

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE DECEMBER 2008 Edition

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The PCT has announced that the contract for the GP-led Health Centre for Gloucester is being awarded to a consortium of Gloucester-based GPs. Further details on when and where it will open are not yet available. It was entirely the PCT's choice, and we believe that they made a good one. We now have to ensure that this extra primary care facility will achieve its aim of providing medical help to patients across the city more easily without making life more difficult for existing GP practices. There is so far no indication that the experiment will be repeated elsewhere in the county.



EXTENDED HOURS

You will remember that one of the main reasons the Government gave for demanding Extended Opening Hours was to allow full-time workers (especially commuters) to see their GP outside normal working hours. It would be interesting to find out whether they are taking advantage of this new service. We suspect that most extended hours appointments are taken by the aged and chronically sick, as in normal appointments. Are practices keeping a note? It may be useful data to keep/hold, especially if the government presses for all practices to provide the service, which may be their ultimate aim.

NEW DESs

The PCT has agreed with us that for the Alcohol dependency DES, provided the practice is happy that the person doing the work is competent and has been

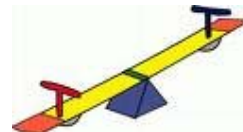
adequately trained, they may do the work.

QoF PAYMENTS

Please note that practices have received a 70% aspiration payment this year instead of a 60%. This improves your cash flow. This will be offset by a delay in the payment of the end of year achievement pay until Jun 09, which improves the PCT's projected cash flow.

QoF PREVALENCE CALCULATION CHANGES

Thanks to all the practices that replied. We now have a table of winners and losers for the county, and on the whole



we have slightly more of the former.

A few stand to lose or gain significantly.

However, the bare figure of how much a practice stands to lose or gain is less important than the

effect that any change will have on the practice's business. A loss that might seem relatively minor to a larger practice would be very much more significant to a smaller one. If you feel particularly hard done-by and have not yet let us know, please do so. We cannot argue on your behalf if we do not know the situation.

MPIG PAYMENTS

The GPC are still looking into the reasons for the reduced payments to practices outside London in October. They are convinced that a mistake has been made somewhere, but cannot yet say where.

BUSINESS GOOD SENSE

As any accountant will tell you, the important figure is the one at the bottom concerning overall profit and loss. When deciding whether to do any new work you should estimate realistically all the costs involved in providing the service and set them against the headline figure of what you are being offered to do the work. If the difference does not represent a respectable profit margin then why decide to do the work? It will merely subject you and your people to additional stress for inadequate reward.

VAT CHANGES

Following the recent changes to VAT rates, the GPC has sought clarification from the Department of Health about the implications for dispensing practices and those practices providing Personally Administered (PA) items. The guidance is:

'Drug/medicine reimbursements to dispensing doctors and for the PA arrangements are set out in section 17 of the SFE. The relevant part is paragraph 17.3(c):

"(c) an allowance to cover VAT is payable on the purchase of any products listed in paragraph 17.4 (a) to (e) and which are provided in accordance with paragraph 52(1)(b) in Part 3 of Schedule 4 of the 2004 Regulations. **The allowance is to be calculated by applying the rate of VAT applying at the time of a claim to the basic price of the product** after the discount calculated in accordance with Part 1 of Annex G has been deducted..."

'The claim process is covered in paragraph 17.15 of the SFE. This wording

means that the SFE does not need to be changed each time the rate of VAT is adjusted.'

There should, therefore, be no operational problems for practices.

084 NUMBERS

The trumpeting of many objectors has now resulted in an NHS consultation exercise that finishes at the end of March.



The main aim is to identify either how the extra cost to the NHS of a '03' system will be borne, or whether there is another way of approaching the problem.

If you want to participate

the link is at

<http://www.dh.gov.uk/en/Consultations/Liveconsultations/index.htm>.

