

May Newsletter - Finance and April Payment Queries

Many of us have been perplexed by the first payment statements under the New Contract. The LMC has raised concerns that the statements are unclear with the Directors of Finance. South Western PCT seems to have the most queries so a "New Contract Forum" has been arranged on 25th May 2004 in the Stafford area for this PCT. The LMC is tackling the general issues but specific details of payment must be raised individually with your PCT. There are major concerns over the

superannuation aspects of GMS and PMS which are being discussed at national level.

May Newsletter - Enhanced Services

Your PCT should have finalised the enhanced services you wish to provide. The LMC has approved the pricing that ranges from middle to upper levels in the Blue Book but we are willing to discuss any areas you are unhappy about.

May Newsletter - Vaccinations and immunisations

Another focus is available at the BMA website on vaccinations and immunisations.

www.bma.org.uk/ap.nsf/content/HubGMScontractguidance

Please read this carefully because the LMC has received several queries.

- Travel Vaccination – there appears to be much confusion with some practices planning to charge for all vaccinations.

The pertinent information is in Schedule 5, paragraphs 1(g), (h) and (l) of the new regulations.

Practices may charge for travel vaccinations that have not been transferred across to the Global Sum (i.e. those not covered by paragraphs 14 to 19 of Schedule 1 of Paragraph 27 of the old Red Book). In addition practices may charge for prescribing or providing drugs for malaria chemoprophylaxis, for providing a travel kit, or for providing 'just in case' drugs etc for use outside of the UK.

- Hepatitis B is more complex. It appears that it would meet the criteria for being able to charge it if it was needed for travel. If it is needed for occupational reasons, then it cannot be charged for. In addition, the practice may not also charge the employer for the service (paragraph 24 of the new regulations, clause 483 of the model contract). However, the new contract brings clarity, in that the practice does not have to provide the service. Practices should therefore be advised to refer all such requests back to the patient's employer.

May Newsletter - Focus on Guidance Notes

In addition to those above there are several more published on the BMA website since the last LMC Newsletter:

- Enhanced Services Financial Monitoring
- PGEA under new GMS
- Quality and Outcomes Framework Update
- Exception Reporting
- Funding IMandT 3rd Update
- Premises Costs
- Payments for Influenza and Pneumococcal Vaccinations 2004/05

The link to the website is www.bma.org.uk/ap.nsf/content/___HubGMScontractguidance

May Newsletter - GMS2 Implementation Tool

The LMC has sent one copy to each practice of this excellent CD rom produced by the Regional LMC in the West Midlands (WMRLMC). It is a compilation of the pertinent documents for GMS2.

There is a new updated website for the WMRLMC and we suggest you view it at www.wmrlmc.co.uk

May Newsletter - Reforming Coroner & Death Certif

The Home Office has issued a position paper setting out proposed reforms of the coroner and death certification service. This document is not a consultation; it outlines reforms that will be implemented within the next few years. However, interested parties have been asked for their views and the BMA will be sending a response.

The key points are:

- Verification of death will become a statutory requirement. The document raises the possibility of other groups of professionals being permitted to do this;
- After initial certification of the cause of death by the doctor who attended the deceased in the recent past (the “first certifier”), the forms and details will be passed for confirmation to a “second certifier” (a medical examiner employed by the reformed coroner service who would head a small team). The medical examiner’s team would be able to seek further relevant information about the deceased, including from the deceased’s family;
- Improved IT will be provided;
- It is proposed that the reformed system will be financed from the existing financial envelope.

The GPC is particularly concerned at the likelihood that the new system will lead to more post-mortems and greater delays in releasing the body. The social duty to ensure that the cause of death is accurately recorded will have to be balanced against the sensitivities of religious and ethnic groups that need to dispose of their deceased swiftly.

It also believes that certifying doctors must be able to retain the ability to cite “old age” as a cause of death, as often it is not possible to offer any more detailed clinical explanation.

The GPC is very sceptical that such a radically reformed system and improved IT can be adequately financed with existing levels of resources.

On a more positive note, it welcomes the potential benefit to accident prevention, patient safety and public health that a more rigorous system of ascertaining and recording causes of death affords.

May Newsletter - Stamp Duty Land Tax

The Stamp Duty Land Tax arrangements will result in increases in duty payable by leaseholders signing new leases. However, three main areas are exempt from liability to pay the new increased duty – designated disadvantaged areas, new present lease cost values up to £150,000 and public bodies. The first two categories will result in some 60% of commercial leases being exempted from SDLT which will benefit a significant proportion of GPs seeking to agree leases for modern practice

premises. On the third category, the Department of Health had discussions with HM Treasury to explore whether all independent GP contractors might be exempted in the same way as are public bodies, such as Primary Care and NHS Trusts. However, this is not permitted under the relevant legislation which defines public bodies.

This presents a real financial disincentive to GPs who wish to agree leases for modern practice premises to provide better patient access to services. The GMS contract negotiations have included discussions on how premises costs should be addressed, including the new SDLT arrangements effective from 1 December 2003. The new premises costs arrangements (see related item on premises costs directions) will allow Primary Care Trusts to reimburse SDLT costs on leases for modern practice premises where a new GMS Contract is in place and PCTs will also be able to reimburse SDLT costs to PMS contractors.

This item has been raised following the experience of a local GP practice who wish to make it clear to all GPs that this financial assistance is available. The Premises Costs directions are available at www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPContracts/fs/en

May Newsletter - Fees - Emergency Treatment of RTA

A query has been raised about fees and charges after an RTA. Section 484.4 of the GMS Contract and Section 158 of the Road Traffic Act 1988 make it clear that a charge can only be made if we are providing emergency treatment that is immediately required as a result of bodily injury caused by a motor vehicle.

