

South Staffordshire PCT Reorganisation

The new PCT will have informed you about the change in structure and the interim arrangements whilst staff are appointed. If you have concerns or difficulties that are not being resolved please contact the LMC who can enquire on your behalf. Communications between incoming and outgoing staff seem to be the main problem at the moment.

The LMC recently met with the Chief Executive, Stuart Poyner who outlined the recent director appointments and their functions. John Wicks, Commissioning & Redesign, will be responsible for GMS, PMS, Pay and Services. There will be two Locality Directors, Sue Price for South East and Geraint Griffiths for South West, who will oversee Practice Based Commissioning and Locality Providers including Acute Trusts. An interim PEC has been formed with the four previous Chairs and three further GPs until new guidance is received from the Department of Health on their appointment in April 2007.

Access DES

You have been circulated with the GPC advice about the additional imposed questions in the Patient Experience Survey. The LMC view is that it is for individual practices to decide whether or not they take part in the DES. Practices will take into account their contractual arrangements, their financial situation and other factors in making that decision. It may be of interest that 11 out of 12 LMC members present at our meeting on 2nd November 2006 have decided to continue to take part in the DES.

Diabetes Indicator 21 - Retinal Screening

Diabetes Indicator 21 of the QoF Guidance was mentioned in the LMC News June 2006. The groups of people listed below may be excluded from offers of screening: -

*Everyone will be invited for screening unless they have stated that they do not wish to be screened. The wishes of the patient will then be communicated to the Practice.

*Children under 12 years of age with diabetes.

*A person with diabetes who does not have any perception of light. It would be helpful if the Practice could forward details of any such patients, they will then not be called for screening.

A person with diabetes who is terminally ill. Again it would be helpful if the Screening Department could be informed.

*A person with diabetes who has a physical or mental disability preventing either screening or treatment. Every effort would however be made to screen these patients if able.

A person with diabetes who is currently under the care of an ophthalmologist for treatment and follow-up management of diabetic retinopathy and then only for that period.

LMC members have raised concerns over cross-border issues and the fact that non-approved optometrists are still producing reports. In view of these problems the LMC requested a transition period but this has been refused by the PCT. The GPC advice for us is that if the service is not available then exception report.

A good practice guide to excluding patients from the diabetic screening programme can be obtained from

the PCT or the LMC.

New GMS Contract Variation Documents

The LMC has received queries about the legitimacy of the documents sent from the PCT recently. The LMC is informed in advance by the GPC that they have checked all of the details with their lawyers. The PCT simply downloads the documents from a website of the Department of Health and then issues them to us for signing. There is an element of trust that the PCT has issued the redraft of the GMS contract in the agreed form. This would be unlikely to occur incorrectly because of the wording within the contract.

Continuing Professional Dev(CPD) for Salaried GPs

A full-time salaried GP (defined as 37.5 hour working week divided into 9 nominal sessions of 4hrs and 10mins each) when employed on the model contract should receive one 4 hour 10min session of CPD per week on an annualised basis. This should be adjusted pro rata for those working less than full-time.

The Focus on Salaried GPs Guidance contained a table to help with working out how many sessions of CPD, leave etc that a salaried GP is entitled to during the course of a year.

Please note it is GPC policy that all GPs should receive the minimum model salaried GP contract, although PMS and APMS contractors are currently not obliged to use this model contract. GPs in this situation are therefore advised to examine the details of their contract.

24 Hour Retirement and PMS GPs

PMS GPs considering 24 hour retirement need to be aware that they have to resign from their PMS contract and renegotiate the contract with the PCT. It is GPC advice that PMS GPs need to be very clear with their PCT what their plans are for retirement and obtain the PCT agreement if they wish to return to work, before they retire for the 24 hour period. PMS GPs do not have a practice contract like GMS GPs and the PCT can decide to re-tender the contract. They could however exercise their right to return to GMS with a 3 month notice period and then take a genuine partner at least one month prior to the retirement. Any transfer to GMS would require the renegotiation of the practice finances and may potentially require surrender of the PMS growth funding.

It is therefore advisable to have plans made well in advance of a retirement decision. Salaried GPs working for a PMS GP would also need to ensure that these issues have been discussed.

Detailed advice can be obtained from the BMA Pensions Department.

Money Claim Online Service

The money claim online service may be of use in persuading the PCT to pay if you have delayed debts. It is available at <http://www.hmccourts-service.gov.uk/onlineservices/mcol/index.htm>

Patient Consent Forms

The BMA and Law Society have produced a joint consent form for use in requests for patient records and is attached. By signing the consent form, the patient gives the GP permission to pass copies of their full record relating to the incident to their solicitor or agent. GPs who receive requests with a different consent form are still obliged to comply, provided the consent is valid.

