

# Gloucestershire Local medical Committee

## Our achievements

### 2006

The following are some of our achievements *in the past few years*:

#### **PMS**

We now have more than 35% of the county covered by PMS practices, so we aimed at:

- *Representation of all GPs in the county, whether GMS, PMS or non-principals.*
- *Arranging a licensing agreement with Lockhart's Solicitors to enable practices to use their model contract.*
- *Enlisting LMC members to become "PMS experts", who were available to advise all practices on PMS matters.*
- *Ensure GMS and PMS should operate on a level playing field.*
- *Establishment of a PMS Sub Committee, to negotiate on behalf of PMS practices.*

Superannuation procedures changed significantly from 1<sup>st</sup> April 2004 with the introduction of the new GMS contract. The LMC assisted PMS practices in successfully negotiating with the PCT, a proposed model of an employer's contribution per weighted patient population. We further organised a workshop in June 06 for you and your accountants to better understand the issues relating to PMS and superannuation.

#### **Contractor Lists**

The development of more stringent requirements for acceptance on to the HA Principals list, together with the setting up of a Supplementary List for Non-Principals.

#### **Standards, Performance and Discipline**

The operation of the Support Panel, made up of the Clinical Governance Leads, LMC representatives and a lay member. The LMC has been actively involved in hearings and supporting colleagues around the county.

#### **GPs Working in Hospitals**

The Contracts Working Party devised a questionnaire that was completed by 98 doctors, representing more than 15 w.t.e. of medical time used in hospitals, usually at a pay rate too low to pay a locum in the practice and we developed a draft strategy for employment of GPs in secondary care together with model contracts.

#### **New GMS Contract**

The LMC attended the launch of the new contract and then provided road shows around the county, working closely with the GP community and the PCT's.

#### **LMC/PCT Liaison**

The LMC had established a liaison group to meet with the PEC Chair, Board Chair and Chief Executive of the three Primary Care Trusts. With the move from three PCT's to one, this Liaison group has naturally progressed into a valuable asset for the representation of the views of the Gloucestershire GP's.

#### **Appraisals**

One particular successful negotiation concerned the funding of appraisals for sessional GPs. The LMC was clear in its view that all doctors should be funded for their time involved in appraisals. After some prolonged discussions it was eventually agreed that sessional GPs would be reimbursed £280 per appraisal.

Since April 2006, the LMC has been fighting a battle on this front, as due to financial constraints the PCT decided it would no longer fund for appraisals. The LMC has continuously been working behind the scenes on this issue with the PCT and raising it nationally with the GPC, who in turn informed the NHSE and DOH.

### ***Out of Hours and GEMS***

In October 2002 PCTs took over responsibility for accreditation of Out of Hours providers and eventually took over the responsibility for providing OOH's medical care to their locality population. The Out of Hours subcommittee of the LMC had met frequently to explore the development of the service on a countywide level with some success, most notably GEMS, the countywide doctor triage at night.

### ***Practice Nurse Survey***

The Contracts working party of the LMC conducted a survey of Practice Nursing in Gloucestershire. We were pleased with the high response to the questionnaires that gave a good overview of the county. The LMC had raised the results of the questionnaire with the Strategic Health Authority, especially issues of training and resources for training.

### ***Occupational Health Service for Primary Care***

In July 2000 the LMC approved a strategy document that included proposals for setting up a service that we considered good value for money.

### ***What is "essential and additional" services?***

A prominent driving force behind the new contract was to end the "Gary Cooper Contract": "A GP's gotta do what a GP's gotta do..." The Committee debated extensively how to ensure that the tendency to load primary care with additional work would be resisted under the new contract. The committee considered a significant list of items that might be considered outside GP core work. It was not easy to get consensus on such a list, but eventually we arrived at a list that more than 60% of LMC members thought was outside "essential and additional."

### ***The "Basket"***

Another conundrum, the so-called "basket" was negotiated as a Local Enhanced Service (LES) payment to cover a range of activities done under the old GMS contract but not covered by "essential and additional" services under NGMS.

### ***Negotiations***

A Countywide LMC/PCT Negotiation Group was established with LMC representation from each of the current PCT areas. The agenda includes subjects such as the 'basket', enhanced services and QoF. Recently, it has also included issues regarding appraiser funding and doctors fees.

