



### General Practice After the Election

Some things will not change under a new Government. The economy, both here and globally, will remain as the dominant factor in the minds of policy makers and no analysis of the future of the NHS can ignore such financial constraints. There will be less money for innovation and change, whilst resources continue to be stretched by improvements in medicines and high tech care, and the population will continue to age.

The Health Service has been moving towards a division between commissioners and providers for some time, although it is unrealistic to imagine that this will become a real split whilst the system is funded via the taxation system. This has encouraged politicians to dabble in "market" style reforms.

The theory is that the "market" will give commissioners greater choice and also drive up quality and efficiency. This may work in a traditional farmers' market where there are numerous suppliers and purchasers, but even in this context the supermarkets have altered the quality of the product and the long term effects on health and the environment are potentially disturbing. In healthcare the market is a very limited force for good, and to reduce the health of our citizens to the level of a commodity is degrading. A tax funded system cannot exploit the opportunities of a market, and attempts to move essential public services into the private sector are at best a mixed

blessing. We now have French electricity and will soon have German buses, but will American style healthcare be good for us?

Market economics and deregulation of banking also gave us the global recession. To promote a free for all in health disguised as "choice", particularly primary care, makes as much sense as sending your children to a different school every week in an attempt to drive up standards.

The latest political gem is the proposal to remove practice boundaries. This looked bonkers when first announced by the Secretary of State but the GPC and others have given the proposals careful consideration. The conclusion is "It is totally bonkers" (my words). GPC passed a motion in April stating:

*"GPC has carefully considered the current proposals for the removal of practice boundaries and has concluded that:*

- They put the quality of patient care and patient safety at risk
- They will undermine continuity of care
- They will disrupt practice based commissioning
- They will increase NHS costs and introduce inefficient and

*ineffective demands on resources*

*GPC therefore rejects the proposals."*

All three political parties think this is worth pursuing. It is up to GPC and others who live on Planet Earth to persuade them that they are wrong. Naturally, the corporate providers of primary care think it is a good idea, but they are soulless, profit motivated creatures with no interest in continuity or real general practice.

What hope for health after the election? There is likely to be action on commissioning by GPs, or district wide groups of practices. If this allows practices and PCTs to use their skills to complement one another, rather than compete for power, it will be a good thing. We must remember however that devolving a shrinking budget makes a lot of sense for politicians, but holds many dangers for GPs.



Brian Balmer

#### Special points of interest:

- DDRB Report 2010
- Choose and Book
- LMC Election Results 2010
- CQC Guide to Registration

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### Protocol for Local Dispute Resolution for the Determination of Current Market Rent



A Local Dispute Panel Process for the determination of Current Market Rent has recently been produced. The document sets out principles of best practice which the NHS Litigation Authority (NHS LA) will take into account when deciding whether to accept a referral made to it by a party to a dispute under the NHS (GMS Premises Costs) Directions 2004, (GMS Contracts) Regulations 2004 and the (PMS Agreement) Regulations 2004.

The intention of the Protocol is to:-

- ◇ Encourage consistency across PCTs in how local dispute resolution is handled;
- ◇ Maximise the possibility of local resolution as it is anticipated that proper engagement with local dispute resolution procedures will result in the resolution of considerably more disputes, and;
- ◇ Enable disputes to be resolved as quickly, and with as little expense, as possible.

Practices are advised to familiarise themselves with the

Protocol which will be a crucial first stage in trying to resolve any disputes with PCTs regarding Current Market Rent. A copy of the Protocol can be downloaded from the LMCs' website at [www.essexlmc.org.uk](http://www.essexlmc.org.uk). Whilst this Protocol does not have the binding effect of NHS Regulations, in circumstances where the parties have not followed the Protocol, the NHS LA are extremely unlikely to accept a referral on the basis that the parties have not made every reasonable effort to try and resolve the dispute.

*"Contrary to the health departments' request, the DDRB considered it inappropriate to include efficiency savings in the funding formula used to determine its GP contractor recommendations"*



### Doctors' and Dentists' Review Body: Thirty-Ninth Report 2010

The 2010 report of the Doctors' and Dentists' Review Body (DDR B) was published on Wednesday 10 March. The full report can be accessed through the following link:

[www.ome.uk.com/DDRBMMainReports.aspx](http://www.ome.uk.com/DDRBMMainReports.aspx)

#### GMS contractors

The Review Body recommended a 1.34% gross uplift in the overall value of GMS contract payments, intended to result in no increase to contractor GPs' net incomes after allowing for movement in expenses.

