Statutory obligation is to register with the Information Commissioner under the Data Protection Act at Wycliffe House, Wilmslow, Cheshire SK9 5AF for which the fee is £35.00. Of course, if you wish to use an agent for your registration for an additional £82.25 that is up to you!

A complaint has been made to the Office of Fair Trading.

NEWS (continued)

◆ GP Recruitment

Ever felt overworked, under resourced? Ever thought of recruiting another Partner to help with the workload? Think again!

Since the abolition of the MPC (Medical Practice Committee), the function of planning and overseeing the distribution of manpower has fallen to individual PCTs.

The Department of Health, in its wisdom, has decided to move the goalposts on GP recruitment. They have produced a new formula, which is not based upon the actual number of GPs in an area but on a weighted capitation formula which discriminates positively in favour of deprived or under doctored areas.

This means that in Buckinghamshire and Berkshire, PCT areas will only be allowed to increase the number of WTE GPs by 3%, with the exception of Slough which is allowed unlimited growth. Overall the number of GPs in the Thames Valley Strategic Health Authority is required to 'lose' 15 GPs by a March 2004 target date.

What makes this even more ludicrous is that some PCTs, such as Wokingham, are already considered to be 'over doctored', but are allowed to increase their GP number by 3% and then be at 'target' of a reduced number of GPs by 2004.

This directive will have serious implications for the workforce in the two counties and every application for a new GP will have to be scrutinised by the PCT in the light of their targets and allocated growth. PCTs will have to decide what criteria they will use to determine whether an application is successful or not.

The old and tried system of replacing GP partners on a like for like basis has been swept aside and GPs who wish to decrease their hours may be put under peer pressure if it means that their practice will not be allowed to recruit to those 'lost' hours.

The LMC has written to Members of Parliament about this issue in the strongest terms. The Department of Health consider this policy will encourage GPs to move into under doctored areas, but it may also have the effect of a spate of GP resignations and early retirement in the Southern counties due to rising list sizes and overwork.

◆ Solicitors and Medical Records

Requests from solicitors for photocopies of medical records are becoming burdensome for many GPs. Although the maximum fee of £50 has been retained, often the workload involved in photocopying becomes too great. There is a temptation to send the entire record to the solicitors involved.

The LMC strongly advises GPs against this solution. Apart from the fact that you might need them in the time they are out of the office, you are the custodian of the record and would be held liable from any problems arising from their loss should that happen.

There is nothing wrong with asking the solicitor to send a member of their staff to do the photocopying on your premises.

Don't forget that the legislation and guidance allows for a larger fee for "disproportionate effort" in providing photocopies of large and complex records. This you must negotiate each time and be able to justify.

Also, don't forget your responsibility for ensuring there is nothing in the record which may have references to third parties that breach their confidentiality, or entries that may have a damaging effect on the patient to which they refer.

**Don't forget this
year's AGMs**

Berkshire:

**Tuesday, 15 October
2002**

**Post Graduate Centre
Royal Berkshire Hospital
Reading**

**Buffet & Registration 7.30 pm
Meeting Starts 8.00 pm**

**Guest Speaker:
Dr Evan Harris
Liberal Democrat
Health Spokesman**

Buckinghamshire:

**Tuesday, 05
November 2002**

**Post Graduate Centre
Stoke Mandeville Hospital
Aylesbury**

**Buffet & Registration 7.30 pm
Meeting Starts 8.00 pm**

**Guest Speaker:
Dr Tony Stanton, OBE
Medical Secretary
Londonwide LMCs
& Previously a GPC
Negotiator**

**To Reserve A Place Please
Contact Pauline Green at the
Secretariat:**

pauline.green@bblmc.co.uk

NEWS (continued)

◆ Appraisal Again

It's started, nothing has been agreed and the deadline for all GPs to be appraised has been put back to April 2004.

Appraisal may well be a contractual obligation for PMS GPs but is a terms of service requirement for all GPs if properly funded.

Nigel Crisp naturally when writing the letter to PCTs did not define proper funding or identify the funding stream.

Some PCTs in the two counties have decided that the money available for the process is £650 per appraisal. £300 for the appraisee and £350 for the appraiser. Other PCTs have not yet completed their deliberations

Although this is better than using protected time, it falls well short of what the LMC would recommend.

Some PCTs, Wokingham and Reading, have implied that the funding may be reduced in future years on the grounds that the process will be quicker a second time around. This, of course, is unsatisfactory and must be strongly resisted by GPs.

The GPC, and your LMC, are of the firm view that the process may well take three sessions and that this is the minimum for which funding must be made available by PCTs. So reducing an already unsatisfactory package is not on.

As far as the appraisers are concerned, alas they are already working for less than a professional rate.

Of course there will be those enthusiasts that will say the process is one which the profession should embrace (and by implication subsidise). The first point anyone would endorse and both the GPC and the LMC have said repeatedly that they support the concept of appraisal.

Remember, though, that over the years the NHS has run on the goodwill of its

workers and so often the profession (GPs) have sold themselves and their colleagues short. When we will learn to say NO in unison I wonder?

As a matter of interest, LMC Secretariats similar to our own take the view that a scheme run on funding of less than £1000 per appraisal does not have LMC support.

◆ CHI Visits

The Commission for Health Improvement (CHI) has begun a series of visits to Trusts and these include PCTs in your area.

These inspections will also include visits to 6 practices within the PCT area.

The practice visits can be demanding and challenging but the LMC advise you not to lose sight of the fact that the inspection relates to the PCT and is in no way an inspection or an audit of your practice.

Your turn will no doubt come but not for some time yet!

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.

Valete

Adrian Bennett (Flackwell Heath)

Adrian has retired from Practice and has, therefore, given up the Chairmanship and membership of the Bucks LMC and the Secretariat Board. Andy Sapsford (Amersham) has been elected Chairman in his place.

The last year has been a tragic one for Adrian and his wife Joy since losing their beloved son, Oli, in the World Trade Centre a year ago, as the moving programme on ITV "September Mourning" testified.

Thank you, Adrian, for all your hard work and dedication to General Practice in Buckinghamshire. The thoughts of GPs and all working in Primary Care are with you both.

Jonathan Reggler (Marlow)

Jonathan has decided to give up Medical Politics and resigned from the GPC regional seat and from the Bucks LMC, as well as his offices within the BMA and his leading role in the IGPA.

Jonathan has had a high profile at a national level. He will be sorely missed at all levels.

Whether you agree, or disagree, with his views, he is consistent, very bright and articulate with the ability to hone in on the principles of an argument.

Both GPC and Bucks LMC will be the poorer for his leaving and the lack of his pithy contributions will weaken debate. We wish him well.

Mary Henman (Bracknell)

Mary, of Berks LMC and Bracknell Reference Committee, has left Practice.

Mary has served for many years and was a valued member of the Committees. Unhappily her health of late has not been good.

We wish her happiness and better health in her retirement.