



Flash Bulletin IMPORTANT 5th April 2007

As you are probably aware through our March newsletter the LMC offices are currently severely understaffed and will remain so for most of this month at least. As such it is unlikely that there will be a newsletter released in April. Since there are a number of issues at present that may be causing some confusion or difficulties I thought it would be useful instead to produce this short bulletin.

Directed Enhanced Services

As most of you will know, of the 4 DES introduced on 1.4.06, three of them came to an end on 31.3.07 – these are the Access, Choose and Book [C&B] and TPBC [Towards Practice Based Commissioning] DES.

The TPBC DES is to be replaced by an incentive scheme commissioned by the PCT – we are currently working through details with the PCT although the scheme is likely to look something like last year's DES.

There seems to be no national guidance relating to the other 2 DES! GPC negotiators are informing LMCs that they are also in the dark and keep hearing rumours about possible forthcoming advice from the DoH – however they also suggest that this lack of information is partly related to the general freeze on GP pay.

Some LMCs have reported that their PCTs have been sending out information that the Access surveys will continue in 2007 but be somewhat modified [quarterly access checks for instance] – locally I am not aware that this is happening yet.

With regards to the C & B DES there seems to be no information forthcoming at all!

So, whilst the LMC will not, or legally cannot, tell you to either continue with or cease these DES activities, the advice being received from the GPC is that practices should consider whether or not they wish to continue to provide unfunded work. Indeed it has been suggested that if GPs continue to perform work that had been previously funded as enhanced work [e.g. C & B] but then was subsequently provided for free, then that work might become re-labelled as essential services and clearly this would be a negative outcome.

PCAAG Information Request

Continuing on the theme of unfunded work, many of you will be aware that practices have been asked to provide data to the PCT via the PCAAG route.

It might be helpful for you to be aware of the background negotiations that have been occurring locally during which data provision has been discussed.

One of the problems facing the new PCT was how to reconcile the different local enhanced services [LES] that had previously been agreed between the 3 smaller PCTs. The miscellaneous ['basket'] LES [MLES] has transpired to be the most difficult to reconcile due to the differences between them. The LMC negotiators have been working with the PCT to produce a countywide MLES that hopefully is equitable to all. The PCT have wanted to include in this new MLES a component for provision of data. As negotiators we have felt wary about this, particularly as there is potential for many such requests to be made. It had been provisionally agreed that any requests for data provision would first be passed to the LMC for comment – this has NOT happened in this instance.

More importantly though, is the fact that this MLES has not been agreed. The LMC were not content with the most recent proposals made by the PCT and are currently awaiting a response to our counter-proposal. Until such time as agreement is reached, the existing local 'basket' LES remains in place and will be funded accordingly as agreed by the PCT. I would add also, from the LMC's perspective, that any responsibility for a delay in resolving these negotiations lies firmly with the PCT. As an LMC we have responded quickly and decisively to most proposals brought to the negotiating table and, indeed, have often had to wait several weeks at a time for decisions to be made.

So, again, practices are being asked to perform work that is currently unfunded! Once again also, the LMC will therefore support any practice that exercises an option not to provide work for which they are neither contractually obliged to do nor receive payment for.

{Please see below addendum}

GPC Survey

Finally, you will probably be aware from reading the medical press that there is to be a meeting of GPC and LMC reps in London on April 19th at which time the main agenda item will be how best to respond to the GP 'pay award'.

It would seem that the GPC intend to survey the profession in due course.

As you also probably know, there has been some disquiet expressed by some GPC members and also 'grassroot' GPs that the recent responses made by the GPC have neither been adequate nor truly representative of most GP views. To that end LMCs have been asked – in advance of the 19th – to gauge local GP opinion.

I feel that the LMC has gained a reasonable understanding of the mood of local GPs and I have previously had a good response to a recent global e-mail canvassing just that. However, if there are opinions you wish the LMC to be aware of please e-mail me at andrew.seymour@gp-l84026.nhs.uk

Lastly, I would just like to wish everyone a good Easter and once again ask for your patience in your dealings with the LMC over the next few weeks!

Addendum – during the process of finalising and signing off this bulletin I have just had a long conversation with Dr Waine, public health consultant at the PCT, who is responsible for the request for the PCAAG data. She was very apologetic about the short timescale involved, the lack of due process and the delay in response with regard to the PCT negotiations. She explained that without this data provision there is a possibility that the PCT might be financially penalised. I have suggested that she sends out an urgent e-mail to all practices explaining the situation and in particular that the PCT would include this current exercise as part of the MLES retrospectively, if and when the LES is agreed. As part of that conversation I agreed to add this note to the prepared bulletin so that practices can make fully informed responses to the request.

Andrew Seymour
LMC Chairman