Contrary to the health departments' request, the DDR B considered it inappropriate to include efficiency savings in the funding formula used to determine its GP contractor recommendations. The **governments in England, Scotland and Wales have instead decided to impose a reduction in the uplift recommended by the DDR B.** They are therefore only willing to

award GP contractors a **gross uplift of 0.8% for 2010/11.** This is intended to have the effect of delivering no increase to average net income, after assuming an efficiency saving of 1% of practice expenses.

The overall uplift is very likely to be applied as follows:

Half of the overall gross uplift across the contract to global sum, correction factor, QOF, enhanced services and locum payments, in proportion to their current relative spend.

Half of the overall gross uplift to global sum payments with no corresponding increase to correction factor payments.

Released correction factor payments (through corresponding reductions in the Minimum Practice Income Guarantee (MPIG)) to be reinvested in the global sum.

The effect of this proposal

would be to award a greater uplift to practices that do not rely on correction factor payments. As the gross uplift is so small, very few practices will come off MPIG as a result of this award.

#### Seniority Payments

The DDR B has recommended that for 2010/11, seniority payments remain at their current levels.

#### Salaried GPs

The Review Body has recommended that **the minimum and maximum of the salary range be increased by 1% for 2010/11.** As a result of the DDR B's recommendation, **salaried GPs on the model salaried GP contract should receive an uplift of at least 1% to their salary.**

#### GP registrars

The Review Body has recommended an **increase of 1% to GP registrars' basic pay** and that **for 2010/11 the supplement for registrars should**

## Doctors' and Dentists' Review Body: Thirty-Ninth Report 2010 Cont'd...

remain at the current rate of 45%. Doctors currently receiving the higher protected level of the supplement will continue to do so.

### GP trainers

The Review Body has recommended a **1% uplift to the GP trainers' grant for 2010/11**. This is in addition to the **£750 per annum continuing professional development**

supplement which is to be paid in 2010/11.

### GP educators

GP educators are to receive a **1% uplift to their pay scale for 2010/11** in line with the DDRB recommendations for salaried GPs.

### PMS GPs

The DDRB's recommendations only apply directly to General Medical Services. It is hoped that

Primary Care Organisations will follow the DDRB's lead and uplift PMS baseline funding at least in line with the minimum uplift received by GMS practices. PMS GPs should receive any uplift allocated to QOF and enhanced services funding.

The LMCs have written to all PCTs in Essex seeking confirmation as to whether or not the uplift of 0.8% will apply equally to PMS practices.



## Choose & Book - Is It Now Part of Core Work for GPs?

The simple answer is NO. Choose and Book always has been and remains voluntary for practices.

In previous years most PCTs have commissioned a LES from practices to incentivise the use of Choose and Book. Given the current financial climate, a number of PCTs in Essex have already decided to stop commissioning this service from practices in 2010/11. This decision is entirely legitimate for PCTs as commissioners. What would not be appropriate however, would be for PCTs to suggest to practices that Choose and Book is in any way compulsory and/or is the only mechanism by which a provider would

accept a referral.

The BMA and DH have quite recently produced joint Guidance aimed at helping organisations better understand the reasons for the use of Choose and Book.

The Guidance confirms two key issues:

- ◇ The use of Choose and Book should not and cannot be made mandatory.
- ◇ A provider organisation may only refuse to accept any referral on clinical grounds.

A copy of the Guidance can be accessed on the LMCs'

website at

[www.essexlmc.org.uk](http://www.essexlmc.org.uk)

If your PCT decides to stop commissioning the Choose and Book LES then it is entirely at the discretion of individual practices as to whether they wish to continue to use Choose and Book as a method of referral.

If you require any further information and/or feel that you are being placed under undue pressure to continue to use Choose and Book, then please contact the LMC office.

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## European City Guide

The European City Guide is doing the rounds again.

Practices should not sign and return the completed form without reading the

very small print on the reverse and at the bottom of the page. The cost to be included in the guide is **Euro 997.00!**



## LMC ELECTIONS 2010



*“Dr Gary Sweeney and Dr Mike Saad would like to thank all those constituent GPs who voted in the elections and wish to extend a warm welcome to the new members joining the Committees.”*



Representatives in a total of eleven constituencies were due for re-election to North and South Essex LMCs in March 2010.

Dr Gary Sweeney and Dr Mike Saad would like to thank all those constituent GPs who voted in the elections and wish to extend a warm welcome to the new members joining the Committees.

Several long standing members chose not to stand for re-election this year and others have stood down from their constituencies.

