

Comparative Financial Data: nGMS/PMS Practices

Attached is the final Comparative Financial Data from South Western Staffordshire PCT. Please remember the rider 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 an element of Additional and Enhanced Services that the PMS practices cannot claim. Also, many of the budgets were based on an historical basis and for instance in one of the PMS plus practices contains the budget for community staff.

Feedback has been positive about the use of these comparative figures and will help explain the national debate about the perceived value for money issues associated with the original GMS contract and the negotiations PCTs may now have with PMS practices. The GPC has produced information for PMS practices and APMS GPs following publication of the Department of Health guidance on non GMS contracting arrangements for 2006/07 which can be found at:

<http://www.bma.org.uk/ap.nsf/Content/pmscont0406>

Although there does not seem to be pressure from our 4 PCTs at the moment the LMC has suggested that they could demonstrate value for money from PMS practices by copying letters, hours of availability or extra services rather than removing the growth money.

LMC Conference June 15th & 16th 2006

The following five motions have been submitted by South Staffordshire LMC: -

1. Conference is unhappy with the renegotiations of the QOF, which include new clinical areas with no addition to overall income, and insists that the GPC does not let this happen in future negotiations.
2. Conference requests the GPC to ensure that the profession is not a scapegoat for the current NHS funding difficulties and continues its policy of publicising the pivotal role of General Practice.
3. Conference expresses its disappointment with the lack of ring fencing for Local Enhanced Services funds and the decision by many PCTs to use them to offset deficits in their budgets.
4. Conference is appalled at the DH handling of PCT reorganisations and the consequent impact on PCT staff, their retention, morale and future performance.
5. Conference supports the concerns of GP Trainers about their increasing workload and low pay and insists that the Continuing Professional Development grant is paid in full and continues.

GP Clinical IT Systems

You may have noticed that the Department of Health describes IT within the service as Connecting for Health. Several useful documents have been produced together with guidance from the GPC which are listed below for the IT lead in your practice.

1. Proposal for GP Systems of Choice.

<http://www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps/systemsofchoice/gpsoc.pdf>

2. Creating Connections for Care. A Practice Guide to NHS Connecting for Healthcare Teams.

http://www.connectingforhealth.nhs.uk/publications/primary_care_booklet.pdf

3. Modernising Information Management and Technology in General Practice. Support Services Guidance. href="<http://www.dh.gov.uk/assetRoot/04/13/38/67/04133867.pdf>"><http://www.dh.gov.uk/assetRoot/04/13/38/67/04133867.pdf>

4. Implementing the IM&T DES: Data Accreditation href="<http://www.bma.org.uk/ap.nsf/Content/imtdes0406?OpenDocument&Highlight=2,IM&T,DES>"><http://www.bma.org.uk/ap.nsf/Content/imtdes0406?OpenDocument&Highlight=2,IM&T,DES>

Please note that PCTs are unlikely to be ready for level 2 of the IT DES until October onwards.

Quality and Outcomes Framework

·The 2006/07 datasets and business rules for the QOF for next year have been approved. Please find the link below which has already been circulated to your practice manager. They are updated usually on a 6 monthly basis and therefore you are advised to check them periodically.

<http://www.primarycarecontracting.nhs.uk/145.php>

·We are aware that there have been Reed Code problems with the system suppliers and many of us have made temporary arrangements. However PRIMIS maybe a useful resource to help with your Reed Code queries.

·The current typical value of a QOF point is £124.60.

·Asthma telephone reviews will not count for the QOF.

·Retinal screening – diabetes indicator 21 can only be performed in our PCT areas by approved optometrists with a digital camera.

