

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE APRIL 2009 Edition

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It has been a long time coming, but perhaps the government is beginning to recognise the worth of the profession. Their acceptance of the DDRB recommendations is a good start. The next hurdle must be to get arrangements in place from the beginning of each financial year, rather than coming into force at the last moment.

DDRB RECOMMENDATIONS

GP Partners. GPs net income should increase by 1.5%. To allow for expenses that means a headline increase of 2.29%. Remember that the apportionment rule of 19ths agreed for this year will mean that few practices will receive exactly that figure, but all should receive something. (No change to seniority payments.)

Salaried GPs. The minimum and maximum of the salary range will be increased by 1.5%, so for 2009-10 it will be £53,249 to £80,354.

GP Registrars. The supplement remains at 50% for those now in placement, but reduces to 45% for those entering training placements on or after 1 April 2009.

GP Trainers. GP trainers' grants are to be reviewed, but as a temporary stop-gap they should be increased by 1.5 per cent for 2009-10.

LMC RATE

The LMC Rate has been set at £63.00 an hour from 1 Apr 09. This represents a 1.5% increase in line with the above recommendation. The PCT has been asked to observe this increase but we

have not yet had confirmation from them.

THE CARE QUALITY COMMISSION

As from 1 Apr 09 the Care Quality Commission (CQC) formally absorbed the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission. The effects on GP practices will not be immediate, but by 2011/12 all GP practices must register with the CQC, and abide by a common set of standards. Those standards have yet to be fully defined, but will be in the areas of:

- Safety, availability and suitability of equipment
- Respecting and involving service users
- Consent to care and treatment
- Complaints
- Records
- Competence and suitability
- Staffing
- Effective management of workers
- Co-operating with other providers
- Care and welfare of service users

- Assessing and monitoring the quality of provision
- Safeguarding vulnerable service users
- Cleanliness and infection control
- Management of medicines and medical devices
- Meeting nutritional needs
- Safety and suitability of premises

The GPC is working with all interested parties to ensure that this is a positive, and not too onerous, development. One potentially useful product of the reorganisation may be a coming-together of the social and medical care services, particularly in looking after the aged.

QoF INTERIM PAYMENT

The PCT has decided to issue a 70% payment of the achievement part of the QoF payments in April to ease practices' cash flow; the balance, at government insistence, is to be paid in June. This interim payment is most welcome.

GPC SURVEY – REMINDER

http://www.bma.org.uk/images/DevGPO309_tcm41-184395.pdf is the link to the GPC survey into Developing General Practice, Listening to Patients. This was circulated by us on 3 Apr, and the closing date is 1 May.

FREEDOM OF INFORMATION

Please note that the GPC has updated their Freedom of Information Act 2000 Frequently Asked Questions list which is publicly available on the BMA website at:

http://www.bma.org.uk/ethics/health_records/freedom/freedomfaq.jsp

Practices must have a policy and procedures for responding to Freedom of Information Act requests: this FAQ list gives useful guidance in preparing those policies and procedures.

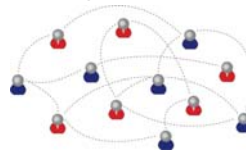
REPEATED REQUESTS FOR PATIENT RECORDS

A few patients (or their representatives) make repeated requests for their records, especially in cases involving insurance companies. The GPC advice

is that when GPs provide a copy of a record to a patient, or to their representative, they should inform the patient, or the representative, that they are responsible for making further copies for other interested parties as the practice is unable to fill repeated requests for copies.

PRACTICE MANAGER NETWORK

The Department of Health is in the process of establishing a practice manager network. The intention is to build upon support networks for practice managers that already exist and the



Department is currently collecting details of what is already out there.

Are there any local networks in this county which we need to tell the GPC about?

CLINICAL DESs

The guidance and audit requirements for the 2008/09 clinical DESs have been released. This is an update to the guidance released last year detailing the audit requirements and Read codes. Please note that a change has been made to the heart failure indicator which means that patients who are stable on a non-licensed beta blocker do not have to have their medication changed, and this will still count towards achievement of the DES. The guidance can be accessed here:

http://www.bma.org.uk/employmentandcontracts/independent_contractors/enhanced_services/ClinicalDES0809.jsp

The GPC does not accept the delays associated with the proper implementation of these DESs. The GPC Negotiators have told this to NHSE and are working on ensuring that the money set aside for the DESs in 08/09 is not lost.

FRAUD: OVERSEAS VISITORS

Fraud is rife and is costing the NHS a lot of money. Many people who are not entitled to free NHS treatment still claim it, and often get it. The PCT is determined to make this more difficult in this county. There will always be fraudsters, but the aim is to make them try elsewhere first. A degree of solidarity will be needed, with minimal

impact on the work of busy practice staff. To help with this there is going to be a **briefing on 9 June at the Dowty Sports and Social Centre at Staverton**. First come first served. The first part of the programme from 12:30 for an hour or so over lunch will concentrate on the main issues, allowing GPs to leave after lunch to treat their patients. The rest of the afternoon will look at practical ways to detect and minimise fraud; the target audience for the after-lunch session are practice managers and/or receptionists. The PCT will be in contact about this very soon. We recommend this to you.