The following will represent their respective constituencies for a period of four years commencing 1<sup>st</sup> April 2010:

### North Essex

Dr Christopher Dann  
Dr John Guy  
Dr Ted Wood  
Dr Andrew Barclay  
Dr Patricia McAllister  
Dr Richard Grew  
Dr Ahmed Mayet  
Dr Roy Melamed  
Dr David Oliver  
Dr Diyantha Wijekoon  
Dr John Wier  
Dr Richard Nunn

Chelmsford  
Chelmsford  
Chelmsford  
Maldon & South Chelmsford  
Maldon & South Chelmsford  
Witham, Braintree & Halstead  
Witham, Braintree & Halstead  
Witham, Braintree & Halstead  
Witham, Braintree & Halstead  
Witham, Braintree & Halstead  
Salaried/Sessional, North East Essex  
Salaried/Sessional, West Essex

### South Essex

Dr Geoff Kittle  
Dr Deepak Nanda  
Dr Mike Saad  
Dr Steve Taylor  
Dr Kokolu Waiwaiku  
Dr Krishna Chaturvedi  
Dr Paul Chisnell  
Dr Beverley Davies  
Dr Navin Kumar  
Dr Haroon Siddique  
Dr Colin Adey/Dr Kamilla Porter  
Dr Judith Brown

Castle Point & Rochford  
Castle Point & Rochford  
Castle Point & Rochford  
Castle Point & Rochford  
Castle Point & Rochford  
Southend  
Southend  
Southend  
Southend  
Southend  
Salaried/Sessional S/East Essex (Job Share)  
Salaried/Sessional, South West Essex

The Chairmen and LMC office would therefore like to thank Drs Firth, Loxley, Malik, Montague-Brown, Ross-Marrs and DG Singh for their many years of service to the Committees – we wish them all the very best for the future.

In some areas, particularly North Essex, vacancies remain unfilled. It is important that the LMC remains representative of GPs in all areas. Therefore, if you or any GP/GP Registrar you know, would like more information about joining the LMC, please

contact the office at [events@essexlmc.org.uk](mailto:events@essexlmc.org.uk)

The full list of LMC representatives can be found on the LMC website, [www.essexlmc.org.uk](http://www.essexlmc.org.uk) The website will be updated shortly with details of new members. However, should you require any contact details in the meantime, please do not hesitate to contact the LMC office.

## Essex LMCs Ltd Buying Group Update

Practices were recently sent up to date Buying Group Welcome packs containing information on suppliers and deals available to you as members of the Buying Group. If you did not receive this please let the office know and we will arrange for another pack to be sent to you.

Membership of the LMC Buying Group Federation has grown significantly in recent months, including Londonwide LMCs from 1<sup>st</sup> April. This means the Group now covers in excess of 3,500 practices

able to access the deals negotiated on behalf of Members.

There are 2 categories of Suppliers in the Buying Group "Approved" and "Accredited".

Approved suppliers are those who supply products that all practices would normally buy. Accredited suppliers may provide services that are of interest to only some practices, for example surgery website design.

The Buying Group will shortly be introducing some new

"Approved Suppliers" offering deals on fire safety equipment and alarms, security alarms, water coolers, staff uniforms, confidential waste disposal and real time patient survey equipment. New "Accredited Suppliers" will include health & safety packages and legal advice.

We hope you continue to enjoy the benefits of the deals secured through the Buying Group and would welcome feedback on practices' experience to date.



## Care Quality Commission – Quick Guide to Registration

The Care Quality Commission has produced a quick guide to registration and this is available on the LMC website [www.essexlmc.org.uk](http://www.essexlmc.org.uk).

Registration is a legal licence to operate and the CQC will register services against new essential standards of quality and safety which will apply across the care sector. From April 2010 registration will be introduced gradually across the care sector. The date for registration for General

Practice is confirmed as 1<sup>st</sup> April 2012.

CQC has produced guidance on what providers must do to meet essential standards, focussed on outcomes. The outcomes are grouped into six main headings:

- ◇ Involvement and information
- ◇ Personalised care treatment and support

- ◇ Safeguarding and safety
- ◇ Suitability of staffing
- ◇ Quality and management
- ◇ Suitability of management

The registration guidance sets out the process for continuous monitoring of compliance, how the CQC will make a judgement and enforcement powers.