### ***Quality Outcomes Framework (QoF)***

A fundamental part of practice remuneration rests with the QoF outcomes and there had been significant concerns about these visits. Generally the experience had been a positive one across the county and whilst the preparation for this had given rise to much anxiety the event itself for most had been a positive experience.

The LMC were very gratified to witness the successes of the new contract and the publication of the Quality and Outcome Framework [QoF] figures for all practices for the year 2004/05. Most practices achieved very high levels, many recording well over 1000 points with not a few reaching the maximum of 1050.

Additionally, the LMC has continued its support to practices, liaising with the PCT to ensure the process is fair and smooth. The LMC has also been fortunate that it has various

members who have expertise on the codes used on the GP systems for QoF reviews and have assisted practices in detail.

### ***Sessional GP's***

There had been an active recruitment drive to increase the number of paid up sessional (previously Non Principal) GP members. This now stands at 19 members. Issues raised on behalf of this group included responding to queries regarding Salaried GP contracts as well as the resolution of payments for.

### ***Choose & Book***

The LMC has had appropriate representation on local groups ensuring GP's views are heard. On numerous occasions we raised our concerns regarding the C/B technology not quite to standard and causing frustrations around the county.

### ***Pensions***

The successful negotiation with the PCTs regarding superannuation 'fringe' activities such as meetings and OOH work; it was agreed that 90% would be superannuable with the remaining 10% being treated as an expense. The LMC had also been aware and consistently warned practices that there might be some payments due to the PCTs.

### ***Pandemic Flu***

The LMC are quite clear in their view and support for a top down approach in terms of planning and co-ordination. It continues with representation on the Countywide group, being involved in planning for a flu pandemic.

### ***Practice Based Commissioning***

We've endeavoured to keep abreast of Practice Based Commissioning (PBC) developments and guidance as it has arrived. We have tried to construct an LMC view on PBC but this has not proved to be an easy task as indicated by the different levels of engagement with PBC across the county. However, we have informed you of various publications and in particular about the PBC DES. We have also had representation on a countywide PCT formed group.

### ***Discretionary payments***

When the PCT announced in April 2006 the cessation of discretionary payments, the LMC were in strong disagreement. We understand that the word discretionary gives the PCTs some leeway to consider these payments as not being reimbursed to a mandatory maximum. We do however feel that the PCT has a moral obligation to provide locum reimbursements. We have raised this issue nationally and locally raised issues related to specific cases, most of which we have been successful in convincing the PCT to resolve.

### ***Some other bits and pieces we've been dealing with:***

We try to defend you against the regular tides of demand for additional work in the form of reports to other bodies. The major problems when outside bodies ask GPs for reports are:

- *They rarely appreciate the need to supply evidence of the patient's informed consent.*
- *They do not appreciate that work done to produce the report needs to be paid for.*
- *They (and the GP) may not appreciate that however brief a report on fitness the report may imply a duty of care on the doctor issuing the report that could render the doctor liable if anything went wrong.*

### ***Some recurring issues that we have dealt and continue to deal with:***

- Ofsted Early Years, who took on the responsibility to approve childminders and expected GPs to report on their patients' suitability to look after children without offering a fee.
- Data Protection Scams, where companies offer to carry out Data Protection registration for a hugely inflated fee.
- Firearms Certificates, where the law is obscure on a GP's responsibilities.
- Health Clubs, who think they can use a client's GP as a fitness medical adviser.
- Lighterlife and their request for GP's to complete health forms for their clients wanting to loose weight.
- Employers Sickness certificates.
- Requests for Housing Priority - Social Services.
- Many and varied requests from Gloucestershire Social Services.
- Weekly Prescriptions. Pharmacists have tried unsuccessfully to get the PCTs to pay for the cost of dispensing tablets in dossette packs to patients, especially those in residential homes, whose carers are not able to supervise the issue of tablets. As a way round this it is often suggested that GPs issue weekly prescriptions. So the additional work for the pharmacist is paid for by the prescription fee, but at a cost of additional work to the GP. We had clarified the legal position with the Pharmaceutical Adviser of W. Gloucestershire PCT who said: *"GPs should make an assessment on the need for weekly prescriptions on clinical grounds only. If a GP decides that compliance will suffer unless prescriptions are written weekly, then weekly prescriptions are appropriate."* We had reiterated that you are only required to issue weekly prescriptions on clinical grounds.
- Blue badge applications and GP's not seeing patients written consent for the GP to provide information to social services.
- Queries on the data protection act.
- Partnership agreements.
- Collaborative care.
- Carers consent.