·Referral criteria based on EGFR. We hope the following guidelines produced by the Renal Association to underpin the renal NSF in England will be of value and they are available at <http://www.renal.org/CKDguide/full/Conciseguid141205.pdf>

Pensions - Employers' Contributions and Tax

Following discussion at last month's GPC about employers' contributions and the A9 concession, the position remains as follows: GPs who have paid personal pensions contributions in respect of NHS pension scheme (NHSPS) earnings in 2004-05 and 2005-06 intending to use the A9 concession to waive relief on the NHSPS contributions and claim it on their PP contributions, will have 20% relief waived. This could be up to 29% if the GP is paying added years contributions, NHS additional voluntary contributions or free standing additional voluntary contributions. In such cases, there is nothing in the A9 concession to say that an election to waive relief on NHSPS contributions is irrevocable. So, if their income tax liability has not been finalised yet, GPs may revoke their election for 2004-05 and claim relief on what is now the 20% (6% employee and 14% employer) contribution to NHSPS. HMRC has confirmed that it would have no objection to the PP contributions being refunded in such cases.

The GPC has sought further accounting advice on this issue and will report back on its findings in due course. It will also continue to pursue the overall issue that employers contributions should be

tax deductible with the HMRO.

GPs Returning to Work after Retirement

The Department of Health has announced that GPs who wish to return to work after retirement are no longer required to take a one month break. This will provide greater flexibility for those GPs who wish to take their NHS pension and return to work in the NHS.

There are still conditions which must be met in order for GPs to receive their NHS pension:

- You must take a break of, at least, one day from all NHS posts, and
- You must not work more than an aggregate of 16 hours a week in the NHS in the month following retirement. The NHS Pensions Agency states that the onus is on the GP to prove that this condition has been met.

GPs should note that they do not need to come off the Medical Performers List in order to access their NHS pension. They simply have to retire from pensionable employment. GPs in a partnership should be aware that they will need to resign from their partnership upon retirement and rejoin upon returning to work. Single-handed GPs should note that they will be required to resign from their contract with the PCT. Therefore, single-handed GPs who wish to return to work should ensure that they have a legal agreement with the PCT, before retirement, allowing for and confirming their return.

Exercise on Prescription Schemes

The LMC noted the advice of one of the defence organisations when faced with the requests from patients for a note to say they are fit to attend. It was suggested wording a letter/certificate to include something along the lines of “I know of no medical reasons why patient X should not take part in...”. It was also recommended that we should delete anything which asked us to confirm that the patient was “fit to take part in”.

Patient Allocations

PCT colleagues have acknowledged the LMC view that allocations should now be on the basis of practice size rather than the number of doctors working there.

With regard to the split of responsibilities between Shared Financial Services and each PCT, the arrangement is that for routine allocations these are dealt with by Shared Financial Services on behalf of the PCTs where as in situations where it is considered that an “issue” may arise, the PCT is consulted at the initial stage.

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Practice Based Commissioning

An email was sent to all Strategic Health Authority (SHA) PBC-leads by the Department of Health's PBC implementation team on 5 April 2006, re-emphasising that practices should receive or access a minimum of 70% of Freed Up Resources and that only the remaining percentage should be retained by PCTs at the end of the year, regardless of their financial position. The relevant extract of this guideline is:

“We expect PCTs to adhere to the agreement that of any resources freed up against the practice budget under PBC, at least 70% should be available to the practice for reinvestment in patient services, and up to 30% to the PCT.

Adhering to this agreement is important in providing appropriate incentives for practices to take up PBC and to progress service redesign.”

The GPC have produced the following guidance on PBC:

1. Consortium Working at <http://www.bma.org.uk/ap.nsf/content/splashpage>
2. Division of Freed-up Resources at <http://www.bma.org.uk/ap.nsf/content/splashpage>.

The LMC is able to approach BMA Law for advice on behalf of an LMC member involved in a consortium.

Flexible Careers Scheme

In light of the funding problems for the Flexible Career Scheme, the GPC has produced guidance for practices and LMCs. This sets out the current situation as well as the next steps. It is available at <http://www.bma.org.uk/ap.nsf/Content/flexcareer0306?OpenDocument&Highlight=2,Flexible,Careers,Scheme>.

