GMS/PMS Contracts

You will probably have read in the comics about the number of areas in our new contract that remain contentious. The LMC endeavours to clarify many of these areas as best it can and draws upon the advice from the General Practitioner Committee. However, it is disappointing that we find several PCTs that issue statements which are contrary to national advice, and we are keen to receive any feedback. Some PCTs name NaTPaCT advice but please note that this is part of the Modernisation Agency of the Department of Health and it's statements are not regulations nor do they have the force of law.

Your PCT should have informed you about the remaining areas of non-core services such as post natal examinations, aspirations in minor surgery, pneumovax for under 65s at risk and MMR for students. The LMC disputes that pessary ring fitting is a core service and we are still awaiting the final statement on shared care drug prescribing and monitoring. Varicose leg ulcer management is being funded in East Staffordshire PCT and is carried out by district nurses in Cannock Chase but BLT has yet to decide. Please note that South Western PCT GPs continue to function under the "basket" arrangement.

OoH for Violent Patients at BURDOC (ES PCT)

A service specification for Burdoc has included face-to-face consultations for persons who have been subject to immediate removal by a GP for violent or aggressive behaviour. The LMC believes this puts the GPs that are working for Burdoc out of hours in a position where they are expected to provide care for violent patients contrary to nationally agreed arrangements. The LMC would like to bring this information to the attention of Burdoc GPs that this is a requirement of their working at the premises in Cross Street, Burton on Trent and the LMC view that this is unacceptable.

Concerns have been expressed at the role of SafeSec security personnel and to date support from the police has not been forthcoming when requests have been made for their attendance.

Out of Hours - Redirecting Telephone Charges

Please note that the PCT should be paying both the quarterly BT redirection charge and the on-going call charges. If you are not happy with your arrangements please inform the LMC.

Ambulance Service and OoH

Following concerns about the new arrangements the LMC met with Mr John Hutchinson, Assistant Director of Distribution and Dr Sarah Harthilll, Senior Medical Officer for Out of Hours from Staffordshire Ambulance Service. Problems with communications between the OoH ambulance service and GPs were acknowledged and promises were made to improve the speed and quality of information. The LMC underlined that priority needs to be given to patient death notifications.

Paramedics working under a Patient Group Directive are currently able to prescribe several drugs when visiting patients in their homes. The LMC agreed that maximum issues

should be:
· Brufen 400mg (12)
· Codeine 30mg (14)
· Diazepam 2mg (7)

We insisted that when antibiotics are prescribed a full course is given for Amoxicillin, Trimethoprim and Erythromycin.

Palliative care arrangements are another key area where communications are vital. The ambulance service has agreed to create a form for GPs to pass information to the ambulance service wether by fax or e-mail. Concerns were raised by both sides around the provision of nursing services out of hours, which are very variable across the four PCTs.

Key Targets for Primary Care Trusts Apr 05- Mar 06

These are the key targets that will be used to assess the performance of Primary Care Trusts in England over the period April 2004 to March 2005:
· Access to a GP
· Access to a Primary Care Professional
· Drug misusers accessing treatment
· Elected patients waiting longer than standard
· Financial management
· Four-week smoking quitters
· Outpatients waiting longer than the standard
· Total time in A&E 4 hours or less

East Staffordshire PCT lost a star rating this year due to failure to meet the access to a GP target. Draconian measures were proposed against practices that have not signed up to the direct enhanced service for GP 48-hour access. These measures included withdrawing their right to enhanced or local enhanced services because of alleged poor access to core services. The LMC has pointed out that the DES for 48-hour access is a voluntary service and therefore GPs cannot be compelled to comply with it. It was also underlined that these targets are for the PCTs and not for GPs unless they are part of their regulations and contract.

QOF Visits and Patient Confidentiality

Further GPC guidance is attached. Consent for access to records needs to be informed and explicit. Therefore no access should be allowed to records unless there is informed consent. The GPC believes that the PCT should obtain this consent. We hope that an IT solution should enable complete anonymisation of patient records in the near future.

Focus on... QMAS

QMAS (Quality and Outcomes Framework Management and Analysis System) is software that has been developed for the new GMS contract so that practices can access their achievement under the new contract and contribute to the calculation of national disease prevalence. QMAS will provide a link to the Exeter payment system to enable quality

payments to be made.

Please read the document at http://www.bma.org.uk/ap.nsf/content/FocusQMAS1004< /a>

Frequently Asked Questions - GP Pensions

This FAQ has been produced following the recent publication of “Focus on” guidance notes covering changes to GP pensions arrangements. Please see attached.

GP Appraisal Funding

The DoH guidance specifically states that appraisal funding should be used equitably for all GPs. Funding arrangements for PMS appraisees should be the same as for GMS appraisees. Therefore all practices should receive the equivalent of 26p per weighted patient which is £1,542 per average practice, as a contribution to the cost of preparing for and undertaking the appraisal interview for all GPs in the practice. The funding guidance states that “as a minimum, PCTs will wish to offer existing appraisal payment arrangements”. The LMC will seek this reassurance from our four PCTs.