Those practices now using 084 numbers may be required to change to an alternative system, for instance the 03 series of numbers. These are the key points about 03 numbers:

- 03 numbers provide the same functions as 084 numbers.
- 03 calls usually cost the patient the same as calls to a local geographical number.
- There is a charge to the organisation receiving a call from an 03 number.
- GP practices and other NHS organisations using 03 numbers are unable to offset these costs.

There are also complications of practices being locked into fixed term contracts etc. Also, while the PCT, police, ambulance, local government and many others continue to use such numbers you may be sure there will be no haste to agree a change without fair compensation – especially as the government suggested using those numbers in the first place, but the threat of change for political reasons remains. Note also that the increasing use by patients of mobile phones increases the direct cost of phone calls made from practices, but the protesters say nothing about that. You could, perhaps, argue that those choosing to use a mobile phone may be taken to have accepted all the extra charges as the flip side of the huge convenience they are buying into.

NATIONAL PATIENT SAFETY AGENCY GP ASSESSORS

NPSA wants to recruit GPs who qualified as doctors outside UK to work as assessors up to 15 days a year. For anyone interested, details and application forms can be found at:

www.ncas.npsa.nhs.uk/jobs Deadline for applications is 21 Jan 09.

LMC MEETING DEC 08 - HIGHLIGHTS

The LMC has agreed to experiment with the inclusion of highlights of the monthly LMC meeting in the newsletter. (See Annex A.) By picking out the really important aspects we hope to save you some time trawling through the full minutes, which will still be available on our website for those who want the detail, but which will not be sent out to practices as formerly. Feedback on this new process would be very welcome.

MAX'S MUSINGS

I remember being at a conference in Berlin in my younger days, which happened to coincide with the fall of the Berlin Wall. There was a feeling of unreality and disorientation as people came through the breaches and holes in 'die Mauer' without being shot, as the border police slipped away from their duties and were not replaced, and the body of laws and regulations that had built up in the split city remained intact for days but were not enforced. I still have some shards of concrete to remind me. And now we are going through what, to me, seems very similar. The well-ordered financial world in which we lived is changed, perhaps even gone, but it does not seem to have changed so much at first glance. Patients still fall sick; we treat them, and are paid to do so. In fact we are paid pretty well; my own practice particularly so. I expect that to continue - but for many others the situation is much more precarious and far from rosy. I believe in these times we must realise how much pressure our patients are under, do the best we can for them (as we always do) and beat

no drums publicly about how badly-off we doctors are - in times of severe recession we should be extremely grateful for what we have, rather than yearning too loudly for what we would like to have also.

As the long-expected season of licensed gluttony wings itself ever nearer, and our odd-job man, Joe, takes off his wellies to hang up all the cards in places I can no longer reach, I find that this Christmas risks not being quite so sumptuous and succulent as formerly. My wife, bless her, is a loyal if slightly literalist, member of the WI. The latest WI magazine contains what could be interpreted as an awful warning of things to come; I just hope she doesn't read it. It takes as its premise what would happen if Health and Safety applied to the home as well as the place of work. Well, yes, of course. That is why I am no longer pirouetting around on tall ladders in order to string cards around the coving and replace the lights in the chandeliers. I leave that firmly to Joe. But taken to an extreme it is true that at Christmas time (or Winterlude, as some will probably get around to calling it) we do surround ourselves with lots of goodies which the officious or the paranoid might consider hazardous to the particularly unintelligent. Consider candles... holly... nuts... crackers... party hats... brussels sprouts... fatted geese... gaudy neckties... alcohol... too much TV... family... the list goes on and on. I suspect that if you wanted an entirely safe festival it would be utterly un festive. So I have taken a



bold decision to 'accidentally' feed certain parts of that worthy magazine into the shredder along with my unsuccessful lottery tickets and incriminating bank statements just in case my dear wife gets the wrong idea about what her WI is asking her to do this year.

Merry Christmas, one and all! May next year be a better one for everybody!