GPs are entitled to charge this fee but if interpretation is too liberal the patient would have a right to request a return of the fee.

May Newsletter - Template letter Patient Registrat

Dear (Applicant/s)

Thank you for asking to join our practice's list of patients. At present we are not accepting any applications except from immediate family members of existing patients. The reason is: [practice to tick one]

- .. Your address is outside our practice area.
- .. Our list is full and we do not have the resources to look after any more patients.
- .. One or more of our key practice team is away from work for the foreseeable future.
- .. We are undergoing major building works.
- .. We have a strict Zero Tolerance policy in respect of behaviour towards our staff and feel unable to accept you.

Please ask the (insert name) Primary Care Trust to help with finding a practice able to accept you. Their PALS service can be contacted on (phone number). There is also a Walk-In Centre at (give

details). NHS Direct on 0845 4647 is available 24 hours a day to give advice on medical matters.

Yours sincerely

The Practice

May Newsletter - Non-Essential Services

Great progress has been made between the LMC and the 3 PCTs that did not take a 'basket' approach like South Western PCT. The conclusions of these discussions will be published in a comparative form soon, but the majority of the list circulated earlier are being deemed to be non-core to be provided elsewhere.

May Newsletter - Patient Registration

A focus on ... guidance note concerning patient registration under the new contract is available on the GPC website at

[www.bma.org.uk/ap.nsf/content/ HubGMScontractguidance](http://www.bma.org.uk/ap.nsf/content/HubGMScontractguidance)

This makes it clear that a GMS contractor retains its freedom under the new contract not to register new patients, provided it has reasonable and non-discriminatory grounds for doing so. It is good practice to inform the PCT when you are not routinely accepting new patients. Avoid using the term "our list is closed" unless you have gone through the formal list closure procedure.

Enclosed is a template letter for practices to consider using when the list is "full".

June Newsletter - Non-Essential Services

Individual PCTs will be circulating final agreed services and local arrangements. The LMC intends to form a comparative table across the PCTs to include the National Enhanced Services purchased.

Colleagues have raised several queries and there are outstanding areas to be agreed:

- Post-natal examinations at six weeks – pricing.
- Conversion from Tablet to Insulin in Diabetes – pricing.
- Shared Care Drug Monitoring – list to be agreed.
- Aspirations in Minor Surgery – LMC view is payment should be made.
- Pessary Fitting – LMC view is this should be LES.
- Spirometry – non-core item.
- Echocardiograms – secondary care services need funding.

There will be more queries as the new arrangements bed-down and the LMC is happy to receive them and act on your behalf. We have agreed that the Shared Care Drug List will be a regular item for discussion at LMC meetings to ensure funding for areas like Zoladex injections are clarified first.

Pricing details, claim forms and payment procedures including back payment to 1st April should be

received from PCTs soon.

June Newsletter - Travel Vaccs/Competition Act1998

Following requests for a simplified procedure enclosed is a version from a local practice but you will notice that the private charges have been omitted. The Office of Fair Trading (OFT) is responsible for policing the Competition Act 1998 and has decided LMCs are prohibited from recommending fee rates. If the LMC infringes this prohibition it could be liable for a financial penalty of up to 10% of turnover. However, it would seem Government bodies are not subject to the same restrictions.

June Newsletter - Sessional Rates

Dr Steve Kelly, Regional Director GP Education, has announced an annual rate of £7,200 per session for GP educators e.g. Tutors and Course Organisers.

Colleagues may wish to bear this in mind when comparing this to the rate of £5,000 per session offered by one PCT to be the Named Doctor for Child Protection.

June Newsletter - "Full Lists"

The LMC is unhappy about the recent letters sent out by PCTs that although correct in content, carry an implicit threat of breach of contract when GPs declare a "full" list. Our GPC negotiators continue to endorse fully the guidance on lists as given in the GPC's "Focus on patient registration". We urge practices, where they are having difficulties with their PCT to stick to the legal provisions as detailed in the Regulations.

You can decline any patient for a good reason and you should tell them why. You need to keep a list of those refused to show to the PCT. The LMC suggests you add the following phrase to the template letter circulated with the last newsletter, "Further patients on our list may adversely affect the safety of the service offered by this practice." You can decline to register patients if you think you cannot reasonably deal with any more.

June Newsletter - Partnership Agreements

Guidance has now been published on the BMA website. The LMC urges you to read this coherent, unambiguous and agreed document.

June Newsletter - Employer Superannuation Contribu

This is a very complicated area of policy and the GPC are preparing detailed guidance. In order to ease the administrative burden and to avoid all practices having to liaise with the NHS Pensions Agency directly, the PCTs will nominally remain the employer as set out in Chapter 22 of the SFE. They will deduct the contributions from the practices' global sums on a monthly basis, the amount being deducted based on previous levels of contributions or a figure of around 10%. This will be taken into account when any adjustment is calculated once practices' profits are known.

June Newsletter - Out of Hours and Superannuation

This has yet to be clarified with the Department of Health. PCTs locally seem to be including superannuation in the hourly rates of £70 to £80 so colleagues need to bear this in mind during negotiation of rates.

June Newsletter - Appraisal Funding

At present, funding for appraisal is with PCT-administered funds, not the global sum. We should continue to expect the previously agreed £500 for appraisers and appraisees.

June Newsletter - Focus on - Review of QOF May 200

This guidance note, available on the GPC website at www.bma.org.uk/ap.nsf/content/HubGMScontractguidance informs you of how indicators within the Quality and Outcomes Framework will be reviewed whilst work is underway to establish a UK-wide Expert Review Group.

June Newsletter - GP Representative for MTRAC

There is a GP vacancy on the MTRAC Committee for our area. Please contact the LMC Office for details if you are interested.