



# LMC NEWS

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funding freed up from the discontinued QoF organisational indicators to fund new enhanced services to support GP practices to improve the quality of care. Examples include diagnosis and care for people with dementia, care for frail or seriously ill patients, enabling patients to have online access to services, and helping people with long-term conditions to monitor their health.

Changes need to be made to the GP contract to make sure we reflect our changing population. We value highly the work of GPs and want them to lead the change. As you state, the Government's proposals are currently out for consultation. The consultation period will close on 26 February.

The department is prepared to offer a further period of discussions on the changes proposed. We hope that negotiations between NHS employers and the General Practitioners Committee might continue, to see whether an acceptable agreement can still be reached. If not, the department will consider any representation made during the consultation period."

You may query "no real improvements have been made in recent years" and wonder whether they are being disingenuous or does the DH really not have a clue.

Richard Vautrety from the GPC made the following response:

"They have a very simplistic but understandable approach. They have no new money, have to make 4% efficiency savings and need politically to demonstrate "improvements" before the 2015 election. Their approach is to take away money in the expectation that practices will work harder to earn it back and by doing so achieve 4 key political targets (dementia care, IT record access, telehealth expansion, reducing hospital admissions through risk stratification). Their experience is that GPs will achieve higher targets.

One of the key messages we need to get across to all practices is that if they simply do what they've done in the past we will be our own worst enemies, will prove the government right and mean further similar actions are more likely.

**GP CONTRACT IMPOSITION**

The LMC Secretary met with a local MP recently to discuss the impact of the changes to the GP contract and the Quality and Outcome Framework (QoF). The MP highlighted to the Department of Health that these changes would lead to extra work for GP practices, but less funding, and that the average practice is likely to lose £11,000 as a result of this. It was also explained that targets have been tightened and thresholds raised which means that GP practices will now have to achieve higher standards in order to receive the same level of money they have previously been receiving.

Earl Howe provided the following reply as the minister responsible for Primary Care policy:

"We do not believe GPs will lose income as a result of these changes. The proposals do not involve removing any money from the contract and in fact include proposals for new investment in new vaccinations.

The QoF is a voluntary scheme that was introduced purely to encourage GPs to improve their services. Evidence suggests that no real improvements have been made in recent years, as the vast majority of practices are performing well and picking up nearly 100% of payments. This proves the targets need to be more challenging if care is to be improved. To help GPs manage their workload, the increase to thresholds will be introduced over two years. From 2015/16, thresholds will rise as achievement rises.

The need to work more effectively is a requirement across the NHS. Improving the care of patients is the number one priority. That is why the department has proposed to use

Practices must start to become more business-like, assess the costs of deliver of service and question whether some targets are cost-effective or indeed in the best interests of their patients. The days when a practice could be proud of achieving maximum points in QOF could be over. We might start to question the wisdom of practices that strive to do this in the future.”

## STAFFORDSHIRE GPC ROADSHOW 6TH FEBRUARY STAFFORD COUNTY SHOWGROUND 7 PM

Richard Vautrety has been invited to speak to us about the changes to the GP contract and QoF. Please read the attached flyer.

## GENERAL PRACTICE IT SERVICES FROM APRIL 2013

Please note the IT services currently provided by PCTs are being delegated to CCGs from April 2013.

The GPC's IT Sub Committee urges practices to keep an inventory of the IT systems, software and services they currently use and which are being funded and provided by their PCT in order to keep track of this information and lose nothing in the handover.

## MEDICAL ASSESSMENTS FOR EMPLOYMENT AND SUPPORT ALLOWANCE (ESA)

The LMC is grateful to Derbyshire LMC for this section.

Millions of patients nationally are being called for medical assessments by ATOS Healthcare to see whether they are entitled to transfer from Incapacity Benefit to ESA. The letters that these patients receive summoning them to their medical assessment states “if you have any medical reports that you wish to use please also bring them with you. For example, this could be a medical report from your doctor.” This does not mean that a patient MUST bring a medical report with them. They may request a report from their GP and it is the Practice's decision whether to do such a report and, if so, whether and how much to charge for it.

Below is a letter for practice headed paper which can be lifted from the website [www.sslmc.co.uk](http://www.sslmc.co.uk).

