

NORFOLK LOCAL MEDICAL COMMITTEE

“Serving General Practitioners in the County of Norfolk”



September
2006

GMS STANDARD CONTRACT

Variations incorporating the new Directed Enhanced Services

The contract addendums are now on the DoH website and can be viewed at:

www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/PrimaryCareContracting/GMS/GMSArticle/fs/en

...this brings you to Primary Care Contracting > GMS > GMS Legislation Standard Contract > Standard Contract and then scroll down to Gateway Ref 6854.

These provide an optional set of contract variation documents that may be used by practices and PCTs as a means of incorporating the DES arrangements into the standard GMS contract, modifying the standard GMS contract by agreement.

The document has been posted on the DH website as an aid for PCTs amending the standard GMS contract but will recognise that there is no legal obligation on either party to the contract to adopt its words.

CONTINUING CARE ASSESSMENTS

The LMC believes that reports for consideration by continuing care panels are not reports funded within the new contract; £25 has been paid on request so it is suggested that all practices confirm that they will be paid (either under the collaborative arrangements process or directly by the continuing care team) before they complete and return these reports.

The LMC has been trying to establish a proper pathway for funding for the best part of a year without being able to make any headway whatever.

The continuing care process is a complex bureaucracy only necessary because of the difference in funding of social care provision (means tested) and NHS provision (not means tested) ie it is the responsibility of politicians.

All those involved locally are doing their best but that is no reason for GPs to bear an additional administrative burden without an offer of reimbursement. As the amount and quality of the evidence required by panels is only likely to increase it would be wise for practices to put down a marker at this stage.

FEES FOR INSURANCE REPORTS

The BMA has negotiated a 6% annual fee rise for GPs doing medical reports and examinations for life assurance and income protection purposes. This means that from the first of this month the fee for a GP report will be £74.70 and for a medical examination £82.20 (with £19.20 for a supplementary report).

GOOD PRACTICE IN PRESCRIBING MEDICINES

The GMC has recently put on its website new guidance which replaces the previous “frequently asked questions on prescribing medicines”.

I don't think there is anything there that will surprise anyone too much but I have been copied in to a circulation sent to “all fitness to practice panellists and legal assessors” which draws attention to the following sections and, perhaps, shows how some minds are working:

Paragraph 4) on “avoiding treating yourself and those close to you” links in with the long-standing recommendation that, unless your practice is so isolated that this is impossible, you should not be registered with your partners (this probably applies to GP family members too). The next section referred to relates to a specific instance of this - controlled drugs.

The other items highlighted are that drugs should only be prescribed for patients identified needs, stuff about doctors’ interest in pharmacies and guidance on prescribing for patients to whom you dispense.

If you have any doubts at all about how you or your practice deals with any of these issues it would be worth looking up the full GMC document. <http://www.gmc-uk.org/> SRL

CREMATION FORMS

There has been quite a lot of discussion recently between LMCs about cremation forms. In Norfolk it is customary for the doctor who signs the first part to contact the second doctor but, apparently, in some parts of the country this is the job of the funeral director. Post Shipman I suppose this may have something to recommend it as, especially if a practice has a reciprocal arrangement or always uses a former partner or colleague, there could be a perception of collusion. Nevertheless, it would be a significant change in Norfolk and involve undertakers in new work.

On a related matter I know that there have been very occasional problems with bodies for cremation being transported miles away - causing access problems to the certifying doctor(s); it may be that some undertakers do not understand how hard GPs are currently working and how difficult it would be to go for a nice drive in the country in the middle of the working day. While it is true that mileage is a legitimate charge for the GP to make, loss of time is generally neither claimed nor paid.

The LMC office would be very interested to know whether there are significant problems in Norfolk in process and relationships between GPs and undertakers. If there seem to be, we would consider arranging a meeting with local undertakers’ representative

organisations. Unfortunately past experience is that there are a number of these so, with the best will in the world, the endeavour may not be successful but, anyway, please do let us know your views and, in particular, whether you have had any problems which could make worthwhile a local initiative. SRL

TB

Jo Hadley, with whom the Secretary had a helpful meeting earlier in the year (as reported in the April 2006 flyer), has expressed concerns that the NICE Guidance on tuberculosis (issued March 2006) has not received the necessary publicity.

It states that new entrants for TB Screening should be identified from port-of-arrival reports, *new registrations with primary care, on entry to education (including universities) and through links with statutory and voluntary groups (that are working with new entrants)*.

In the “quick reference guide” the section from Page 16 is relevant to GPs. There are suggestions about possible chest x-rays, clinical assessments, risk assessments for HIV and a list of circumstances in which mantoux tests might be organised. Of course, your Secretary is not sure how much of this pathway currently exists in Norfolk; Jo Hadley has contacted the DPHs and hopes that appropriate action is, and will be, taken by PCTs.

If any practices believe that following the guidance would cause them significant extra work then the LMC would be interested. In a perfect world I guess an enhanced service would be agreed, but the likelihood of that happening in a bankrupt health economy is not great. SRL

“TOWARDS PRACTICE BASED COMMISSIONING DES”

and COMPONENT 2 PAYMENTS

We have received the following clarification from the GPC regarding the calculation of freed up resources and its relationship to the payment of component 2 (C2) of the Towards Practice Based Commissioning (TPBC) DES.

