GP Partnerships

The LMC is becoming more and more concerned about the failure of principal colleagues to advertise partnerships for our younger or non-principal colleagues. Not only does this look bad to the wider NHS, but it appears to the press and the DH that we are out to exploit non-principals who might wish to become partners and that we are creating an underclass of GP who would be ripe for aPMS picking.

The number of salaried GPs in England has grown from 2742 in 2004 to 5400 in 2006. We all need to thing about how we can encourage partnerships to expand rather than contract and to put out a message that this outcome would be better for traditional general practice.

Harmoni Badger and OOH

You will be aware that the PCT has awarded the GP Out of Hours contract to Harmoni Badger. Concern has been raised by the LMC over Harmoni Badgers intentions to "harmonise" or reduce GP income for those of us who work in OOH. We have made it clear to the PCT that expert local GPs will therefore resign from the OOH and less experienced GPs employed from elsewhere will result in an increase in admission rates and decline in standards of care.

The LMC will continue to support our members who are involved in OOH, improve or maintain their pay and ensure that patient care is appropriate and not impacting on our workload the next day.

Partnership Agreements

Most of the partnership problems on which the BMA's help is sought arise either from the fact that there is no written agreement or from inadequately drawn up agreements. The BMA strongly recommends that GPs enter into a written partnership agreement. Partnerships at will are an unstable basis for a business relationship and few GP partners would dispute the importance of having a comprehensive partnership agreement in place. Even if a practice already has an agreement in place, it may well be outdated, or no longer meets its needs.

An up-to-date formal partnership agreement will help reduce the risks—both financial and non-financial—for all partners, and clarify the basis on which the practice is to be run. If partners are concerned about partnership finances, profit sharing, maternity leave and even termination, it is essential that their practice has a robust agreement in place—to protect all partners.

The LMC would like to emphasise to practices of the risks of not having a partnership agreement in place and alert them to the partnership agreement drafting service that the BMA now offers.

GP Patient Survey

The DH has released new guidance on the GP Patient Survey. The document provides guidance on this year's GP patient survey which will be launched in January 2008. It includes changes in arrangements following lessons learned from 2006/07. GP surgeries should receive questionnaire packs in the week commencing 14 January 2008. The new guidance can be accessed here:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081112

Laurence Buckman commented, “Hopefully, this is the last time our democracy will be faced with this biased drivel as a substitute for actually listening to patients when 84% say they are content with that they have. Of course, the Department in England is only interested in voters in key Labour marginals who might go private if GPs were not forced to open at hours convenient to these citizens”.

Travelling with Medicines Contain Controlled Drugs

You may wish to note that the Home Office requirements for personal import/export licences for persons who intend to travel with their controlled drug medication will change with effect from 1st January 2008. A personal licence will not now be required for periods of travel of 3 months or less regardless of the amount of drug(s) being carried. Any person travelling for longer than 3 months will, in normal circumstances, be expected to make arrangements to have the medication prescribed by a practitioner in the country they are visiting.

Application forms for those whose absence is likely to exceed three months, together with other relevant information, can be downloaded from:

http://www.drugs.homeoffice.gov.uk

HPV Vaccination

On 26th October the Government announced the introduction of a human papilloma virus (HPV) immunisation programme to routinely vaccinate girls aged 12—13 years of age against cervical cancer, starting from September 2008. Full details can be found in the DH press release here:

http://www.gnn.gov.uk/environment/fullDetail.asp?ReleaseID=325799&NewsAreaID=2&NavgateFromDepartment=False

This includes the statement that “Primary Care Trusts will plan how to deliver the vaccination programme locally. JCVI have advised that HPV vaccination would be most efficiently delivered through schools”.

There has been some discussion of the issue of when and whether GPs should vaccinate young women with the HPV vaccine—whether it be now in the absence of the National Programme having started or when it comes to women who will fall outside the National Programme. The GPC wrote to the CMO who produced the following statement:

“Once the national programme is rolled out, specific guidance will be issued to explain the prescribing and administering of the HPV vaccine. In the meantime, general practitioners will need to satisfy themselves that they have taken into account any local guidance from their PCT before deciding exceptionally whether to prescribe the vaccine”.

