

## **SENIORITY PAYMENTS FOR PMS PRACTICES**

PMS GPs should receive a commensurate increase on seniority as per GMS GPs. PCTs should look at individual seniority payments according to NHS RECKONABLE service. Individual calculations will be unpicked for practices requesting it and payments will be backdated to April 2003.

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## **SENIORITY – AUTHENTICATION OF NHS RECKONABLE...**

Reckonable NHS service includes all clinical service within the NHS. The NHS Pensions Agency has received a very large number of requests in relation to seniority entitlement which they will not be answering. PCTs should use their records to authenticate claims. Where payments cannot be resolved quickly, payments should be made on account on the basis of the information available pending post-payment verification and any subsequent adjustment as required. Payments are to be made by the end of December.

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## **INFORMATION MANAGEMENT AND TECHNOLOGY**

All 4 PCTs have agreed to 100% funding for maintenance and minor upgrades from April 2003. Please note that minor upgrades are defined as those required to ensure that existing practice systems continue to perform efficiently eg servers, memory or hard disk upgrade, replacement of broken or defective items such as printers, screens or back-up devices.

The Department of Health has informed PCTs that if they have to seek extra funding for IMT practices must not be denied the funding they are owed by the PCT in the meantime.

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## **NEW GMS CONTRACT**

A letter from John Chisholm and Mike Farrar was published on the internet instead of being posted to each GP so they are enclosed in case you missed them:

- Implementing the New GMS Contract
- Joint Implementation Letter – England Annex
- Protocol for Handling Local Implementation Issues

Another guidance note is enclosed:

- Focus on ... Funding for Information Management and Technology – Second Update
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## **PMS SERVICES LIST**

Regulations have just been published which require the establishment of a PMS Services List. PCTs are required to ask all PMS performers and providers to apply for inclusion on this list by 3rd December 2003.

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## **PMS/GMS GPs AND NON PRINCIPALS**

For interest here are the total numbers covered by this LMC:

PMS GPs GMS GPs Non Princs PCT  
TOTAL  
BLT PCT 49 31 15 95  
East Staffs PCT 9 55 20 84  
SWS PCT 53 47 31 131  
Cannock Chase PCT 32 18 23 73  
CATEGORY TOTAL 143 151 89 383

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## **SOUTH WEST GP COMMITTEE**

There are currently three vacancies within the LMC sub-committee. It meets at 2.15pm on Thursdays in Mellor House, Stafford six times per year. Attendance is paid and if you are interested please contact Dr Ian Wilson (tel 01785 258161).

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## **QUALITY PREPARATION PAYMENT**

This is the Standard Capitation Fee Supplement for Quality Preparation. You may have wondered why the amount received is different from the proposed payment of £9,000 per average practice with a list size of around 5,500 patients. The LMC Conference decided last summer that it would be fairer to calculate payment on registered list size rather than census data which penalised inner city practices. Therefore the formula used is:

GP's Personal List x £2,808 1,838

based on the list used for the period 1 July 2003 to 30 September 2003.

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## **QUALITY INFORMATION PREPARATION PAYMENTS**

The underlying purpose of this is to summarise and improve the quality of medical records held by GMS practices. The LMC has proposed a capitation based payment of £1 per patient with the minimum of strings attached.

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## **ASPIRATION PAYMENTS FOR THE QUALITY AND OUTCOMES F**

Your PCT should have e-mailed this large document to your practice. There is GP guidance attached to the Interim Aspiration Utility which can be completed electronically.

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## **PNEUMOCOCCAL VACCINE**

Indications for this vaccine are the same as influenza vaccine but the Department of Health have not resourced GPs to carry it out for any other group than the over 80s this year. Whilst we would provide it for some groups such as splenectomy patients, many GPs felt unhappy that retrospective payments were not made this year for those over 80s previously vaccinated. You may wish to bear this in mind when requested to provide the

vaccine.

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### **AUTHORISING 'HOMELY REMEDIES'**

The prescribing subcommittee of the GPC discussed recently produced guidance by the Royal Pharmaceutical Society of Great Britain whereby GPs are being asked to authorise lists of 'homely remedies' for patients in care or residential homes. The prescribing subcommittee takes the view that patients living in the community do not need authorisation to use OTC medicines and those in care or residential homes should be treated no differently. This is not considered to be an acceptable use of GP time or a relevant clinical request. All doctors are advised not to accede to requests from care homes to authorise 'homely remedy' lists.

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### **HOSPITAL CLOSURES**

The LMC would like to reaffirm previous advice that if you feel patients need hospital care but the hospital refuses to admit them for reasons of being "closed", your duty of care will be fulfilled by dialling 999.

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### **NOTIFICATION OF DEATH**

It is good practice to inform the hospital registration department of deaths in the community where the deceased may have previously been attending outpatients. This will help reduce the likelihood of inappropriate invitations to attend clinics.

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### **BMA JUNIOR MEMBERS FORUM 2004**

The BMA would like to invite young members of the Association (within 12 years of provisional registration) to this forum on 17th and 18th April 2004. It is aimed at potential future medico-politicians. All expenses will be provided. Details from the LMC office.