Action following the DDRB Report

You will have received the letter from Hamish Meldrum about GP income in 2007/08 where the DDRB zero “award” effectively results in a significant pay cut for doctors as expenses rise without the funds to accommodate them.

The GPC is preparing guidance suggesting ways to practice cost-effectively, thereby helping GPs to maximise efficiency and help maintain practice profits in 07/08 at a time when costs will rise with no commensurate increase in income.

The emphasis of this guidance will be on encouraging practices to refuse new underfunded work and to reconsider involvement in any work which is government-driven, inefficient and of no real benefit to patients. The GPC was of the firm opinion that the disappointing recommendation in relation to GP income should not be allowed to prevent fair and appropriate increases for practice staff. This guidance will be developed over the coming weeks and should be published shortly.

The LMC discussed this at its recent meeting and felt that we needed to ensure that patient care was not affected.

The West Midlands group of LMCs requested that South Staffordshire LMC should consider their view regarding the problems and any advantages of the new contract and whether they felt it “fit for purpose”. The overwhelming view of this LMC is that they do not wish to renegotiate the contract.

Enhanced Services

The LMC has reminded our PCT colleagues that investment in Enhanced Services is key to cost containment since care provided in primary care will often be more cost effective than in secondary care. There will be a meeting at the end of April 07 between key members of the LMC and the PCT to discuss the continuation and rationalisation of Enhanced Services for 07/08 across the new PCT.

Information Technology

Concerns have been raised with the PCT about the inordinate delays in replacing basic IT equipment in our surgeries. The PCT has agreed to a 2 day response time for agreeing replacements and will shortly reduce a paper on an agreed timeframe for installation of equipment being replaced.

Please note that the Read Code 93C3 is acceptable for patients opting out of the NHS spine. A Focus On… Read Codes 2006-07 guidance is available on the BMA website.

QOF

There has been no change for 2007/08.

The BMA website contains a useful Focus On… QoF Payments which contains the information which can be found in the statement of financial entitlements. It aims to be a more user friendly text than the SFE. There is also a Focus On… Quality and Outcomes Framework Management and

Analysis System (QMAS) which revises a previous edition and brings it up to date in terms of the IT involved.

Confidentiality and Choose and Book

Attached is the response to LMC concerns about confidentiality of Choose and Book.

Out of Hours

Staffordshire Ambulance Service has informed the LMC about the situation where patient requests to practices for appointments before 6.30pm are told to ring the Out of Hours Service after 6.30pm. The LMC feels this is an unacceptable of breech of contract and that we must ensure that patient requests are appropriately handled. The PCT has been made aware of the practices involved.

Abnormal Investigations - Follow Up

The GPC has replied to our query about responsibility for follow-up of abnormal investigations. “He/she who initiates an investigation has an obligation to ensure APPROPRIATE follow up of an abnormal result. Appropriate follow up is not simply dumping the problem on the GP. The GP duty is to reject that dumping and telling the consultant so. We do NOT (except if the problem is immediately life threatening) have to act except by our agreement as if otherwise were the case we would become responsible for all the world’s ills which we’re not.”

Issue of Med 3 and Med 5 Forms

We have been asked about the rules for issuing Med 3 forms in light of a recent report that a GP was suspended by the GMC for not seeing a patient when signing a Med 3.

It appears that when a Med 3 has been issued after an initial consultation many GPs will issue subsequent repeat certificates based upon a telephone consultation to avoid ‘wasting’ an appointment slot just for this purpose.

However, the issuing of these medical certificates is strictly regulated by law and the official rules are quite clear on the matter. They are set out in DWP— A guide for Registered Medical Practitioners which is available at;
http://www.dwp.gov.uk/medical/guides_detailed.asp#IB204

The Social Security (Medical Evidence) Regulations 1976, as amended, set out the format and rules for completion of medical statements of incapacity. Providers of NHS primary medical services are required to issue certificates on the prescribed forms and in accordance with the Regulations.

The rules state quite specifically in relation to Med 3s;
‘You must examine the patient on the day, or the day before, you issue this statement (Note: Although a certificate can be issued to a patient’s representative, this does not override the necessity of seeing the patient on the day, or the day before, a Med 3 or Med 4 Issued)’

In situations where it is not sensible to arrange a face to face consultation, the GP should issue a

Med 5 if the advice to stay off work is based upon a previous examination, just as when a decision is based on another doctor's report (eg from a secondary care report.) The Rules for using Med 5 are also set out clearly in the DWP guide.

Cauterisation Excision

Cauterisation excision with electrodiathermy is not part of the Minor Surgery DES and can not be claimed under the DES. Cautery is included in additional services, which practices provide as part of their base contract (GMS Regulations Part 5 Paragraph 8) unless they opted out of providing this service.

It is therefore clear that practices cannot claim for cauterisation excision irrespective of the type of equipment they have purchased to carry this out. It is unlikely that this part of the GMS contract will be renegotiated.

