

Connecting for Health - NHS Care Records Service

The BMA has produced a guidance document on Connecting for Health which provides an update on the NHS Care Records Service and is available on the BMA website. A public information campaign will be started soon so the BMA has also written guidance on the NHS Care Records Service to ensure that doctors are in position to respond to patient questions. This is available at <http://bma.org.uk/ap.nsf/Content/ncrsguidance>.

It is BMA policy that patients should give explicit consent before any healthcare information is uploaded onto the spine. Patients will be encouraged to look at their summary record by viewing it on HEALTH SPACE, their GP practice, or request a print out so that they can check it for accuracy. The GPC are requesting a clear commitment from the Department of Health that the additional workload for practices would be compensated.

New Version 9 of QOF Business Rules

Version 9 of the QOF Business Rules/Read Codes is now available at the following address:

www.primarycarecontracting.nhs.uk/145.php

Seasonal Flu Vaccinations Prog for Poultry Workers

You may not be surprised that we do have a number of these poultry workers on our patch but should be pleased that the PCT has set up clinics to offer vaccinations for them.

Intermediate Care Beds

The LMC is aware of the different approach to payment for looking after patients in intermediate care beds and we have therefore requested a review by the PCT. In one area our GP colleagues are expected to provide care under essential services but in other areas a fee has been agreed in the past.

This situation is similar to the variations in Local Enhanced Services across the new PCT and the LMC has requested a consistency of approach.

Decision to Appoint Partners or Salaried GPs

At a recent meeting concern was raised by members of the LMC about how salaried GPs and registrars were finding it increasingly difficult to find partnerships and that many practices were unaware that not taking on partners, and instead employing more salaried GPs, would increase the threat to the future of general practices as fewer contracts would continue under current GMS and PMS regulations. There was an increased chance of practice being opened to tender when partners (particularly single-handed practices) retire. It was thought that the LMC should be encouraging and warning practices of these dangers.

Funding of GP Tutors

The LMC has pressed the PCT to give some thought to the function, role and payments for GP tutors in the

new PCT. We are informed that funding for GP tutors has been transferred to the PCT. There was some confusion amongst the former PCTs with the result that we have no tutors in one area with uncertainty about their funding or role elsewhere.

The LMC feels that it is important that GP education is maintained across the new PCT.

Unpaid Fees from Solicitors

If you are having problems with unpaid fees from solicitors please note the address for the Office for the Supervision of Solicitors is:

Victoria Court, 8 Dormer Place, Leamington Spa, CF32 5AE

Pensions Dynamisation

A new FAQs regarding information for GPs about the decision by the Secretary of State for Health to cap pension dynamising factors is available in the pensions section of the BMA's website at <http://bma.org.uk/ap.nsf/Content/HubaskpensionsGP>.

Doctor Steve Edmunds our GPC representative attended the recent LMC meeting and members were able to feedback their concerns. Steve Edmunds outlined the current situation with the Government position on their right to change the dynamising factor inspite of it being agreed in the contract. He stated that unfortunately the legal challenge may not affect the outcome even if positive for the profession. The LMC members commented on the fruitless approach of withdrawal of services such as Choose and Book or IT and Enhanced Services. We felt that concerns over GP pay issues and publicity should not cloud the issue.

Please note that Dr Mark Oliver from Stafford has a petition against the pensions raid on the Downing Street website which you can sign at <http://petitions.pm.gov.uk/GPPension/>.

Standard prescription interval & patients living a

Doctors provide prescriptions for intervals that they feel are medically appropriate, taking into account such factors as possible reactions, a possible need for a change in prescription and consequent waste of NHS resources, patient compliance, and any necessary monitoring. Sometimes a doctor may give six months supply on one prescription. The contraceptive pill is often issued for six months at a time, with a yearly review in surgery once the patient is safely stabilised. The drugs are relatively cheap for the NHS. Many other drugs, such as those for treating stabilised conditions such as hypertension or raised cholesterol will be issued for two or three months. Collecting prescriptions every month can be very inconvenient for the patient and can lead to poor compliance, and a huge unnecessary workload for the doctor and surgery staff.

Prescribing intervals should be guided by what is clinically appropriate for the patient. The Department of Health takes the view that prescribing intervals should be in line with the medically appropriate needs of the patient, taking into account the need to safeguard NHS resources, patient convenience, and the dangers of excess drugs in the home. Dispensing doctors should treat patients for whom they dispense, and any patients for whom they only prescribe, in the same way.

The NHS accepts responsibility for supplying ongoing medication for temporary periods abroad of up to 3 months. If a person is going to be abroad for more than three months then all that the patient is entitled to at

NHS expense is a sufficient supply of his/her regular medication to get to the destination and find an alternative supply of that medication.

(This information is taken from the GPC Guidance September 2004 on "Prescribing in General Practice")

HMRC Guidance on Recording Employers Pension Contr

The HMRC would like all GPs and their accountants to be aware of the following when filling out their self-assessment tax returns.