Salaried GPs: Prescribing Numbers

Following pressure from the GPC sessional GPs and clinical and prescribing subcommittees, salaried GPs are now entitled to have their own prescribing number. PCTs can apply to the NHS Information Centre (GMS Team) for an individual unique number for each of the salaried GPs on their Performers' List. We therefore advise salaried GPs to contact their PCT for a prescribing number if they do not already have one.

GPC Guidance

Listed below are number of useful documents which can also be easily accessed via the LMC website.

1. Suspended GP Performer at <http://www.bma.org.uk/ap.nsf/Content/suspendedGP?OpenDocument&Highlight=2,Suspended,GP,performer>.

Please note PMS vulnerability for PCT locum expenses reimbursement.

2. NHS LIFT – Local Improvement Finance Trust at <http://www.bma.org.uk/ap.nsf/Content/nhslift0406?OpenDocument&Highlight=2,NHS,LIFT>.

3. Referrals to Complementary Therapists at

<http://www.bma.org.uk/ap.nsf/Content/refcomtherap0406?OpenDocument&Highlight=2,referral,to,complementary,therapists>.

4. Overseas Visitors – Who is Eligible for NHS Treatment at

<http://www.bma.org.uk/ap.nsf/Content/overseasvisitors?OpenDocument&Highlight=2,overseas,visitors>.

5. Alternative Providers of Medical Services (APMS) at

<http://www.bma.org.uk/ap.nsf/content/splashpage>.

6. Focus on Access (previously circulated to practice managers) at

<http://www.bma.org.uk/ap.nsf/Content/focusaccess0306?OpenDocument&Highlight=2,focus,on,access>.

7. Focus on SFE Changes 2006-07 at

<http://www.bma.org.uk/ap.nsf/Content/focussfe?OpenDocument&Highlight=2,focus,on,sfe>.

8. Flu Pandemic Preparations at

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

Primary Care Sterilisation Standards

EU standards will soon become law effectively making it impossible for GP practices to carry out decontamination of reusable instruments since the requirements require practices to be able to track and trace each item that is sterilised in the practice. This will mean that in many practices disposable instruments will be used, but at present there is not any funding for this and local CSSD Departments are unable to help.

Please find below a link to the relevant EU Directive which has been incorporated into the Medical Devices Regs SI 2002 No 618

<http://www.opsi.gov.uk/si/si2002/20020618.htm>

The LMC has requested information from the PCTs as to what steps they are taking with our colleagues in General Dental Practice to ensure similar standards of sterilisation.

Next LMC Meetings

Main LMC Committee Meeting – 27th May 2006, Cannock Chase PCT.

South East GP Sub Committee – 15th May 2006, East Staffordshire PCT.

South West GP Sub Committee – 18th May 2006, Cannock Chase PCT.

Dr V Spleen

Dear Reader

It seems churlish to have another pop at PECs and PCTs as they scramble for the lifeboats. Now who does that leave? Oh yes the GPC. Remember you must take up Commissioning and Choose and Book or the bogey man will come along and take all your toys away. Nothing like a bit of irrational fear to get us all conforming. Heaven suggest we should wait for a rational well planned and resourced initiative before jumping off the cliff.

You will have noticed the masterly negotiated pay rise this year and the lack of additional work in the QOF. We really are lucky to have leaders who feel so guilty about the reasonable deal negotiated two years ago that they are prepared to give so much back without a fight. I wouldn't be surprised to hear that my pension will not be paid till I'm 95 unless I agree to single handedly cure cancer, refuse to prescribe any drugs, laugh off the concept of referring to a specialist except through a referral centre in Alpha Centauri.

Well I've got a prescribing, Referral Management and Choose and Book team debrief to log on to so I've cancelled surgery and called the paramedics.

Speak to you soon

Venture