

Newsletter

COMMITTEE JANUARY 2008 Edition

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This Newsletter will be rather shorter than usual; there has been much activity related to the contract amendment and other matters have taken a bit of a back seat.

The Government tossed a hand-grenade into the party just before Christmas and we are still waiting to see if it will go off. In brief, they have exercised their right to impose at 13-weeks notice a change to the nGMS Contract, which has come to the end of its honeymoon period. The Government is blamed for agreeing to it in the first place and GPs are blamed for taking too much profit from it. The move to get GPs to open extended hours was being negotiated between the NHS Employers and the GPC; these had nearly (but not quite) reached agreement when the government demanded that the NHSE should not accept less than 30 minutes per week per 1000 patients. The GPC unanimously rejected this offer – as much from the way it was made as for its content. Although negotiations are still open, the GPC will be seeking advice from the profession through a poll in Feb. In the meantime there will be briefing sessions organised by the LMC in the next 2 weeks and much information flowing down from the GPC. (You should already have received a poster and update). The first confirmed meeting will be on Wed 30 Jan 08 at 7:30 in the Thistle Hotel Cheltenham. Space is limited so please book your place with the Office. The detail will be given at the meetings rather than here, but in outline if

we accept the original offer we would have to work longer hours for the same, or slightly less, pay. If we refuse to accept it then the Government will impose a contract change that is even less advantageous, and we will need to do something (as yet undecided) about it.



Comparisons between David (the GPC) and Goliath (the Government) are misleading, since we have not yet found a suitable stone or sling. But at least we can be sure that the government are indeed latter-day philistines; they seem not to appreciate what they have got or what they could have if they treated GPs fairly.

There is considerable disquiet about all this. The pessimists fear that by making GP practices stay open longer for no increase in pay the Government is taking the first steps towards ending the current independent contractor status of GPs; the consequences would be that the patients will lose the holistic care that they currently enjoy, while the GPs would become wage slaves to some unspecified organisation – possibly the new Virgin Healthcare, which has started 'selling' itself to the profession. Even the optimists

suspect that there is a hidden agenda that will bode no good.

It is easy to be paranoid about this. Please trust your GPC, who are negotiating strongly for you all from a difficult bargaining position, to get the best possible national deal. However, they need your help. They have already asked practices to put up posters and to start to talk to patients. Patients need to be made aware that they could lose their GP surgery. If the negotiations do not go well and the profession decides collectively to stand its ground then further help may have to be sought from patients, MPs and any other opinion former who will listen. In the meantime it can do no harm to vent your concerns by writing to your MP, and we should be grateful if you would copy the LMC into your correspondence. If uncertain who your MP is you can do it through <http://www.writetothem.com>

It has to be said, however, that in Gloucestershire we are under no pressure from the PCT to rush into any new agreement. We are sure that, if change must come, the PCT will be fair in their dealings with us all.

LMC ELECTIONS



In a way all this alarm comes at a good time. We are just about to hold an election and the nomination forms are being sent out now. This is the ideal opportunity for those of you who feel strongly about this situation, and want to do something

about it, to get yourself nominated for election to the LMC for your areas. The elections will take place on Thu 6 March 2008. Please get your nomination forms back to us by 14 Feb 08.

WELL-PERSON CHECKUPS

Recently a practice was asked by residential homes to provide annual health checks on its residents. The question was whether this came within the contract or should be treated as private work. The answer may be useful generally.

Annual well person checks are screening and are outside essential services. A check "in the manner determined by the practice", however, has to be offered to any patient

aged over 75 who requests it or to any patient not seen within 3 years who requests it. There is no stipulation in the regulations either for annual checks or for a home to request a check on behalf of a patient. However the practice cannot charge the home for the checks privately as this would be in breach of contract, as it would be accepting payment for medical care. Some PCTs do commission enhanced services for residents which might include routine checks. Nationally, some practices do have private contracts with nursing homes, but the terms of these must be explicit that payment is for advice and services to the home, not for any care or services to individual patients.

GPC GUIDANCE – CONFLICTS OF INTEREST – PBC AND THE GP PROVIDER

The above guidance is about to go onto the BMA website under the full title of 'The dual role of practice based commissioner and GP provider: avoiding conflicts of interest and ensuring probity.' It boils down to this: that the current trust in GPs to follow the existing guidelines will (at least for the moment) continue without more formal guidance. Areas of conflict, actual or potential, include partnerships with the pharmaceutical industry or private finance firms (for instance, just because your extended premises are being funded by another company does not mean that you should be bound to refer patients to facilities run by that company). The touchstone is that prescribing and referral decisions must always be driven by the patients' best interest and choices. For instance it is not acceptable to continue reducing referrals to secondary care when this means that decisions are being taken that are not clinically appropriate. Should you or the practice have an interest in the organisation to which you are referring the patient, you must declare it, either during the consultation or generically by use of newsletters, websites and leaflets. You must judge which method is most appropriate.

GPC GUIDANCE – PBC IN 2008-09

PCTs are responsible for ensuring that practices receive an indicative budget that reflects the needs of their population as

accurately as possible. This allows a practice to access a 'fair share' of the available resources to commission services for its patients. The 'fair share' practice budget supports the principles of equal resource for equal need. The method of arriving at that figure is to remain unchanged from 2007-08 (the pain of change is deemed greater than the benefit to be derived.) Full details are at

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081101

The PCT has been in discussions with PBC clinical leads about this.

