Practice Manager Details

Please ensure that the LMC office is informed of any changes, especially email addresses. This is important for circulars from the LMC and for urgent advice.

Collaborative Arrangements

During the summer the LMC communicated the advice that it cannot negotiate fees on behalf of our constituents with the PCTs. These are fees paid for services such as blue badges, social services assessments, adoption medicals etc. The LMC attached a template letter that you may wish to use when you negotiate with your PCT.

One PCT has responded that the "Department of Health have not yet responded to the recommendation made by the review body that doctors should set their own fees for carrying on work under the collaborative arrangements and that until the matter has been resolved payments will be made on the rates from 2005". This is complete nonsense because Patricia Hewitt made a statement to Parliament accepting the review body report. The fees are set by the GPs and it is the PCTs responsibility to pay. If practices are unhappy at the rate offered they should give 3 months notice and cease the work.

The LMC would also like to remind practice manager groups that they should not make collective negotiations with their PCT because this could be viewed by the Office of Fair Trading as a restriction of competition in a geographical area. The GPC is very serious about this matter and it will be the GP employers who will receive a heavy fine.

IT & Scanners

It is the view of the GPC that scanners should be included as "core" equipment. They are a fundamental part of the paper light practices and also a key part of the Choose & Book process. The LMC has requested our PCTs that there should be 100% reimbursement of their cost and maintenance.

PRIMIS + have launched a web portal for information on accreditation for the IM&T DES. You can register there for more information as it becomes available. www.primis.nhs.uk

Guidance on sending electronic attachments to GP records in electronic form is attached for your information.

Choice & Booking

There is no reference in the DES Directions of the SFE to the 25% aspiration target in June 2006 booking. Therefore, the only target the contractor has to meet to retain the aspiration payment is to reach the minimum year-end standard of at least 50%of its referrals (converted Unique Booking Reference Numbers) through Choose and Book in the period 1 September 2006 to 28 February 2007.

The June target was intended to ensure that practices started using Choose and Book early enough to be able to reach the minimum level in the measurement period of September to February. With the payment thresholds starting at 50% and the full value of the booking component only payable if a practice achieves 90% or more, any practice hoping to achieve the maximum payment needs to

start using Choose and Book as soon as possible.

Both aspiration payments in the C&B DES are recoverable if the relevant targets are not reached, but the two components of the DES are not linked. So if a practice fails to meet its 50% C&B bookings target for Sept-Feb, its booking aspiration payment can be recovered, but its choice aspiration payments cannot, as long as the practice reaches the 60% survey result target.

The GPC is aware that attainability of component 2 of the DES is being questioned, due to the lack of functionality with C&B systems that are in place and hospitals not accepting C&B referrals. The DES specification makes provision for system fall down which allows for payments to be made where a practice has not been able to implement a particular programme due to circumstances beyond its control.

In the meantime, practices should be keeping records of when they could not use the system through no fault of their own so that they can make a case at the end of the year should it be required.

Flu Pandemic Planning

Following the release of a practice guide on infection control to help GP practices plan for and respond to the threat of pandemic flu, produced by the joint RCGP/GPC Emergency Planning Group, the GPC is continuing work to ensure that, should a pandemic arise, practices are clear what policies and procedures are in place. Issues raised include prescribing and availability of anti-viral drugs, availability and effectiveness of flu vaccines, repeat prescribing and dispensing of regular medication, indemnity for GPs following government directives and the protection of GP income.

The GPC raised these issues with NHS Employers, with view to reaching agreements particularly around GP terms and conditions of service, and also with the various Emergency Planning Committees that are in existence to formulate such plans.

The LMC have met with Dr Andrew Wakeman, Director of Public Health, and agreed to form a plan to reflect local agreements.

Ambulance Transport

All of the four current PCTs in South Staffordshire do not require their GPs to provide patient transport booking services. However cross-border PCTs have not resolved this situation. GPC legal advice is for practices to give notice of their intention to withdraw from providing patient transport booking services, unless this is an enhanced service. GPs who wish to withdraw from providing this service should give at least 3 months notice to the PCT of their intention.