*“Registration is a legal licence to operate and the CQC will register services against new essential standards of quality and safety which will apply across the care sector”*

## LMC Levy 2010/11

The two LMCs have now formally agreed the budget for 2010/11. As a consequence the LMC levy in North Essex will increase from 32.60 to

36.73 pence per patient. In South Essex it will increase from 33.71 to 38.05 pence per patient. These charges are effective 1<sup>st</sup> April 2010. If you

would like more details about the levy for the forthcoming year then please contact the LMC office.

## GPDF Subscriptions

The vast majority of practices in Essex also agreed to pay the General Practitioners Defence Fund Subscription. Since April 2008 the subscription has been 7 pence per patient.

The Committees have recently been notified of the amount required for 2010, together with details of a rebate for the previous year. In view of this it is pleasing to

be able to confirm that with effect from 1<sup>st</sup> April 2010 the subscription has been reduced to 5 pence per patient.



## Practice Managers Conference 2010



*“The LMC hosted its 3<sup>rd</sup> Annual Practice Managers Conference on 9<sup>th</sup> February and we were pleased to welcome nearly 60 Managers from across Essex plus two from across the border in Suffolk”*

The LMC hosted its 3<sup>rd</sup> Annual Practice Managers Conference on 9<sup>th</sup> February and we were pleased to welcome nearly 60 Managers from across Essex plus two from across the border in Suffolk.

The programme covered a variety of topics of interest to general practice.

We were pleased to introduce Chris Bostock, Head of User Experience, Public and Patient Experience from the Department of Health to talk about the new complaints regulations, which came into effect on 1<sup>st</sup> April 2009. The idea for reforming the complaints procedure was to simplify the process, enable early local resolution and encourage local leadership. The new arrangements also allow more flexibility for handling complaints. Chris confirmed that a complaint could be handled locally by either the practice or the PCT – but not both. It is the patient's choice as to who handles the complaint. Once a complaint has been “signed off” it is

good practice to make sure appropriate action is taken. Chris also suggested that it is good practice to share a draft of any response with the complainant, providing an opportunity for them to add any comments as once the final response has been sent, if the complainant remains dissatisfied they could then take the matter to the Ombudsman. It was confirmed that if oral complaints are resolved by the next day to the patient's satisfaction then it does not need to be recorded as a complaint or included in the Annual Report to the PCT. The Annual Report needs to be made available to anyone that asks to see it but there is currently no obligation to publicise it.

Shanee Baker and Tim Merritt from BMA Law spoke about managing disputes with PCTs. Their advice was to identify what type of dispute it is, keep it simple, back it up with evidence and also include details of any applicable regulations.

A very entertaining and interesting presentation

on Negotiation Skills was received from Malcolm Smith from Mindgames. Malcolm provided a whole new concept on how to negotiate and hopefully inspired delegates with his insights for future negotiations in and out of the workplace.

The conference finished with a presentation from Val Hempsey, a Practice Manager from Gateshead, Tyne and Wear. Val has been a Practice Manager for 30 years and is the sole partner employing 5 salaried GPs at Bridges Medical Centre. She also supports a neighbouring GMS practice on strategy and business. Val spoke about her experience as a Practice Manager and involvement and development of PBC in her area and demonstrated a “can do” attitude to the challenges within the NHS.

The Conference also provided an opportunity for Managers to network with colleagues from across the County and we look forward to seeing even more of you next year at an event that has become a popular fixture in the LMC calendar.

### Superannuation and Locum GPs

Locum GPs are reminded to make sure that superannuation claims are accurate and

up to date. If in doubt speak to the LMC office or the BMA



## Locum GPs – The skills we need and how to achieve them

The National Association of Sessional GPs has just published its latest document

**“Locum GPs – the skills we need and how to achieve them”.**

More details are

available by following the link below:-

<http://nasgp.wordpress.com/2010/03/19/locum-gps-the-skills-we-need-and-how-to-achieve-them/>



## DH Guidance: GP Extended Hours Access (30th March 2010)

DH Guidance on GP Extended Hours Access, issued on 30<sup>th</sup> March '10, contains advice for PCTs on ensuring that as many patients as possible are able to access routine GP appointments outside the normal opening hours of a GP practice.

The last published data indicated that just over 77% of practices in England are offering extended hours, provided under a DES or a LES. The 2010-11 Operating Framework sets out a clear expectation that PCTs will continue to make progress in ensuring that extended opening matches local needs. PCTs have received advice that if there is less than 100% uptake of the DES or a LES they need to consider how they will use the balance of the available £161 million investment for extended opening to achieve improvements in GP access.