The guidance can be found at http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicCONTENT_IS=4091440&chk=n6A4V3< /a>

Superannuation - Clarification from GPC

For the purpose of the practitioner method under the NHS Pension Scheme (i.e. the career-earnings method, rather than the final-salary method as for hospital employees), it is necessary to identify a nominal ‘employer’ even though, for instance, GP principals are not employed. For the purpose of administrative ease, the PCT is deemed the employer so that they are responsible for ensuring the contributions reach the Pensions Agency, rather than every individual principal having this responsibility. Given that salaried GPs are pensioned under the practitioner method too, they also have a nominal ‘employer’ so that they are not dealing with the Pensions Agency directly, and given that the PCT does this for principals it is sense that they also perform this role for salaried GPs, otherwise individual practices would each have to liaise with the Pensions Agency.

Chose and Book and Copying Letters to Patients

The LMC feels that it cannot support these two programmes in their present form for a number of reasons including lack of:

· Funding
· Resourcing
· Time
· Evidence that patients want this system

· Evidence that it will improve patient care

On the contrary we feel that the costs involved both financially and in time will detract from the current levels of care. Although these do not form part of a GP's GMS contract we understand that the Strategic Health Authority is applying pressure on PCTs if GPs do not co-operate on these issues.

Maternity Leave - Locum Payments

SFE section 9 sets out the requirements for maternity leave – locum payments. Paragraph 9.5 makes it clear that the locum cover for a GP performer who works full-time is at least £948.44 (and this is backed up by the first line of paragraph 21.16) provided that the criteria are met. This might be paid on a pro-rata basis if the GP performer on maternity leave worked less than full-time.

SFE paragraph 21.16 sets out the protocol in respect of locum cover payments, and this states that PCTs have the discretion to pay more.

The LMC would like to underline that these are the minimum requirements and would be interested to hear if you are having any problems in this area.

Life Insurers and Confidentiality

A query has been raised in a neighbouring LMC where patients have applied for life insurance and either been turned down or had special rates imposed. When the patients have asked the companies for the reasons they have been declined and instructed to go to their GP. There is an agreed procedure for this between the BMA and the ABI which we have reproduced below.

Insurance companies must provide written reasons for any higher than standard premium, rejection of an application, rejection of a claim or cancellation of a policy to applicants or policyholders, on request. They must not ask applicants' doctors to explain their actuarial and underwriting decisions. If the company is concerned that the applicant is not aware of a health condition that has influenced the underwriting, or it believes that further care or treatment may be beneficial, a medical officer of the company should discuss the best way to proceed with the applicant's GP. Any health concerns that the insurance company has brought to the attention of the GP should be discussed (if the GP felt necessary) in a normal NHS consultation.

LMC Members

You will note that in the list of members below there is a job-share between Drs Tony Burlinson and Owen Barron from Uttoxeter. The LMC can be flexible in encouraging new members to join especially non-principals. Please note the current rate for attending the main LMC meetings is £160 per meeting and the two sub-committees in the South East and South West is £110 per meeting. Mileage is also reimbursed at the rate of 60p per mile.

If you would like to discuss joining the LMC then you are very welcome to contact the Secretary or any of the members.

Warfarin Prescribing

The LMC has taken advice concerning Warfarin prescribing

following comments from several PCTs who are following NaTPaCT guidance that "GPs who are not delivering this enhanced service maintain the responsibility to prescribe and monitor patients as part of core services".

The General Medical Council have responded:

"In general, doctors are expected to take account of appropriateness, effectiveness and cost when prescribing any medicines and/or treatment and to take account of any relevant guidance of clinical management. Having said that, we would expect doctors to comply with the standards of good practice that we set down for all medical practitioners. The fundamental principle underlying these standards is that doctors should have as their highest priority the best interests of the patient. Applied to the clinical role, this means that doctors should always seek to provide the best standard of care for the individual patient for whom they are responsible."

We would refer you to the GMC statement about who is responsible for prescribing medicines for hospital out patients available at http://www.gmc-uk.org/global_sections/sitemap_frameset.htm

1. Where a patient's care is shared between clinicians, the doctor with the responsibility for the continual management of the patient must be fully competent to exercise their share of clinical responsibility. They also have a duty to keep themselves informed about the medicines that are prescribed for their patient. They should take account of appropriateness, effectiveness and cost when prescribing any medicine. They should also keep up to date with any relevant guidance on the use of the medicine and on the management of the patient's condition.
2. If you are the doctor signing and issuing the prescription you bear responsibility for that treatment; it is therefore important that, as the prescriber, you understand the patient's condition as well as the treatment prescribed and can recognise any adverse side effects of the medicine should they occur.
3. There should be full consultation and agreement between general practitioners and hospital doctors about the indications and need for particular therapies. The decision about who should take responsibility for continuing care of treatment after initial diagnosis or assessment should be based on the patient's interests rather than on the healthcare professional's convenience or the cost of the medicine.

The General Practitioner Committee has responded that:

"A GP would be quite within his or her rights to decide not to prescribe Warfarin if there is concern about the audit trail and level of support in the secondary care service to enable compliance with the GMC guidance. It is the PCTs responsibility to ensure that such problems are resolved. As to NaTPaCT, it is part of the modernisation agency of the Department of Health and its statements are not regulations nor do they have the force of law. The GPC would like to know which part of the contract documentation, or the

subsequent regulations, that NaTPaCT believe support these statements because the GPC does not believe that there is one.”

We hope you find these comments helpful.