Fees Guidance where no Agreement Applies

The Professional Fees Committee of the BMA has produced Fees Guidance Schedule 11 which suggests fees for services that can only be provided by the patients GP. Examples are private sick notes and written reports. It also draws attention to those other areas where the BMA formally provided suggested fees, but now makes no suggestion because the services can be provided by any doctor and therefore would contravene the Competition Act 1998.

Copies of the guidance can be obtained at <http://www.bma.org.uk/ap.nsf/Content/noagreement>

GPC Guidance for GPs

The following are available on the GPC section of the BMA website: -

Primary Medical Services Contracts: Advertising and Appeal.

This paper discusses requirements for advertising and outlines appeal mechanisms for parties that feel the tendering process has been unfair or obscure.

Guidance on Exception Reporting

This has been produced by NHS employers and the GPC and has been previously circulated to practice managers and is available at <http://www.bma.org.uk/ap.nsf/Content/exceptreportingoct06>

Focus on... Excessive Prescribing

This is available at

<http://www.bma.org.uk/ap.nsf/Content/focusexcessive?OpenDocument&Highlight=2,excessive,prescribing>

Hep B and Immunisation for University Students

The GPC have been receiving reports of the first letters appearing advising medical students to seek Hep B immunisation from their GP. Some of these letters also advise that this service is available free of charge. It is not possible for a GP to charge a registered patient for the Hep B immunisation, though a fee can be charged to an independent third party or to patients who are not registered with the practice.

The BMA advises GPs that the responsibility for immunisation required for occupational purposes lies with the employer, which for students is the educational institution.

It is LMC advice that practices make arrangements with a neighbouring practice to refer these patients for

immunisation.

Comp Health Ref Forms for Prospect Registrants

In response to queries the BMA's Professional Fees Committee has released the following message:

“The General Dental Council (GDC) have introduced a requirement that states all prospective registrants must have a health reference form completed by their GP. The BMA has a number of concerns regarding the current guidance notes to doctors and the wording of the application form and has met with the GDC to highlight these concerns. The GDC has confirmed that it will be reviewing the documents and will consult the Association on these changes.

The Professional Fees Committee notes that the completion of health reference forms does not form part of a GPs terms and conditions and therefore an appropriate fee may be levied by the GP to the patient concerned.”

Practices should be reminded that completion of these forms are not part of GMS or PMS contractual work and that practices do not have to offer this service unless they choose to. Any practice that does choose to undertake this work should make a realistic charge for it.

Helping to Prevent Violence against GPs and Staff

The NHS Security Management Service (SMS) for England want to ensure that all violent behaviour by patients against NHS staff is recorded so that they can ensure that further appropriate action can be taken. For example, the SMS Legal Protection Unit is able, and is already involved in considering prosecutions against violent patients, as appropriate, where these are not undertaken by the Crown Prosecution Service. GPs and their staff are therefore encouraged to report all violent assaults to their Local Security Management Specialist (LSMS) in their PCT.

If it proves difficult to identify your local LSMS, you should:

in the first instance, contact the Security Management Director within the health body should it prove difficult to contact both the LSMS or the SMD and you wish to report a physical assault, - please download and complete a PARS (Physical Assault Reporting System) form available at: http://www.cfsms.nhs.uk/doc/sms_general/pars_form.doc. The form can be e-mailed to NHS SMS at pars@cfsms.nhs.uk. It is essential that the form is completed fully, including the full contact details of the person submitting the PARS form for any other security management queries, please e-mail securitymanagement@cfsms.nhs.uk.

Non-Dispensing PA Items

Following a query regarding non-dispensing practices issuing Zoladex and other personally administered items, the GPC clarified that, since 1 April 2006, it is correct that expensive PA items may not produce any profit, and that in certain circumstances, a loss could result. This has happened because of changes to the dispensing contract which were, in turn, the result of the new pharmacy contract.

Dates for Next Main LMC and Sub Com Meetings

South Staffordshire LMC - 7th December 2006, Merlin House, Unit 2, Ventura Park, Etchell Road, Bitterscote, Tamworth.

South East Staffordshire Sub Committee - 20th November 2006, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee - 23rd November 2006, Mellor House, Corporation Street, Stafford.

Dr V Spleen

Dear Reader

Now that we have the updated QOF software, practices will be busy assessing progress towards the final total of points that can be expected come March 31st 2007. Searches will be made for patients with high blood pressure or poor diabetes control. Reminders will be sent out to patients who have not attended for their various chronic disease checkups. 90 year old patients will have a cholesterol check.

Before we put all this effort into chasing the last 50 or so points let's just bear in mind the inevitable result of high point achievement for a 3rd year in a row. Further domains will be added and existing domains will be made more exacting. In essence we are on a hamster wheel rotating faster than that of the average intended net remuneration. Perhaps we should ease up a bit? Then again which of us is going to sit back and lose income whilst colleagues around achieve full points? O well I had better get back on the wheel and start pedalling again!

Yours sincerely

Venture

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