Formula Review Group

FRIDAY 9 February saw the publication of the long-awaited report from the Formula Review Group Review of the General Medical Services global sum formula. This has been published for consultation and we would encourage GPs to read the review and respond. The results of the consultation will help inform discussions between the negotiating parties to determine if, how and when, the report's recommendations should be implemented. See the link below for the GPC's FAQ document, which provides important contextual information. The report and consultation response form can be found on the NHS Employers website. The deadline for responses is Friday 11 May 2007.

http://www.bma.org.uk/ap.nsf/Content/Formulaconsultation?OpenDocument&Login

http://www.nhsemployers.org/primary/primary-891.cfm

BMA Guidance

Several Guidance notes have been produced by the BMA recently:

Primary Medical Contracts—who can hold what. Feb 2007
Prescribing and the primary and secondary care interface.
Focus on… The Dynamising Factor. March 2007
Focus on… Quality and Performance Management Standards.

All of these are available on the BMA website at http://www.bma.org.uk/ap.nsf/Content/

Not-Dispensed Scheme

The aim of this scheme was to produce some savings by the pharmacists inviting the patient to consider whether they needed all of their items. It would mainly affect prn items.

The LMC was not consulted over the scheme and we raised concerns about:

1. Information passage to GPs when prescription items are not dispensed.
2. Anonymisation of prescriptions returned to the PCT with patient sensitive details.
3. Workload implications for practices when confusion arises from our computer systems noting an item has already been prescribed.

The LMC felt that any perceived savings will be minimal and noted that the scheme will end March 07.

Criminal Records Bureau Checks on Practice Staff

The law states that for positions in the NHS, CRB disclosures can be obtained for:

'Any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties.'

NHS Employers advises that only the courts can provide an authoritative legal interpretation of this provision but that NHS Employers suggest that:

anyone employed by a NHS car provider (directly, or under contract) is concerned with the provision of health service(s)
most NHS staff, but not all, have access to patients in the course of their normal duties
Porters or cleaners who spend time on wards would be included, but not staff who merely pass through wards without interacting with patients.

NHS Employers advises that in addition to directly-employed staff, employers will need to consider vetting for contract staff.

It is not a legal requirement for all NHS recruits to undergo CRB checks. CRB checks on practice staff are not funded and, until they are, GPC advises that GPs should only require their staff to have them when this is judged appropriate by the GP.

Independent Treatment Centre, Burton on Trent

Please note for patient enquiries over the ITC we can contact:

James Bunt, Contracts Manager on 01283 507148 or 07900 055802.

LMC Conference, June 2007

If you have any issues that you would like the LMC to present to Conference please contact the LMC office before 16th April.

Our LMC representatives have forwarded the following:

General Practice. That Conference:

(i) Urges the profession to seriously consider the threat to the future of general practice if salaried

GPs are appointed rather than partners. Fewer contracts will continue under current GMS and PMS regulations if practices take the short term view for profit.
(ii) Notes the difficulties registrars currently have in finding partnerships.
(iii) Supports single-handed GPs in making plans for their succession by entering into partnership arrangements.

Choice and Referral. That Conference strongly believes:

(i) GPs should have the right to have referrals accepted by a particular consultant.
(ii) It feels that failure to have this right undermines the doctor patient relationship and our responsibilities in ensuring the specific needs of the patient are met.
(iii)The GPC should challenge the legal basis on which the failure to have this right is based.

That Conference demands that the development of any more Independent Treatment Centres should be halted because:

(i) of the destabilising effect on local NHS services and staff
(ii) of the chaos that ensues when large numbers of NHS patients are transferred in one batch to an ITC
(iii) of their poor management structures that choose to ignore GP feedback on the ensuing and ongoing problems
(iv) of that bottom line cost driven approach to delivery and future development of service.

Dates for Next Main LMC and Sub Com Meetings

South Staffordshire LMC - 19th April 2007, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South East Staffordshire Sub Committee - 21st May 2007, South Staffordshire PCT, Merlin House, Etchell Road, Bitterscote, Tamworth.

South West Staffordshire Sub Committee - 24th May 2007, South Staffordshire PCT, Block D, Beecroft Court, Off Beecroft Road, Cannock.

Dr V Spleen

Dear reader

Is anyone noticing something of a trend?

Too much crime—government announces that we must get tough—then too many people locked up—it's the judges fault, government backtracks.

Children under-achieve—ministers say they will improve standards—more children pass exams—it is the 'fault' of lax exam standards, teachers 'coaching' kids etc.

Too few nurses—government announces more nursing posts—trusts go on overseas recruitment drives, train more new nurses—now 'too many' - government blames trusts, makes nurses redundant, freezes recruitment.

Long waiting lists—government promises more consultants, more ops to be done to bring then down—trusts overspend, 'too many' ops being done—government blames poor financial management by trusts, freezes consultant posts, tells trusts to slow down.

And finally the government wants chronic diseases managed better, and the nation's health to improve, so it negotiates a new contract with GPs based on performance related pay, saying that it will justly reward the doctors for the difficult job they do. 2 years later and we gave done better than expected—improving the health of our patients and earning more in the process, so suddenly we are greedy money-grabbers and have to be vilified as the government backtracks, saying it never means this to happen.

So the common thread—government thinks up a scheme, publicises it as a great idea, gets all the credit then frantically back-pedals and moans about everyone else concerned when it later turns out differently than they expected.

We must make sure we keep our image as the 'good guys' we truly are!!

Venture

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