Patient Charging

LMC Conference policy dictates that the GPC negotiates with the Department of Health a methodology to allow practices to charge those patients registered with them for certain services

that are not available under the NHS. Private practice is currently significantly restricted for GP practices—GMS regulation 24, subsection 2, and the equivalent regulation for PMS and the Directions covering list based PCTMS and APMS, prevent contractors from charging their patients for most services. There are however instances, as set out in the GPC guidance note Charges to NHS Patients, where charges can be made.

http://www.bma.org.uk/ap.nsf/Content/chargestonhspats

The GPC is aware that the inability of practices to charge their own patients for certain routine non-NHS services, for example hepatitis B vaccinations on the grounds of occupational health, is frustrating for both the practice and the patient, who may be inconvenienced if made to visit another practice in the area for a service for which they would be happy to pay their own GP. The GPC is also aware, however, of the risks of seeking changes to the current system that would allow practices to charge patients for any service which the NHS chooses not to fund which may, in turn, disadvantage those patients in poorer areas and lead to greater health inequalities. The GPC is particularly conscious of the need to maintain the trust of patients and will be liaising with the BMA's Patient Liaison Group on these issues.

The GPC will form a specific proposal for change that serves to balance these views before seeking negotiations with the Department of Health on this matter.

Mental Health Act: Code of Practice

The revised Mental Health Act comes into force in November 2008 and there is a Code of Practice that gives guidance on how the Act should be applied. The consultation process, organised by the Department of Health, for the Code of Practice began on the 25th October 2007, and runs for 13 weeks. This is an important code what will have implications for the way that GPs work.

It is important that all GPs familiarise themselves with the code and raise any concerns during the consultation period. The consultation on the code can be found at the link below.

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_079842

The chapters which may have particular implications for GPs include:

Chapter 1—The statement of guiding principles
Chapter 17—Confidentiality and information sharing
Chapter 25—Treatment regulated by the Act
Chapter 26—Second Opinion Appointed Doctors (SOADs)
Chapter 28—Supervised Community Treatment

Portable Appliance Testing of IT Equipment

The LMC is pleased to hear that the PCT has agreed to fund the portable appliance testing of IT equipment in GP practices on a recurrent basis. The PCT will send a message to all practices stating that this cost will covered via GMS IT and the process for reimbursement.

Translation Services

The PCT has defined its funding policy on translation services with respect to: -

1. Interpreter Services in GP Surgeries—practices should contact the two PALS Officers Amanda Salt at Cannock Locality or Vanessa Day at Edwin House in Burton if they require an interpreter. The PCT has an SLA with Language Line which covers this so there is no charge to the practice.

2. Translation of Medical Documents—the PBC groups have agreed to pay for these documents. Practices should contact either Amanda or Vanessa to discuss their requirement.

Improving Communication, The Exchange of Info

Attached is the joint GPC—CCSC guidance document which sets out guidelines for secondary care doctors and GPs. It has already been forwarded to local trusts.

Telephone Numbers of Pathology Requests

Just a polite reminder from our laboratory colleagues that all pathology requests should contain patient telephone numbers which are also up to date. Apparently this has caused some problems in Out of Hours.

Dates for Next Main LMC and Sub Com Meetings

South Staffordshire LMC - 17th January 2008, South Staffordshire PCT, Anglesey House, Towers Business Park, Rugeley.

South East Staffordshire Sub Committee - 21st January 2008, Sir Robert Peel Hospital, Plantation Lane, Mile Oak, Tamworth.

South West Staffordshire Sub Committee - 24th January 2008, South Staffordshire PCT, Block D, Beecroft Court, Beecroft Road, Cannock.

Dr V Spleen

Dear Reader

I've been feeling a little grumpy of late. I'm thinking of a further year with no pay rise and having looked at our practice accounts, we're heading for a significant drop in practice profits. In thinking of what to write for this column there is plenty to complain about. But then I thought why not take a dose of my own medicine and try to think positively?

What is there good about genera practice today? Well, we are self-employed and can control our working conditions if we want. We as a profession still have a high level of respect from the public as a whole if not from the Government. We have good remuneration, although I suspect in terms of income per patient seen and workload we are not as far ahead of our EEC colleagues as is made out!

Most of all we have variety in our working day. Even numerous sort throats or other minor ailments can be enlivened by a bit of probing to find out a bit more about our patients and what makes each individual tick.

Don't get more wrong, I'm no evangelical MRCGP holder with an acute lack of humour (I think

Tony Copperfield is spot on week after week) but I still feel that general practice is a worthwhile job to be doing, and I’m not struggling to get out of bed in the morning—yet!!!

Have a Happy Christmas and a great New Year.

Yours faithfully

Venture

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