

Introduction

Some of us may look back and wonder what we have achieved this year and what the next will bring. Current national issues are around the Pensions Dynamisation and the DDRB involvement in our pay dispute. On a local level the LMC hopes to continue to ensure that it is responsive to queries from members and reflects their concerns to the PCT.

QOF Self Assessment 2006/07

The intention of the revised QOF assessment process is to ensure an equitable approach across the new PCT. The PCT also aims to reduce the cost of the process by reducing the practice visits.

The self assessment forms are part of the work involved in preparation for a QOF visit. Colleagues are correct in that there are areas that can be obtained by the PCT via QMAS. The information requested in Exception Reporting is detailed and its aim is to ensure a consistent approach by the GPs within the practice.

The information returned to the PCT will be reviewed by a QOF panel who will then decide if a visit is required or not.

The LMC view is that the practices have 3 options:

1. Decline to complete the information and request a practice visit. However, they will still need to make preparations within the requirements of the contract.
2. Complete all of the information required with the intention of avoiding a visit and mindful of their achievement within QOF.
3. Complete the documentation to the best of their ability stating how they are going to achieve the areas that are outstanding. It is not mandatory to have all of the documented evidence at this stage in the process.

It will be up to practices to decide how they manage this.

QOF Assessor Payments

The LMC raised this issue with the PCT and Sue Price, Locality Director has responded:

“The initial rate of £65 per hour proposed for a maximum of two hours has been adjusted in response to feedback from the former GP assessors and QOF leads. This is in order to reflect the visit time required and the additional preparation and background reading. As such it is now £75 per hour with no maximum time limit applied. It is fair to say that many former QOF assessors have not wished to continue the role in light of these new pay arrangements, however, GP assessors for this year include former QOF GP assessors, PEC members and GP trainers. They have all been provided with information including a self-assessment framework which should be used to support their learning with regard to the indicators and assessment process for this year.

To ensure good value for money and high quality care delivery, it is essential that the QOF process is robust. As with all new processes this will be closely monitored and evaluated with changes made to meet requirements if deemed necessary.”

Receptionist Triage

A number of queries have come into the BMA's Public Affairs Division in relation to triaging in GP practices. The Public Affairs division is the part of the BMA that deals with queries from patients and the public, and works to promote the image of doctors. It would appear that a number of practices require their receptionists to ask patients why they want to see the doctor, sometimes including details of symptoms, before they will allow them to make an appointment. Patients report this experience as both intrusive and inappropriate. While there are no specific regulations which relate to the way practices choose to offer appointments or triage patients we would like to draw to practices' attentions the following points:

The new GMS and PMS regulations state:

Patient preference of practitioner

18.— (1) Where the contractor has accepted an application for inclusion in its list of patients, it shall—(a) notify the patient (or, in the case of a child or incapable adult, the person who made the application on their behalf) of the patient's right to express a preference to receive services from a particular performer or class of performer either generally or in relation to any particular condition; and

(b) record in writing any such preference expressed by or on behalf of the patient.

(2) The contractor shall endeavour to comply with any reasonable preference expressed under subparagraph (1) but need not do so if the preferred performer—

(a) has reasonable grounds for refusing to provide services to the patient; or

(b) does not routinely perform the service in question within the practice.

2. Any member of staff involved in patient triage should be properly trained or the practice may be at risk of litigation and complaint.

3. While all members of the practice team should be working within a code of confidentiality, patients have the right to decide who they disclose information to. This may be restricted to a few health professionals they trust and have a relationship with.

4. Any triage system should be open and transparent (ie: if there are limited emergency appointments then patients should be made aware that any questions asked are to decide which healthcare professional they should see either the GP or practice nurse.)

5. Telephone triage can be done successfully, as it is in Out-of-Hours services. In such circumstances receptionist staff are appropriately trained and can take a level of detail that enables them to signpost the patient to the correct form of care, whether that is speaking to or seeing the OOH doctor, OOH nurse or referral to A&E.

6. Information on the practices appointment system and how appointments are allocated should be put in the practice leaflet so patients know when ringing what they are expected to be asked and what choices they will get.

Why Do GPs Charge Fees?

Attached is a useful—Your Questions Answered sheet which you can use with the LMC heading or adopt it for your own practice use.