The original agreement made between the GPC and NHS Employers provides that, for practices that achieve their DES plan objectives, a minimum resource equal to the value of 95p per registered patient will be made available. Either, practices will not make any freed up resources (FUR) and so will be entitled to a direct practice payment of C2, or FUR will be made and practices will be entitled to access this resource instead. Where FUR are made that are less than the value of C2, a ‘top-up’ payment should be made so that the total resource reaches at least the level of the aforementioned minimum. This is a fairly simplistic interpretation of the DES agreement and for further information practices should refer to the GPC’s ‘Focus on the TPBC DES’ guidance note (e-mailed to your PM on 27.02.06).

The SFE only covers payment of C2 and a ‘top-up’ payment. Where practices are not entitled to C2 or a C2 ‘top-up’ payment, by virtue of making FUR that equal or exceed the value of C2, the arrangements for practices to access the FUR, including how much of this resource they can access, is for local agreement. Any local agreements should be made in line with Department of Health guidance ‘Achieving universal coverage’ published in January 2006, which sets out that FUR should be used for reinvestment in ‘services for the benefit of patients locally’. Whilst it is not a given that FUR will be paid to practices as a direct payment, it was always the intention that PCTs should make at least such an amount available if they expected practices to continue with PBC activity. For further information, practices should refer to the GPC’s ‘Division of freed up resources’ (e-mailed to PM on 27.04.06) and ‘Commissioning plan and an agreement with the PCT’ guidance notes (> PM on 30.05.06.).

Although a C2 payment is referred to in the SFE as a ‘reward payment’, as part of the original agreement with the NHS Employers, there is a stipulated use for this resource by practices, namely that it is intended to go towards practice activity designed at continuing achievement against the DES objectives, which are to be delivered during 2006-07.

CHOOSE & BOOK DES

It seems very possible that, at the end of the year, many practices will need to appeal because they have not been able to prove they have met the criteria for full payment under this DES. This may well be because the system was not in place and/or the acute trusts (or whoever else should be monitoring the scheme) do not have the figures to confirm that practices did everything that they could with an imperfect system.

The LMC has written to all Norfolk PCTs asking whether they have considered this problem and, if so, what evidence, if any, they are likely to accept that practices have done all that they could. Once we hear further we will email your Practice Manager with details of any information you should be collecting.

PRACTICES CONSIDERING SYSTEM CHANGE

Where practices are being encouraged to move to LSP central server systems the GPC strongly recommends that they ask the PCT/LSP to arrange for a recent backup tape to be loaded onto the proposed system prior to their committing to the system change. In that way the practice can view and use their data on the new system which will enable them to assess any data loss and also to compare functionalities side by side.

REMOTELY HELD RECORDS AND CENTRALISED SERVERS

Many PCOs are beginning to consider investing in centralised systems as a possible solution to problems involving data collection, analysis, incompatibility and variation in GP computer systems, as well as seeking to remove the issues of managing increasingly complex systems from individual practices. The GPC has published interim guidance that summarises the main issues GPs should consider before agreeing to store patient data on a centralised server. This is available from the LMC office.

Similarly the Joint GP IT Committee of the GPC and RCGP has issued guidance which looks at areas that should be considered when GPs consider the electronic transfer of documents relating to the GP held patient record, especially scanned documents where the original has been shredded. Again, this is available from the LMC office.

CONNECTING FOR HEALTH (aka NPfIT) GP Engagement Forums

NHS Connecting for Health is running a series of GP Engagement Forums in each SHA for local GPs to learn more about NHS CFH and to provide up to date information about current, relevant developments.

Topics to be covered will include the NHS Care Records Service (including the GP Summary Care Record), GP Systems of Choice, Data Accreditation, Personal Demographics Service and Role Based Access Control.

The EoE fora will be held at 12.30 and 18.30 respectively on Tuesday 28th November in Peterborough. If you are interested the application form was e-mailed to your PM at the end of August and is available from the LMC office

PBC & NHS PENSION SCHEME EMPLOYING AUTHORITY STATUS

Earlier this year the GPC issued guidance on PBC consortium working which included an

appendix listing the main legal entities that practices may wish to consider operating under:

- ▶ Company limited by guarantee
- ▶ Company limited by Shares (both private and public)
- ▶ Limited Liability Partnerships (LLPs)
- ▶ Community Interest Companies (which can be formed under one of 3 company forms: private company limited by shares, limited by guarantee or public limited company.

The GPC is currently seeking clarification from the DoH on how these companies would be viewed in terms of NHS pension scheme employing authority status.

In the absence of clarification on this point the GPC would urge PBC consortia considering forming into one of these legal entities to enquire with the NHS Pensions Agency directly regarding employees and access to the NHS pension scheme. The same advice applies to groups of practices considering forming one of the above entities in order to provide services

Norfolk LMC 2005/6 Annual Report

Enclosed with this mailing is a copy of the LMC’s 2005/6 Annual Report.

The End

Apologies for an incomplete flyer this month (or perhaps it is a welcome change). The PEO is off on her hols and therefore it has been produced earlier than usual - hence less to report.

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