The document provides further guidance to PCTs on the key objectives of:

- ◇ Maximising the number of GP practices providing

extended opening for their patients through the DES or a LES;

- ◇ Expanding extended opening in other ways, where less than 100% of practices are providing the DES/LES, in particular by expanding the extended hours at practices already providing this service: and

- ◇ Communicating information about availability of extended hours to patients.

It has been agreed that the Extended Hours Access scheme will continue for a further year from April 2010. The main material change from the existing arrangements is that practices will be required to indicate by 30<sup>th</sup> June whether they are proposing to participate in an Extended Hours Access Scheme for the year 2010/11, so that PCTs are clear early in the financial year which practices plan to do this.

When PCTs have firm commitments from practices for 2010/11 they will then

need to determine how best to use the balance of the available investment to achieve comparable improvements in GP access. They may, in particular wish to expand the extended hours available in practices already providing extended opening so that patients get a wider choice of appointments.

PCTs will also be looking at how to communicate information about the availability of extended hours access to patients. They will be looking to ensure that all practices providing extended hours publicise the days and times, for example on the NHS Choices website, on the practice website, on a waiting room poster, on the practice leaflet and by writing to patients. PCTs may also communicate using local media or making information available in places such as NHS premises, libraries or community facilities.

A full copy of the guidance is available on the LMC website at [www.essexlmc.org.uk](http://www.essexlmc.org.uk).

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## Regulations on the use of premium rate numbers in the NHS

On 21 December 2009 the Directions to NHS bodies concerning the cost of telephone calls in relation to health services 2009 were issued which meant that the use of phone numbers that charge the public or patients a premium rate to contact the NHS were banned in England but that 084 numbers could continue to be used if call charges were no more expensive than those of the equivalent local calls.

The amendments to the NHS Regulations (Schedule 6, Part 1 Premises: came in to force on 1 April 2010 and state that:

The contractor must not enter into, renew or extend a contract or other

arrangement for telephone services unless it is satisfied that, having regard to the arrangement as a whole, persons will not pay more to make relevant calls to the practice than they would to make equivalent calls to a geographical number.

and the contractor must –

(a) before 1st April 2011, review the arrangements and consider whether, having regard to the arrangement as a whole, persons pay more to make relevant calls than they would to make equivalent calls to a geographical number; and

(b) if the contractor so considers, take all reasonable steps, including in particular

considering the matters specified in sub-paragraph (4), to ensure that, having regard to the arrangement as a whole, persons will not pay more to make relevant calls than they would to make equivalent calls to a geographical number.

The GPC Practice Finance subcommittee has published guidance on the use of 084 numbers in the NHS, which is available on the BMA website:

[http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/managing\\_your\\_practice/084numbers.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/084numbers.jsp)

## The Statement of Fitness for Work - “Sick note to Fit Note”

The Department for Work and Pensions has issued guidance for General Practitioners and other doctors on the Statement of Fitness for Work.

On 6 April 2010, the current Forms Med 3 and Med 5 will be replaced with a single revised Statement of Fitness for Work. The new form was developed in consultation with practising doctors and members of professional bodies including the Royal College of General Practitioners and the British Medical Association.

### What is changing?

Including telephone consultations as an acceptable form of assessment;

Removing the option to say a patient is fit for work;

Introducing a new option: 'May be fit for work taking account of the following advice

Increasing space for comments on the functional effects of your patient's

condition, with tick boxes to indicate simple things such as altered hours or avoiding certain activities that could help their return to work;

Changing the rules for issuing the Statement so that during the first 6 months of sickness, the new Statement can be issued for no longer than 3 months; and  
Simplifying the current system by combining the Forms Med 3 and Med 5 into one form.

### What stays the same?

The Statement can only be completed by a doctor; You can still advise your patients that they are not fit for work; The Statement remains advice from you to your patient; Your patient can use the Statement as evidence of fitness for work for sick pay and benefit purposes; and The advice on the Statement is not binding on employers.

### Statement of Fitness for Work: the basics

The new Statement of Fitness

for Work allows you to advise one of two options:

**Not fit for work:** where your assessment of your patient is that they should refrain from work for a stated period of time.

### May be fit for work taking account of the following advice:

where your assessment is that your patient's health condition does not necessarily mean they cannot return to work; however they may not be able to complete all of their normal duties or hours, or they may need some support to help them undertake their normal duties.

If it is not possible for the employer to provide the support for your patient to return to work, your patient and their employer can use the Statement as if you had advised 'not fit for work'. Your patient does not need to return to you for a new Statement to confirm this.

The full guidance is available on the LMC website at [www.essexlmc.org.uk](http://www.essexlmc.org.uk).