### Template Letter

Dear

**Re: Medical Reports for ATOS Healthcare in relation to Incapacity Benefit and Employment and Support Allowance (ESA)**

You may have been sent a letter by ATOS Healthcare about your Incapacity Benefit or Employment and Support Allowance. The letter says that if you wish to, you may supply ATOS Healthcare with a medical report from your doctor.

It is not part of your NHS GP's duty to supply you with such a report and this Practice:

*\* Does not provide such reports/charges a fee of £x... for the provision of such reports*

The inability to provide a report to ATOS Healthcare at this stage should not ultimately affect your entitlement to benefit as the system is set up in such a way that if your benefit claim is unsuccessful and you appeal the decision, the Tribunals Service can write to your doctor to request a report if they feel that it is necessary in your case.

*\* Delete as appropriate*

**Dr David Dickson**  
**LMC Secretary**

## DATES OF NEXT MEETINGS

31 Jan	Hill Street Health & Wellbeing Centre, Burton	<b>LMC</b>
7 March	Samuel Johnson Community Hospital (Meeting Room 2)	<b>PCT</b>

The meetings with the **LMC** are for the full committee of LMC members without the PCT.

The meetings with the **PCT** are for the LMC Executive and the PCT alone.

## LMC MEMBERS

The following is a list of current members of the South Staffs LMC

Dr V Singh (Chairman)	01543 870580
Dr D Dickson (Secretary)	01283 564848
Dr P Gregory (Executive member)	01543 682611
Dr G Kaul (Executive member)	01543 414311
Dr P Needham (Executive member)	01283 565200
Dr T Scheel (Executive member)	01283 845555
Dr A Burlinson and Dr O Barron (job share)	01889 562145
Dr J Chandra	01543 870560
Dr J Eames	01785 815555
Dr A Elalfy	01785 252244
Dr C McKinlay (Treasurer)	01283 564848
Dr E Odber	08444 773012
Dr A Parkes	01827 68511
Dr A Selvam	01543 571650
Dr E Wilson	01922 415515
Dr A Yi	01543 870590
Dr H Zein-Elabdin	01922 413207

## DR V SPLEEN

Dear reader

**Keep Calm and.....  
(Oh... who are we kidding?)**

Little Johnny put his hand up: ***'Daddy, do you realise you missed my Parents' evening yesterday?'***

Dad: I am sorry, son. I was busy discharging my duty of care to my patients attending the extended hour surgery.

***'But I thought you said the concept hadn't proved successful and a lot of GPs have decided not to provide the service because of low uptake rates.'***

You are right. Also, quite a few of the attenders aren't truly commuters!

***Hopefully you can and watch me play sport this Saturday?***

Ah! I'm afraid not. The Government wants patients to have 24/7 access to Primary Care, so I may well be otherwise occupied.

***But I thought you said when GP contracts were negotiated in 2004, GPs ceased to have responsibility for Out of Hours care. Also, 'primary care' or care in the community isn't the same as General Practice. It isn't the GP's responsibility to deliver everything! Whatever happened to the integrated teams and social care budgets?***

Well, it would seem that GP contracts are up for negotiation and we may well again be looking at certain impositions which will have significant implications on finances and workload management.

***You mean more change when Practices are already under strain from the new demands of Commissioning, CQC, the Health Bill Reforms, etc; just to mention a few. What does Lansley have to say about this?***

Oh! About that, he isn't in post anymore, in fact we haven't heard of him for quite some time now; and the new bloke is keeping a low profile.

***Oh, well – at least you can count on drawing on your NHS Pension and retire early and perhaps join the private sector? That's where the NHS appears to be divesting a good proportion of it's money.***

Well, about the Pension, unless you can retire now or in the next couple of years, one can safely expect to be working until the age of 68, whilst paying more into the scheme every month and perhaps even being taxed if the annual allowance is reduced.

With regards to the private sector, I am counting on our CCG colleagues to put their foot down, control competition and discourage private 'AQPs' from destabilising the local health economy.

***But, Daddy: I have heard that choice can be a good thing?***

Hmmm...but have you also heard that 'Choice is merely an illusion, created by those with the power to do so'....!

***Little Johnny concluded: 'Well, father, I know I'm only 9 years old but if you take my advice; I would suggest you invest in the towel business'.***

What? Why do you say that, Little Johnny?

***Because it seems to me that so many of you will be throwing them in...!***

Venture

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