Staffordshire Ambulance Service and OOH Provision

The LMC has discussed the performance management of Staffordshire Ambulance Services and Out of Hours with the new Strategic Health Authority or NHS West Midlands. Dr Rashme Shukla, Regional Director of Public Health/Medical Director has agreed to look at the quality standards around the contract with Staffordshire Ambulance to include clinical governance and the role of doctors in the ambulance service.

Many of us are aware that there is no GP available for home visits after 10pm in the South West Staffordshire area and for all of us in the whole of South Staffordshire from midnight. The midnight to 8am time is supposed to be covered by one of our GP colleagues who has agreed to be available for home visits every night for 365 days of the year.

The LMC has commented on the tendering documents for the Out of Hours Service from April 2007. We have made it clear that we expect to have a professional service with proper professionals carrying out the service. We have also requested that it should be explicit that there are GPs available for home visits from 6.30pm until 8am, we are informed about hospital admissions and the service will receive complaints from the LMC or GPs.

Consultant to Consultant Referrals

It has been agreed that in the future patients requiring referral to another consultant should be referred back to primary care where the decision will be taken about onward referral but the exceptions to this agreement are: -

·Suspected cancer referrals
·Emergency/urgent referrals from A&E/EAU
·Referrals to the Rapid Access Chest Pain service
·Referrals related to HIV/AIDS or sexually transmitted infections
·Clinically urgent referrals e.g. patient requiring an urgent cardiology assessment pre-operatively, patients referred by a cardiologist for cardiac surgery
·Inter specialty referrals for a "sub specialist" opinion
·Cross specialty referrals related to the original condition e.g. mastectomy patient requiring breast reconstruction, orthodontic patient requiring removal of teeth.

You may wish to bear this in mind when receiving requests from consultant colleagues.

Pensions Technical Newsletter

A newsletter has been issued by the NHS Pensions Agency clarifying the rules regarding qualifying for retirement benefits. The newsletter can be found at the following link.

http://www.nhspa.gov.uk/site/Library?Newsletters/TN14-2006.pdf

Please note that GPs do not have to come off the Performers List during the 24 hour retirement period.

Simple Guide to NHS Entitlement

Attached is a simple guide from another LMC that you or your receptionist colleagues may find useful in discussions with patients. Please feel free to copy it.

Identifying Services that not be Provided by GPs

Attached is another useful guidance document from the GPC.

Change to LMC Office Staff

Following the reorganisation of the PCTs and a review of the functions of the LMC we have decided to make the post of Executive Officer redundant. The LMC is very grateful to Ann Booth for all of her hard work over the past 3 years.

Lyndsey Insley has taken on the role of Administrative Officer and has been working with us over the last 2 years. Lyndsey will be happy to help you with any of your queries.

Next LMC Meetings

Main LMC Committee Meeting – 2nd November 2006, SWS PCT Offices.

South East GP Sub Committee – 18th September 2006, BLT PCT Offices.

South West GP Sub Committee – 21st September 2006, Cannock Chase PCT Offices.

Dr V Spleen

Dear Reader

I have been totally underwhelmed recently by the latest example of Health Service Reform, the long awaited big, shiny, efficient Burton Treatment Centre.

Referrals have been lost between Out-Patients and the Treatment Centre. When my secretary gets through the maze of answer machines, she is told by both parties, confidentiality of course, that it was the other department's fault.

Some patients are not told who is following them up after treatment and who does the patient end up phoning after being defeated by those same answer machines? – my secretary.

But, at least we do not need to spend much time reading the discharge summary; two I received had no clinical details at all.

The last straw for me was when the PCT asked us to "persuade" our increasingly choiceless patients to go to the Treatment Centre since they have been obliged to take out contracts with levels of activity they do not require, which they would have to pay for whether the work was done or not!

Are such contracts the only way of persuading the private sector to touch the National 'Chaos' Service with a barge pole? Or is the private sector just having a laugh? If this is reform, I'm a banana!

Yours sincerely

Venture

The views expressed in this column are those of the author and not necessarily those of the LMC.