GMS2 - Implementation Tool

An updated CD has been provided by the West Midlands Regional Local Medical Committee. If you would like a copy of the CD please contact the office or you can continue to access it on http://www.wmrlmc.co.uk

---

Attendance at LMC Meetings

You are very welcome to join the LMC at its next committee meeting in order to see if you are interested in joining. You may not be sure what is involved and this would be a useful way of finding out how the committee works. The usual attendance fee will be paid.

GP Registrar E-Bulletin

The GP Registrar Sub Committee of the GPC has produced its first GP registrar e-bulletin. Topics covered in this edition include: -

· The new certification process under the PMETB
· Out of Hours training requirements
· Advance notice of the 2006 National Conference for GPs to be

Please access the bulletin at http://www.bma.org.uk or contact the LMC office and we can forward it to you.

GP Trainers' Pay

You may recall that the DDRBs 34th report recommended that a separate payment of £750 should be made to all GP trainers in recognition of their CPD costs. The Health Department seem to have forgotten about this payment and the matter was raised nationally by South Staffordshire LMC following concerns from a local trainers group. The GPC are pleased to report that the Health Department has now said that this payment will be made to all GP trainers this year.

Practice Based Commissioning

GPs are still lacking essential information on PBC. Several issues prevent practices from getting involved; budget setting, transfer of existing PCT deficits, Payment by Results, Choose and Book, quality of data and management costs. Further Department of Health guidance is expected in November/December. The GPC's Commissioning and Service Development subcommittee will produce further guidance on PBC in due course.

The GPC would like to stress that, if adequate funding is not available locally for preparatory management costs, practices should not feel obliged to enter into PBC agreements regardless. The GPC is seeking to agree separate funding for this purpose and those who feel they would be financially

disadvantaged by moving forward now should wait for further details. The GPC also recommends that if practices are considering signing PBC agreements with their PCTs now, they should add a clause stating that if later national negotiations result in a more favourable rate than the one agreed locally, that the local contract should be amended accordingly.

Referrals to Named Consultants/Specific Hospitals

GPs should be reminded that they have a professional and ethical duty to refer their patients as they believe clinically necessary. GPs should not compromise their clinical duties to meet PCT financial initiatives.

Concerns have been raised about Choose and Book together with direct patient access booking where GPs cannot refer to a named consultant. It must be made clear that there is nil in the regulations permitting PCTs to divert or intercept a GPs referral. GPs have to refer appropriately and this decision is for the GP to make, not the PCT.

Primary Care Development Schemes/Golden Hellos

Golden hellos have now been replaced by the Primary Care Development Scheme. £429k has been given to our Strategic Health Authority and this money should be targeted to improve the recruitment of GPs in the Staffordshire and Shropshire areas. Dr Ruth Chambers, GP advisor to the SHA on GP recruitment and retention, has formed a committee to determine how the money will be allocated. An initial £15k will go to each PCT then allocations to the PCTs will be calculated on: -

a. List sizes greater than 2000 per GP and
b. By numbers of GPs age 55 and over per total number of GPs

It would therefore seem that the bulk of the monies will go to PCTs in the North Staffordshire, Stoke area.

Asthma Reviews on the Telephone

Asthma reviews (QoF Asthma Indicator 6) can be performed on the telephone as a useful method of identifying patients who need to be seen for formal assessment and also for those who are stable. Please note that this is an acceptable way to conduct the reviews and there is nil in the regulations to say that it cannot be done on the telephone. There is a worldwide evidence base to justify this method.

Patient Allocations

Patient allocations were last visited by the LMC in our Newsletter of 1st February 2002. A number of queries have been raised by GPs recently and

the LMC felt it was time to review the current process. At the moment, allocations are made on the number of GPs rather than on a practice basis. The LMC now feels that following the new GMS contract, allocations should be made by list size and not number of GPs within a practice. This will more clearly reflect workload and practice decisions to have partners or employ salaried doctors.

Please note that PCTs will also allocate patients outside practice boundaries. It is the LMC advice that the practice has the right to remove the patients after 8 to 10 days if there is an issue about providing safe care. Most of the incidences arise around nursing homes so the LMC would advise neighbouring practices to discuss a solution with the PCT rather than immediately removing the patients.

Appraisals

One PCT has decided to defer appraisals to the next financial year in order to help with their overspend and make savings of around £80k. The GPC view is that a GP cannot be on a performers list if he/she is not appraised annually which runs to the 31st of March each year. It is the duty of the Primary Care Trust to provide an appraisal system as outlined in the regulations.

The LMC advises that GPs have a responsibility to ensure they are appraised and therefore should write to the PCT requesting an appraisal.

Hospitals Issuing Sick Notes for Patients

You may find the enclosed poster useful when patients have been refused a sick note when seeing a consultant or being discharged from hospital. The Department of Health “reducing burdens unit” has included the poster in its best practice guidance to Trusts. We hope that it will reduce patients attending GPs for sick notes.

Dr Holden, Dpty Chrman GPC, Swinfen Hall 15Nov 7pm

A final reminder that Dr Peter Holden will attend a question and answer session open to all South Staffordshire GPs at the above venue and time. Refreshments will be available.

Please send your attendance forms to the office either by post or Fax or telephone or e-mail to book your place.

Dr V Spleen

Dear Reader

VERIFICATION OF EXPECTED DEATH

Colleagues may be aware of the PCT's policy on verification of expected death. All District nurses are attending a course combining theoretical and practical training. The patient or relative is asked whether it is acceptable to them for the nurse to verify death.

Q. What happens if the patient says no?
A. Tough luck! The nurse has to do it anyway.

Depending on which part of the policy document you refer to the nurse has to check for a) Carotid b) Brachial or c) Femoral pulse. The radial pulse is not acceptable. Tip for the nurses, go for the femoral especially if the patient is obese, you can never find it in the living so it's bound to be absent in the dead. Following this the nurse has to perform a sternal rub and has to recheck vital signs in ten minutes. Dr Spleen has never done this in 25 years of death verification but was relieved to note that the ten minute time slot can be lengthened – exhumations will be ok but cremations may be problematic.

Dr Spleen thought that the process of death verification was simple and straightforward. How clever of the PCT to come up with a complicated bureaucratic procedure with an equally flawed policy to match. Can't wait for policy two – The verification of Unexpected death.

Yours sincerely

Venture