

Enhanced Services Floors

Enhanced services floors (ESF) remain a constant issue, particularly in terms of how PCTs can be encouraged to spend up to the floor before the end of the 2005/06 year. Concerns have been raised regarding their status and whether, and by whom, they are enforceable. This has been heightened by examples of PCTs stating that they will not spend up to their floor, but instead would use underspends to help offset their deficits. Current opinion is that PCTs can be instructed to spend up to their ESF, although such instructions are not legally enforceable. The same applies for PCTs being instructed to manage their budgets. Inevitable there is a conflict between these two obligations, particularly given the financial position of the NHS. The GPC negotiators' position has remained consistent – that the ES floor should be spent on contestable Enhanced Services as a minimum – and they have, and will continue to, press the Department of Health to instruct, encourage and performance manage PCTs to spend up to the floor.

However, if PCTs are refusing to spend up to their floors, the GPC will continue to advise practices not to provide unfunded services. The GPC's position remains firm that PCTs cannot expect Enhanced Services to be provided if they do not properly resource this work. If practices feel that funding is insufficient to provide such services they should, in consultation with their LMC, no longer provide such services.

Normalisation

The Department of Health has sent a paper to all PCTs with instructions on the process for repayment of monies to practices. These payments should have been made in December or January. For practices that owe PCTs more than £2,000, recovery payments will be staggered over the remaining four months of the financial year.

PMS Contracts & Superannuation Funding

From 1 April 2004 the total funding and responsibility for pension costs was moved to the independent contractor, which included the 14% employer contributions. The additional funding needed for employer and employee superannuation contributions was transferred into PMS baselines and GMS global sum payments and through increased Quality & Outcomes Framework payments. Further information on the background of this transfer of funding can be found in the GPC Guidance Note 'Focus on superannuation contributions – second update' as follows:
<http://www.bma.org.uk/ap.nsf/Content/FocusOnSuper0904>

For many practices, the GPC is aware that the additional funding was insufficient to cover the increased costs of employer contributions fully. However for PMS practices, certain locally agreed contracts include a clause that sets out a clear obligation on the PCT to reimburse fully the 14% of superannuation contributions. The obligations on the PCT are dependent on what is stated in each locally agreed contract and, although the GPC believes that these costs should be reimbursed in full where stated, because PMS contracts are negotiated on a local basis, the Department of Health is unable to issue national guidance on this matter.

However, a successful legal challenge has been made on this issue recently and if practices, whose contracts include the appropriate clause, have firm evidence that has not been paid, this could be one such route to take. The GPC would be happy to advise on such cases via the LMC.

Annual Certificate of Pensionable Earnings

Following the difficulties experienced by many practices in completing the annual certificate of pensionable earnings, compounded by the ruling by HMRC that the employers' contributions for GP partners may not be tax deductible, a way forward has now been found, for this financial year, at least. The form has been revised and having agreed to the amendments, it is now available on the NHS Pensions Agency website at <http://www.nhs.uk/GPCompletionForms.cfm>. The form includes a 'representation notice' from HMRC to place at the back of the note for all accountants, GPs and local tax officers to see and thus avoid possible arguments.

What has been agreed is that although, at the moment, the employers' contributions for partners have to be shown in GP accounts and hence as income, they will be fully tax allowable even though to be so they breach the £15,000 limit. The only additional payment that GPs will have to make is for National Insurance payments on the employers' contributions which will, on average be about £140 per GP. For those certificates that have already been completed with deductions, they will still be correct for pension purposes and will not necessarily need to be re-visited.

This solution subsequently means that the problems for 2004-05 and 2005-06 have been resolved. However, this solution has been agreed for one year only, due to the urgency with which GPs need to complete this year's returns. GPC are continuing to try to get agreement for subsequent years so that there will be no additional NI payments for GPs, an approach that the Department of Health supports.

Comparative Financial Data for GP Practices

The LMC has obtained comparative financial data for each GP practice in our PCT areas except South West Staffordshire. The request was made under the Freedom of Information Act and refers to both GMS and PMS practices. Vigorous debate took place at the LMC as to what should be done with the information but the majority feeling was that because any GP can access the information it should be freely distributed for all of us to read.

A rider must be added that you cannot compare the GMS and PMS practices on the basis of the Global Sum plus MPIG versus the PMS baseline because the PMS baseline contains elements of additional and Enhanced Services that the PMS practices cannot claim. Also many of the budgets were based on an historical basis but you will find it interesting to read the variations between PMS practices and also between GMS practices that contain very similar list sizes. Any comments will be welcome at the LMC office.

Appraisals

The LMC would like to repeat its advice that GPs have a responsibility to ensure that they are appraised yearly and therefore should write to the PCT requesting an appraisal. It is the duty of the Primary Care Trust to provide an appraisal system as outlined in the regulations.

Road Traffic Act Fees - A Summary

Enclosed is the paper kindly provided by Peter Holden outlining the process for claiming a fee when attending a road traffic accident. The fee is due to be updated.

Agenda for Change & Practice Staff: GPC Guidance

The GPC has produced guidance for practices/LMCs on Agenda for Change. It is written as an aid to practices who may be considering implementing AfC terms and pay to their staff and also note that there is no additional funding for this for individual practices.

The guidance is available now on the website –

<http://www.bma.org.uk/ap.nsf/Content/focusagendaforchange>

Patients Presenting with Dental Problems

This revised guidance is available on the website –

<http://www.bma.org.uk/ap.nsf/Content/PatientsdentalprobsNov1998>

The Local Dental Committee has agreed to circulate it to all of their members.

Provision of Practice Held Clinical Information

Enclosed is a letter which you may find useful in understanding the requests for information from PCTs.

GPC Advice - Allergy Recording in GP Clinical Syst

Enclosed is formal advice regarding the handling of allergies in the preparation for the electronic transfer of GP records.

GP Registrar Subcommittee E-Bulletin

The second addition of the GP registrar subcommittee e-bulletin will be available on the LMC website shortly. We would be grateful if GP trainers would pass this onto their registrars.

MTRAC - New Chairman

MTRAC is seeking a new chairman because Dr Charles Broomhead will complete his allocated three years. If you are a practising GP and may be able to fulfil this role please contact the LMC office for further details.

New LMC Members

Dr Murugan from Hednesford Valley Health Centre and Dr Kaul from The Cloisters Practice, Lichfield have decided to join the LMC and therefore have been co-opted.

Next LMC Meetings

Main LMC Committee Meeting – 16th March 2006, East Staffordshire PCT Offices, Burton on Trent

South East GP Sub Committee – 20th March, East Staffordshire PCT Offices, Burton on Trent

Dr V Spleen

Dear Reader

I was pleasantly surprised to find PCT staff rather friendly and supportive at this years QOF visit. Unlike last year they did not question why prevalence is low or why 80% summarizing had not been done. As my QMAS forecast was already over 900 I wondered if their politeness was because they couldn't afford to pay anyway. Certainly it was not a New Year gesture.

Or could it be that the PCT planned mergers and possible redundancy threat means they are looking for jobs at our practices?

Talking of redundancy what will happen to PEC members. Well, they can always stand for LMC membership. I guess however that they need to have rehabilitation to learn that now they do not have to be the mouthpiece for their PCTs and can speak the truth which is really evidence based.

It seems that ever changing NHS has taught us to adopt changes. For better, not for worse!

Yours sincerely

Dr V Spleen