And finally:

**TWENTY FOUR HOUR CLOCK NOW NEEDED WHEN BOOKING APPOINTMENTS
IN GENERAL PRACTICE**

On a Tuesday evening last week one of the doctors at a surgery in Cheltenham was working late after a busy afternoon on call. There was a tap on her window at 7.15 p.m. as a group of people indicated that they wanted to come into the practice. She wasn't sure what to do as she was alone in the practice and especially worried about her safety if she went outside in the dark. The doctor decided to investigate and found a lady and a gentleman patiently waiting outside in the cold for their extended hours appointment.

A quick investigation inside the practice solved the conundrum - they were meant to have attended at 7 o'clock a.m. not 7 o'clock p.m.

This newsletter was prepared by Mike Forster, LMC Lay Secretary, & the LMC Office



CHRISTMAS AND NEW YEAR OPENING TIMES

Over Christmas the LMC Office will be closed from 12:30 on Wed 24 Dec but will re-open on Fri 2 Jan. During the interval things will not be entirely dead. One of us will come in daily 29 - 31 Dec to check the post and answering machine, and deal with any urgent matters. Very urgent matters can as usual be raised to Mike's mobile 07866 977359.

11 DECEMBER 2008 – LMC MEETING – HIGHLIGHTS

The Chief Executive of the PCT, Ms Jan Stubbings, was welcomed. She made 3 main points:

- She announced that the contract for the new GP-led health centre had that morning been awarded to the Gloucester GP consortium. Commercial confidentiality prevented her naming the other contestants.
- She acknowledged that in retrospect more could have been done by the PCT over the last 2 years to support Practice Based Commissioning. She was sure PBC could provide a good approach to many current challenges, and she promised to address it more closely in future.
- The PCT was now looking to recruit 2 half-time medical directors - one for commissioning and the other for provisioning. The adverts will go out in the New Year.

Project UTOPIA. Project UTOPIA is the title of a review of the admissions and referrals procedure in Gloucestershire Acute Trust hospitals. It has taken 18 months to understand the current system. At the moment patients can be admitted to the hospitals by many routes and co-ordination can fail. Assuming the project board agree, the plan is to introduce into both hospitals a 24/7, consultant-led, single point of entry system for patients through the Emergency Department, phased in over 2 years from 2009. The LMC urged that not only must the entry into the hospital be better organised but that the hospitals must get proper discharge notes to the GP practice quickly – immediately if possible. They asked to be represented on the steering committee.

GP relationships with the coroner. Dr Mike Roberts, Clinical Lead for the PCT, had a useful discussion with the coroner recently at which he was able to point out that GPs are no longer responsible 24/7 for the healthcare of their patients. Thus, when asking a GP to access patient records out of hours the coroner or the senior investigating police officer will in future explain the degree of urgency properly. Of course, doctors are under a legal obligation to help when the circumstances are right. The question of what to do when there really is nobody from the practice to respond will be taken up nationally. There was no answer either to the question of how a coroner might go about 'seizing' electronic records without closing down the practice. Incidentally, if called to attend a coroner's court you should consider consulting your defence union before attending.

Health Visiting. The PCT is conscious that there is much discontent in practices at the way health visitors have been centralised and removed from direct involvement in the practice primary care team. You may have noticed that all such moves have been frozen; the PCT is reviewing the situation and will be making fresh suggestions on how to balance the varied patient needs for health visiting services, the need for all primary care professionals to communicate well with each other, and the costs and other practical limitations involved.

GP Referrals. There is still national concern that the cost of referrals is growing (as it also is in Gloucestershire). The rise may for instance be linked to a rise in numbers of referrals, or the treatments that referrals seek may be more expensive, or there may be a complex of many reasons. The increase is putting the PCT budget under pressure and may force the slippage or cancellation of other useful projects to accommodate that increase.

IM&T. The committee agreed that upgrading the bandwidth available to practice systems was a worthwhile project. It would allow 'future-proofing' and an immediate gain would be the ability to download x-rays.