Enhanced Services

The LMC has a key role in monitoring the inclusion of Enhanced Services in the PCT spending plans. The PCTs are aware that the LMC should be consulted on the proposed level of spend and its agreement sought on those services to be counted within the definition of Enhanced Services for the purposes of the local expenditure floor. The determination of whether or not a certain service should count towards the Enhanced Services spending floor have been laid out in “Delivering Investment in General Practice” paragraph 2.78 which includes the statement that Enhanced Services can only count towards the floor if they are contestable by GMS and PMS providers. They are not for secondary care services.

The LMC is concerned that Burntwood, Lichfield and Tamworth PCT have included several services amounting to £600,000 in total that do not fulfil the definition of Enhanced Services. If this cannot be resolved the next step will be for the LMC to inform the Enhanced Services subgroup of the GPC Primary Care Development Sub Committee which will then decide if it should be considered by the Implementation Co-ordination Group at the Department of Health. The LMC has therefore requested quarterly reports from the four PCTs in order that items are not included without prior agreement with the LMC.

Please note that the LMC has requested the inclusion of 24 hour BP monitoring and spirometry within Enhanced Services because of the complexity and time of these procedures together with the reluctance of acute trusts to provide these services for new contract purposes.

QOF - Calculation of Final Payment

The calculation to determine the final achievement payment for practices will be made on 2nd April 2005. This calculation is based on the following data submissions to QMAS:

· On 14th March 2005, the GP clinical system will automatically submit disease register sizes to QMAS. These will be based on disease registers as at 14th February 2005 (National Prevalence Day). On 2nd April the information submitted on practice list size and disease register sizes is used to calculate the end of the year national prevalence figures.
· Clinical achievement will be calculated from the March 2005 report that is automatically submitted on 1st April 2005.
· Non-clinical achievement will be calculated from the most recent non-clinical submission from the practice to QMAS on the date of the calculation.
· The practice list size is provided to QMAS from the Exeter system. The Exeter system took a practice list size count on 1st January from individual GP clinical systems. This will be used to calculate the Global Sum and QOF achievement payments.

What you need to do to prepare for the end of the year:

· Ensure that your QOF disease registers are validated and complete.
· Between January and 14th February run an interim report on QMAS to ensure that your disease registers are accurate.
· Ensure that all patient consultations are added to the patient record up to and including 31st March 2005.
· Ensure that all non-clinical indicators are updated by 31st March 2005.

For further information see the latest QMAS Bulletin which is available on:

http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/PrimaryCareContracting/PrimaryCareContractingArticle/fs/en?CONTENT_ID=4084258&chk=bHnHDs

New training material on the end of year process will be available during February on:

http://www.qmastraining.nhs.uk

Lithium Ranges in QOF Mental Health Indicators

Practices have raised concerns about the lithium range specified in the QOF and QMAS (0.6 – 1.0) where there are different local therapeutic ranges.

Although the achievement score and payment will initially be calculated by QMAS using the specified range, the PCT has the ability to amend a practice's achievement score after 31st March. It can amend the numerator and denominators for the practice to show the correct figures as calculated using a local range.

There are two routes to this: the practice can approve its achievement and the PCT then amend it before payment (a revised score/payment will be presented to the practice for reconfirmation); alternatively, and probably the most sensible route, the PCT can make the alterations before the practice approves its achievement.

All this is predicted on the practice/PCT knowing the correct numerator and denominator figures for patients monitored using the local therapeutic range, for which an alternative extraction tool will need to be used.

The QOF review group of the GPC has agreed that from April 2005 the Serum Lithium levels be changed to 0.4 to 1.0mmol/L.

GP Retainer Scheme Model Contract

The GPC's model contract for the GP retainer scheme has recently been revised and is now available on the BMA website http://www.bma.org.uk/ap.nsf/Content/Hubretainerscheme. This is based on the minimum terms and conditions for salaried GPs employed by a GMS practice or PCO since April 2004 (the model salaried GP contract) with some enhancements. It also takes account of the specific conditions of the retainer scheme. We advise that the retainer model contract is read in conjunction with the GPC's 'Focus on salaried GPs' guidance note.

Focus On Community Hospital GPs: Interim Guidance

This guidance note is available on the website at http://www.bma.org.uk/ap.nsf/Content/focuscommhosp05.

Health Centre Employed Staff

Practises working in premises where there are staff employed by the PCT should check whether their wages are included in the global sum. You will need to check that the PCTs are deducting the correct amount for their wages.

LMC Conference - Attendance by LMC Members

The LMC agreed that GP representatives should be reimbursed at the committee rate for each half day of attendance. Ordinary expenses are reimbursed by the BMA but the LMC felt that recognition should be made of absence from practices.

If there are motions you would like the South Staffordshire LMC to raise please forward them to the office.

Election to Professional Executive Committee

There are several elections to PECs occurring at the moment. The LMC would like to remind you that working on the PEC involves responsibilities that are paid by the PCT. GPs on the PEC do not represent GP interest and should remember this when considering their role.

Referral Letters

Concerns have been received about the different and sometimes complex letters that we are requested to use when referring to secondary services. The LMC would like to remind you that your professional obligations are fulfilled by sending a letter with the requisite clinical and personal details of the patient. You may however wish to incorporate the recommended referral form in your computer systems and adopt it accordingly. The secondary services should not return your referral letter because it is not in the form that they prefer. The LMC would be happy to take up any examples of returned letters from the secondary services.

Fourth Report of The Shipman Enquiry

The governments response to the fourth report of the Shipman enquiry was published in December 2004. Within it are proposals covering many aspects of the safer management of controlled drugs. The LMC has requested the prescribing advisors of the PCTs to remind us of our responsibilities for controlled drugs in the community.

The government intends to issue NHS guidance to make PCTs responsible for the recovering and safe disposal of any unwanted controlled drugs after a patients death. The LMC has made it clear that GPs do not wish to be responsible for the recovery and disposal of controlled drugs after a patients death and has requested the PCT makes other arrangements.

Cremation Forms and Travel

The completion of cremation forms is a voluntary activity and the GP is at liberty to decline to be involved. Neither is the GP required to travel outside of the practice area. It is the responsibility of the funeral director to make appropriate arrangements, i.e. return of the

body to the locality of the GP or pay the GP sufficient travel expenses.