EMPLOYMENT LAW SEMINARS

You will remember that over the last few months the Secretary has attended a couple of employment law seminars and passed the gist of them over to you. The firm that gives these lectures has a wide range of seminars on offer and would very much like to put them at the disposal of groups of practice managers in this county. It may well be that, through sponsorship, the cost to practices could be much reduced. Existing groups of local practice managers might like to decide what they would like to learn about or be updated on, when, roughly, they would like to do it and, if they can suggest it, where. Something could then be negotiated. There is an electronic copy of the list of seminars available from the Office.

FLU VACCINES FOR NEXT YEAR

Several practices have asked for the details, thank you. The savings are on a sliding scale, varying from a cost of £3.22 a dose down to £2.52 a dose depending on uptake across the county. The application form in electronic format is available from the Secretary.

CONTROLLED DRUGS FORM

There is a new controlled drugs form agreed at the last LMC meeting. At first glance it is dauntingly cumbersome, but unfortunately the government requires it to be filled in. We have negotiated with the PCT to make it a bit more user-friendly. We are also negotiating with the PCT to include filling it in as one of the three Medicine Management related QOF tasks from 2008/09.

CRITICAL INCIDENT FORMS

At the moment you cannot download the Critical Incident Form from the Glos PCT website as they are pre-printed and serially numbered – but it is an important document. For instance, the Ambulance Service is severely understaffed, but they are keen to make the best use of their resources and the PCT needs to be told if they ever get it badly wrong, so as to help with this. The Critical Incident Form is used to do so. Blocks of the form can be obtained from Mr Alan Potter on 08456 583825

MAX'S MUSINGS

In the hope that tempers cool down in time, may I wish you a happy and prosperous New Year? The risk is that the years will become rather less prosperous. We can't decide in our practice about young Gordon and his impossibly altruistic desires for the NHS. He seems fixated by the notion that GPs cost too much and that by getting rid of us he could save the country a fortune by providing primary care with salaried doctors, either directly employed by the NHS or through some collective contract with a supermarket or similar-sized organisation. Can he really have thought it through? He is confusing cost with cost-effectiveness. We are the lock gate that filters out 85% of patients from secondary care; they need us. The vast majority of patients are very happy with the hours of access and the service we provide; why change? I greatly fear that he is on the electioneering warpath again and that he needs to be able to claim a victory for the people against the dreadfully selfish GPs. I may be pompous. I may even be (in a whisper) obese. But I am not selfish – I swore an oath more years ago than I care to remember and I have been living up to it ever since. Thus I can say confidently: 'The labourer is worth of his hire' (Luke 10: vii). When the local post offices were threatened with closure the vociferation was pretty loud from the public, but if it gets out that they may lose their GP surgeries as well, what will be the political fall-out from that explosion of feeling? A postal service is, after all, pretty much the same anywhere (provided the queues are not too long). A GP is a cross between a family friend, a confidant and a medic. Our skills and service are born of huge experience and

long acquaintance with our patients. Would you, as a passenger going on holiday, entrust your life to an aircrew all of whom have been trained only on a simulator and none of whom has ever been to your destination?

GPs did get a good pay rise at the beginning of the new contract, but it has been steadily eroded since then. I, for one, am grateful that we do not have to do Out of Hours any more, nor is it being suggested that we should. Even an extra evening surgery a week for each of us would allow us each time off in the afternoon to catch up on the paperwork. But my bridge partner down the road in his single-handed practice is in a different state. I wonder how he will manage.

We need to send a strong signal to the government that the patients don't need it, we don't want to do it, and no-one else does either. I regret that my Rotarian chums in the PCT will come under extraordinary pressure to deliver an impossibly ambitious political agenda with insufficient resources and in too tight a timeframe. But there comes a time when one must plant one's elbow on the mantelpiece and do what has to be done – light one's pipe from a glowing ember and enjoy one's evenings.

Happy New Year to you!



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



SERVICES AVAILABLE TO ASSIST GPs WITH HEALTH & OTHER PROBLEMS

Nationally available services:

- National Counselling Service for Sick Doctors 1 Park Square, London NW1 4LJ
Tel: 0870 241 05351
- Doctors Support Network Tel: 07071 223 372
- Doctors for Doctors Tel: 020 7383 6739
- Doctors' Support Line Tel: 0870 765 0001
- The BMA Counselling Service (24-hour support) Tel: 0645 200 169
- BMJ Careers Chronic Illness Matching Scheme www.bma.org.uk/public/chill.nsf
Opportunity for doctors who have a chronic illness or disability to receive informal careers advice from another doctor.
- Sick Doctors Trust Tel: 0870 444 5163
Website: www.sick-doctors-trust.co.uk
- The British Doctors & Dentists Group Tel: 01252 316976 or 020 7487 4445
Doctors recovering from chemical dependency
Monthly group meetings.
- National Clinical Assessment Authority (investigates performance of doctors)
Telephone: 0870 267 0850
www.ncaa.nhs.uk
- One to One (counselling service for training grade doctors in the South West Deanery)
Telephone: 0845 130 5354
- The Maudsley Hospital provides an acute referral service for severely ill health professionals under the auspices of Professor Ann Farmer and Dr. Tony Clare. In the first instance Phone 020 3228 4696 (after hours 4693)

FINANCIAL HELP

- BMA Charities Tel: 020 7387 4499 including Cameron Fund
- Royal Medical Benevolent Fund Tel: 020 8450 9194
- Royal Medical Foundation Tel: 01372 821011
www.epsomcollege.org.uk/rmf

Gloucestershire LMC