Prisoners Registering with a GP on Release

The LMC has raised the issue of how prisoner medical information is transferred to their GP and this was discussed at the Prison Working Group. We are informed that the standard process used is that on release the prisoner is given a letter outlining any significant medical history to pass onto their GP. If the prisoner does not have their letter the Healthcare Department at the prison can be contacted and with the prisoner's written consent a summary can be supplied.

IT

Please forward any current needs or difficulties that you are experiencing with IT. A recent one has been the reimbursement for replacement scanners in the South Western Staffordshire area. The LMC is pleased to hear from Geraint Griffiths, Locality Director that in fact scanners will be reimbursed as this is felt to be a core component of Choose and Book.

Ambulance Bookings in South West Area

The majority of practices have withdrawn from routine ambulance bookings following the official notification given by the LMC for the former South West PCT area. However it seems that some practices in the South West are still willing to book for their patients so the PCT would be grateful if those practices that are still happy to continue booking for their patients would inform the PCT.

Call Diversion for Out of Hours

The ambulance service is experiencing problems with practices that are not switching their telephones after the end of the Out of Hours period. This is a reminder that practices are obliged to have telephone systems in place that will receive the calls back between 8.00am and 6.30pm. The PCT has advised Staffordshire Ambulance Service to disconnect the relevant call lines by 8am.

Health Ref Forms - Prospect Registrants with GDC

Attached is guidance from the BMA Professional Fees Committee on the completion of health reference forms for prospective registrants with the General Dental Council. Please note this applies to dentists as well as dental care professionals including dental nurses etc. We are aware that local GPs are being approached with these forms.

Independent Treatment Centre, Burton on Trent

The LMC has been active in feeding back concerns about the ITC, many of which arise from the nature of the contractual arrangements. Many of us have been frustrated by these problems and direct our patients to the local PALS. However GPs with individual enquiries should contact Jane Docksey at the locality PCT on 01283 507148.

Focus on... The Patient Experience Survey

The updated December 2006 Guidance Note has been circulated to all practice managers. It is also available at <http://www.bma.org.uk/ap.nsf/Content/FocusonPES>

Dr V Spleen

Dear Reader

Happy Christmas friends and colleagues. I am spending a few days with my soul mate Father Christmas before he gets busy in a few weeks time.

As the end of the year draws nigh and the festive season gets nearer it is a good time to reflect on the year past. We can yet again congratulate ourselves on providing a high quality of care for our patients. Even by the governments questionable quality indicators we have performed better then ever before. We continue to rate highly in the public's estimation and most of us are earning more in return for hard work and commitment.

Meanwhile our politicians continue to pursue policies which lack joined-up thinking, evidence based and patient centred benefits. Recent headlines highlight some of the issues. These community matrons are expensive and do not reduce hospital admissions, independent treatment centres are not liked by patients and are more expensive to run than NHS facilities. Choose and Book is bad for patient care, 50% of GPs do not wish to put patient data on the national information spine, the whole direction of the national information network is being reviewed by the management etc etc.

Will this evidence based comment and informed opinion get our politicians to change their minds bar humbug. They cant be seen to have egg on their face. They would much prefer to plough forward and keep blaming the profession in one breath of the ills that have fallen upon the health service and in the second breath asking us to help and support them and push forward policies that we know are misguided, expensive and not in the patients best interest.

So one and all raise your glass and wish yourselves and all those in primary care well done and all the best for the festive season and a prosperous New Year. To our politicians and all their spin doctors we wish a plague upon their houses, may their chickens come home to roost, their cattle become baron, their books never balance, goodbye Mrs Hewitt and may their voters leave them in droves.

A Happy Christmas to you all

Yours sincerely

Venture

P.S Spare a wee thought for all those who are going to be working over Christmas and the New Year looking after our patients. God bless them one and all.

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

Dates for Next Main LMC and Sub Com Meetings

South Staffordshire LMC - 18th January 2007, Mellor House, Corporation Street, Stafford.

South East Staffordshire Sub Committee - 22nd January 2007, Merlin House, Etchell Road,
Bitterscote, Tamworth.

South West Staffordshire Sub Committee - 25th January 2007, Dr Wilson & Partners Surgery,
Wolverhampton Road, Stafford.