The HMRC's view of the correct accounting and tax treatment of GP contributions is that returns should be submitted stating gross income, including employers pension contributions. The 14% employers contribution should also be stated separately so that it can be claimed against tax. Doing tax returns in this way will ensure uniformity across the country but will make no difference to GP's tax burden if they were previously recording their income net of the employers contributions. In instances where another method has already been used for the 05-06 accounts, HMRC would ask that the self-assessment forms are resubmitted in the correct format.

Further guidance can be found on the HMRC's website at:-

<http://www.hmrc.gov.uk/pensionschemes/esca9.htm#2>

Seniority Payments following Retirement

There has been some discussion about whether a partner is entitled to seniority payments if they return to work part-time as a GP partner after a period of retirement. The GPC can confirm that any provider who has completed at least two years of service as a GP provider will be eligible for seniority payments. Payment will depend on years of service so retirement years will not count towards this. Therefore a GP who returns as a provider following retirement will be eligible for seniority payments provided he/she has at least two years of previous service as a GP provider. Further information is available in the GPC Focus on seniority guidance note FAQs.

GP Returners Guidance

The GPC has revised its guidance for GP returners. This guidance now includes advice on the impact of the Minimum Wage Regulations and the Model Salaried GP contract. The guidance also gives advice to GPs who wish to return in the current situation while no new central funding is available for GP returners' scheme.

This guidance is available on the BMA website at:- <http://www.bma.org.uk/ap.nsf/Content/gpreturners>

GP Locum Fees Guidance

You will be interested to hear that the BMA's locum fees guidance is now available. This has been produced by the BMA's Professional Fees Committee, GPC and the National Association of Sessional GPs, with great input from the lawyers.

Below is a link to the guidance which is available on the BMA website: -

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

Please note on Page 2 of this guidance that it states: -

“Primary medical services providers are responsible for any negligent acts of locums providing cover for them but only to the extent that these acts are related wholly to the services that are being provided.....Locums are required, in turn, to practice under the GMC guidance Good Medical Practice.....It would be fully incumbent on the providers to maintain the appropriate insurance cover for the practice as a whole and that would include the negligence of locums providing contracted services to the practice.”

The LMC Secretary has raised this with John Canning, Chairman of the BMA Professional Fees Committee and he has replied that all in all the guidance is right and a practice carries the risk and needs structures to mitigate against it, including a clause that the locum will co-operate, although the GMC takes a lack of co-operation seriously. The MDU have advised that the responsibility of the employing doctor would be to ensure that the locum has full indemnity for their clinical work.

Charges to NHS Patients

Private practice is still significantly restricted under the GMS contract. The regulations prevent contractors from charging their patients for most services. There are however instances where charges may be made.

The January 2007 Guidance is available on the BMA website and it well worth reading. LMC members noted that charges could not be made for alternative treatments or providing Out of Hours services even though the patient may have requested it and maybe happy to pay for it. If the patient is a registered patient they may not be charged.

Collaborative Arrangements

The BMA's Professional Fees Committee has produced a final guidance note on Collaborative Arrangements, January 2007, and is available on the BMA website.

Please note that under the new GMS contract fee based payments, net of expenses, are pensionable from April 2004 which means that fees paid under the Collaborative Arrangements directly to a GP provider or GP practice by an employing authority are now pensionable.

Also note the BMA maintains the position that individual doctors and GP practices should establish their fees for this work. PCTs have unilaterally issued fee rates for work under the Collaborative Arrangements, a practice has no obligation to accept these rates and may seek remuneration at their own fee level.

DLA and AA Report Fees Rise

The Department for Work and Pensions has agreed to an increase in fees paid to GPs for the completion of factual reports for disability living allowance and attendance allowance and has confirmed that a new fee of £33.50 will be effective from 1 January 2007.

Dates for Next Main LMC and Sub Com Meetings

South Staffordshire LMC - 15th March 2007, South Staffordshire PCT, Block D, Becroft Court, Off Becroft Road, Cannock.

South East Staffordshire Sub Committee - 19th March 2007, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee - 22nd March 2007, South Staffordshire PCT, Block D, Beecroft Court, Off Beecroft Road, Cannock.

Dr V Spleen

Dear reader

Quality Matters

It is rather amusing to hear that the government is not happy with our excellent achievements in the Quality Outcomes Framework (QOF) and our progress in general. Indeed they have failed to recognise how good we are in achieving our targets. Instead of congratulating us for the quality of care we have provided we are being threatened with capping of our profits.

Thanks to our new contract that put the "right price tag" for our works after serving so "cheap" for so many years.

I fear however that we may now face a 'sell by date' and be placed in a 'clearance basket'. I would like to think though that we GPs are of 'long life' and would maintain value even after coming to an age!

I have made a point. Now let us all make many more (QOF) points!

Venture

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