WEB-BASED C&B

Many of the technical problems of the C&B software arise from the 'integrated' version, i.e. getting into it via the clinical system. Starting the C&B software via a desktop icon (the web based version) is simpler, is less demanding on your PC and server, and tends to run faster. Anyone currently using C&B and experiencing problems, or is not using C&B because of previous difficulty, is recommended to try this method as it may well help. The only additional typing involved is entering the NHS number. Rachel Jordan is happy to assist as always with this and other C&B issues.

PRINCE'S FOUNDATION FOR INTEGRATED HEALTH

The Prince's Foundation for Integrated Health is hoping to form a group of GPs who are interested in integrated medicine (combining the best of the conventional and the complementary where safe, appropriate and evidence based) and integrated health (seeing the patient as a whole person and health as something that is intimately connected with areas such as nutrition, education and the environment). They are inviting all GPs to become members of the Prince's Foundation for Integrated Health – it costs nothing and you will get regular newsletters/updates and information on integrated medicine and health. They believe that too often, in areas such as chronic tiredness and back and neck pain, for instance, there is not always a very good evidence base and we have to make the best of what

we have. Integrated medicine enables GPs to have a wider range of options for their patients (even if they don't practice any complementary modalities themselves) and integrated health focuses on areas such as nutrition, education and the environment in improving our patients' health.

If you would like to join and find about integrated medicine and health, or if you already have an interest, or practice it, then you can join by going to www.fih.org.uk/gps

Their first annual conference is on 13th/14th May at the King's Fund, London. The LMC can send you a copy of the application form if you are interested in attending.

MAX'S MUSINGS

I read the DDRB report and recommendations with great interest. The board members may only be fed old information but their grasp on the current political realities is pretty firm, I think. We were lucky to get what we did in the circumstances. A telling point was that there are still plenty of people queuing up to become GPs, although many elect to be salaried, and often part-time, rather than to be full-time partners. Time will tell, but the logical conclusion is that if ever-fewer doctors are prepared to run the business then business will eventually run the doctors. This might be directly from the PCTs or indirectly via non-medical companies who exist to serve their shareholders, rather than their patients. If I am not pushing up daisies by then I think I might set up medical co-operatives with patients as members to run these future practices following the ethos of 'patients first'.

My grandchildren complain that I have reached my 'anecdote', and I admit I do sometimes repeat myself. But what is the point of accumulating a vast repertoire of experiences if one cannot impart some elements of dearly-bought wisdom to the younger generation? And if they have to listen to it more than once, should they complain? Surely they stand a better chance of remembering it, and thereby profiting from it, if repeated often? I hope so, for I shall not hold back.

One pearl of great price is that in new situations we should use the mouth as little as possible while using the eyes and ears as much as possible. If in doubt, count how many you have of each organ. I remember so many



promising young doctors who ruined their careers by neglecting that rule when they joined their first practice. They were tilting at windmills in the best manner of Don Quixote, and their fall was both predictable and painful. And it is so sad, as youth has much to offer in terms of enthusiasm, a fresh look at old

problems, and the energy to deal with anything that comes its way. But they should proceed thoughtfully - 'Softly, softly, catchee monkey' should be their watchword. Otherwise those currently in charge will be muttering:

'Those who think they know all the answers are annoying to those of us who do,'

and

'Old age, cunning and treachery will always triumph over youth and skill.'

This would be a pity. We need to foster a spirit of cooperation between the generations of our profession, don't we?

And finally:

- 'Patient had waffles for breakfast and anorexia for lunch.'
- 'She is numb from her toes down.'
- 'While in ER, she was examined, x-rated and sent home.'
- 'The skin was moist and dry.'

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



HIGHLIGHTS OF THE APRIL LMC MEETING

MRSA Pre-op screening. This is part of the secondary care contract. GPs are not obliged to do this work.

Pharmaceutical Needs Assessments. There will be a meeting on Wed 6 May at 12:30 at the Thistle Hotel Cheltenham open to all dispensing practices to hear from Dr Silver from the Berkshire, Buckinghamshire and Oxfordshire LMCs about how they have taken PNAs forward in their areas, and what dispensing practices in this county ought to be looking to get from them.

Revalidation. It is essential that all GPs start maintaining their log of educational reflection.

Contract Reviews. The PCT has a duty to review all contracts annually. They had produced a document to steer those reviews which would need to be filled in by practices. But they stressed that this document would not 'lose you points' but is merely a fact-finding baseline-assessing basis for discussion with practices. In particular if the premises are not up to scratch, then say so – it is a trigger for something to be done about it.

Education 1. The requirement in QoF Education 1 for all practice employed clinical staff to have attended training and updating in basic life support skills in the preceding 18 months does not apply to GP partners, but it should be part of their appraisal.

IM&T DES Component 4. The PCT has discretionary powers to make part payments to practices if the reason they have failed to reach the standard was beyond their control, for instance if their GPSoC supplier was unable to meet the standard in full.

QoF End of Year Payments. Although the QoF end of year payments were now to be made in June, the PCT had agreed to pay 70% of the expected amounts due in April to ease cash flow for practices.

Buying Groups. The committee agreed that the LMC Office should look into the possibilities of joining an existing buying group to obtain preferential rates not only for flu vaccines but also on a range of other products from stationery to vehicles.