***Some template letters we've recommended for your use:***

- Sickness certificate for employer.
- Report to support housing allocation priority.
- Report on fitness to join a Health Club.
- Collaborative care arrangements with the health organisations.

***Some Advice sheets and guidelines***

One feature of the LMC work has been to establish policy on specific issues, which are then recorded on an advice sheet. Some of the advice sheets we have developed are:

- Partnership applications.
- Work observation / experience.
- Use of chaperones.
- Medical Reports to Public Bodies.
- Occupational Health requirements.
- Requirements of Disability Discrimination Act affecting GPs.
- Health and Safety matters.
- PMS pilots.
- Supporting the stressed doctor.
- Check List for IUCD insertion.
- Access to Medical Records (GPC advice)
- Allocation Procedure (Revised) LMC agreement with Shared Services

- Application form for firearms or shotguns (LMC advice)
- Chaperon Policy (LMC advice to the use of Chaperons in General Practice)
- Employing a Salaried GP (LMC guidance)
- GPs and the Mental Health Act (Guidance)(LMC Advice)
- GPs and the New Passport Form (LMC advice on the new Passport Form)
- Health & Safety legal aspects
- Hepatitis B Immunisation (A standard letter to hand to patients explaining that the family doctor may not know enough about the nature of the patients work to be able to advise them whether immunisation is necessary or desirable.
- Housing Allocations (LMC letter for patients to hand to House Departments or Associations)
- Job-Sharing (LMC advice on job-sharing)
- Living Wills (LMC advice to GPs where a Living Will is in existence)
- LMC Advice on Partnership Applications (LMC Guidelines when considering Partnership applications)
- Medical Advice to Health Clubs (LMC Guidelines for GPs approached by Health Clubs for Medical Information)
- Medical reports to Local Authorities (LMC guidance to GPs)
- Medical Partnerships guidelines\_(a basic framework for a medical partnership agreement)
- Medical Reports and Information to Public Bodies (LMC guidelines on GPs responsibilities when providing medical information on their patients)
- Occupational Health (LMC advice as to what steps should be taken to improve occupational health provision in primary care)
- Partnership and Employment Law in Practice
- Pensions for Non Principals (Advice on pensions for Non Principals)
- PMS Pilots: A Simple Guide (Advice updated October 02)
- Research v Audit Guidelines (An algorithm produced by Dr. Mike Richards, Chairman of Gloucestershire Research Ethics Committee offering guidelines on distinguishing research from audit)
- Services available to assist GPs with Health and Other Problems
- Short-term Sickness (advice to patients/employers)
- The Disability Discrimination Act 1996 (a précis of the Act)
- Work Observation / Experience Guidelines (LMC guidelines: students approaching practices for work experience).

**Further topics presented to constituents:**

- New Practiced Based Commissioning Clinical Guidance - 'PBC: 'early wins and top tips' (Full document and LMC summary).
- [Towards PBC DES – by the GPC.](#) (LMC summary).
- [Practice Based Commissioning advice from DoH.](#)
- [Practice Based Commissioning](#) (LMC SWOT analysis).
- [White Paper 2006 \(Full paper and summary by LMC\).](#)
- [Excessive Prescribing Brief.](#)
- [nGMS Revisions 2006/07.](#)
- Partnership Guidance.
- Implementing the IM&T DES: Data accreditation.
- Major IM&T changes to the nGMS Contract produced by LMC.
- PCT reconfigurations – keeping you informed.
- Medical Care Practitioners.
- Avian Flu and flu pandemic.
- Financial Implications of increasing List Size.
- Social Enterprises.
- Poly clinics.
- Performing Rights and Music in General Practice.

- Collaborative arrangements and Legal advice regarding the negotiation of fees.
- GP Returners.