



Essex Family Health Services!!

The LMCs have decided, after several months of discussion and planning, to establish a new company through which to deliver services. We believe this will allow us to broaden the range of activity we provide to GPs and practices and also make a greater contribution to primary care in Essex.

The new company will have a Board drawn from the existing Company, Essex LMCs Ltd. The new Ltd company will provide primary care medical services in a unique format which we hope will strengthen and support traditional general practice and help protect our existing practices.

What is new about this venture?

The new company will offer to manage practices which are "out of contract", that is, their contract with the PCT has been terminated for one reason or another. The company will manage the practice as an alternative to direct PCT control and will only do so for a limited period until a new contractor/provider can be appointed. The LMC is not in the business of directly providing long term primary care.

Why do this?

The number of practices which cannot fulfil their contract is small, but there is a steady annual trickle of cases involving tragic circumstances, illness, or performance issues, and all of these have to be

sustained until the PCT can organise, via tender or otherwise, a long term replacement contract holder. These practices are extremely vulnerable during this period, and there is often a temptation for the PCT to allow the patient list to dwindle away or otherwise weaken the original practice.

We will offer to provide this service for the following reasons:

- ◇ An LMC supported company has no interest in the long term contract and therefore there is no potential conflict of interest through being given an unfair advantage in a subsequent bidding process.
- ◇ Our aim is to stabilise the practice, look after the staff and retain, as far as possible, the patient list.
- ◇ Any practice managed by the LMC company will be organised along the lines of a traditional general practice and not for the benefit of distant shareholders.

expertise, and provide stability through strong clinical leadership. The details will vary according to the needs of the individual practice but securing the practice's future as a successful business will be the aim. Where improvements in practice management or standards are required we will, if commissioned to do so by the PCT, introduce necessary changes.

Will the LMC profit (or lose) from this operation?

NO.

The new company will be a "not for profit" organisation. Any surplus generated from these short term contracts will be used to subsidise services to practices such as training arising from revalidation. We have sought and obtained professional legal and accountancy advice in order to ensure the new company will function efficiently and not put at risk other mainstream LMC activity.

I hope this adequately explains the reasons why this initiative is being launched, but if there are any queries please contact the LMC office.

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How will this be achieved?

We will employ and support the existing staff, bring in additional clinical and management



Special points of interest:

- Child Protection— Maintaining your skills
- Choose and Book

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Child Protection—Maintaining your skills



Following the publication of the Laming Report, a joint letter from Laurence Buckman and Professor Steve Field has been sent to all GPs. A copy of the letter dated 23rd November 2009 can be accessed on the LMCs' website at www.essexlmc.org.uk

◇ The letter is important in making clear that:-

◇ Protection of children is a duty for all GPs.

◇ GPs who are UK qualified will have undertaken training as part of their training curriculum. No further certification is required.

◇ All GPs do however have a duty to remain up to date and must maintain

their skills and competence in this area in line with GMC Guidance.

◇ Child Protection work should be resourced by PCTs under collaborative arrangements. The protection of children must take precedence over any resourcing or contractual issues.

Processing of Prescriptions

IMPORTANT MESSAGE FROM THE GPC FOR DISPENSING PRACTICES

NHS Prescription Services (NHS RxS) will be writing to all Dispensing Practices in England in week commencing 21st December to remind practice's that this month's payment, for prescriptions dispensed in October, will be the first payment where they may be financially affected if a patient or their representative hasn't correctly filled in the sections on a prescription form to declare that they are exempt from charge.

This is because the transitional arrangements that NHS RxS had in place for the first few months' of processing dispensing doctor accounts on its new system

came to an end from October. NHS Prescription Services started processing dispensing doctor accounts on its new system in July this year. The new system is much more effective at identifying if a patient or their representative hasn't correctly filled in the sections on a prescription form to declare that they are exempt from charge. Transitional arrangements were in place between the dispensing months June to September to give dispensing doctors and their practices time to make sure that their procedures for checking patient declarations were robust. The arrangement came to an end from October dispensed prescriptions, and dispensing doctors should receive payment for these

prescriptions in December / January from their PCT.

Senior partners will receive separate notification from NHS RxS from 21 December about how many items they have identified and how many charges they have collected.

NHS Prescription Services' helpdesk can give practices guidance on how to sort and submit their accounts, 0845 610 1171. Practices can also test their knowledge with an online quiz

www.nhsbsa.nhs.uk/prescriptions/quizzes

"NHS Prescription Services' helpdesk can give practices guidance on how to sort and submit their accounts "

New Vetting and Barring Scheme

All practices are advised to familiarise themselves with Guidance produced by the GPC on the new Vetting and Barring Scheme.

The Guidance explains

the steps that GPs need to take individually and as employees to ensure that they comply with the Safeguarding Vulnerable Groups Act 2006.

The Guidance is split into a number of sections and can be obtained from the LMC's website,

www.essexlmc.org.uk



Choose and Book

Responsibilities and Operational requirements for the Correct Use of Choose & Book

The BMA and DH have recently produced joint guidance aimed at helping organisations understand the importance of using Choose & Book correctly.

There are a number of standards and responsibilities highlighted in the document that should be implemented in all organisations using Choose & Book. A copy of the Guidance can be accessed on the LMCs' website at www.essexlmc.org.uk

The responsibilities highlighted in the document can be summarised as follows:-

Responsibilities of Referring Clinicians (e.g. GPs)

Referring clinicians should:

- ◇ Undergo adequate and regular training on the Choose and Book application.
- ◇ Offer patients choice of provider, in line with national Choice Policy.
- ◇ Shortlist appropriate services for patients, preferably within the consultation.
- ◇ Ensure referral information is added in a timely manner.
- ◇ Ensure that any staff acting on their behalf are adequately trained, qualified for the roles they are undertaking and are authorised to act in this way.
- ◇ Ensure that worklists are checked regularly and that processes are in place for dealing with rejected referrals and Advice & Guidance responses.
- ◇ Ensure that business

continuity processes are in place, in the event of access to Choose and Book becoming temporarily unavailable.

Responsibilities of PCTs

PCTs should:

- ◇ Ensure that the necessary and up to date hardware and software is made available to all referrers.
- ◇ Ensure that Smartcards are issued appropriately to all relevant staff and are updated in a timely way.
- ◇ Ensure that clinicians are trained and supported to make referrals themselves using Choose and Book.
- ◇ Ensure that patients are offered a choice of provider, in line with national Choice policy.
- ◇ Ensure that IT support is available to resolve technical issues and that response times are appropriate and adequate to meet the needs of the referrers.
- ◇ Ensure that any Clinical Assessment Services used locally provide real added clinical benefit to patients.
- ◇ Ensure that providers are managed in line with their contractual obligations to make enough appointments available on Choose and Book.

Responsibilities of Provider Clinicians (e.g. Consultants/AHPs)

Provider Clinicians should:

- ◇ Undergo adequate and regular training on the Choose and Book application.
- ◇ Use the Choose and Book application themselves to review, accept, reject or re-direct referrals.
- ◇ Take part in regular, clinical review of their services,

ensuring that the Directory of Services is accurate and up to date.

- ◇ Ensure that any staff acting on their behalf are fully trained and qualified for the roles they are undertaking.

Responsibilities of Provider Organisations

Provider organisations should:

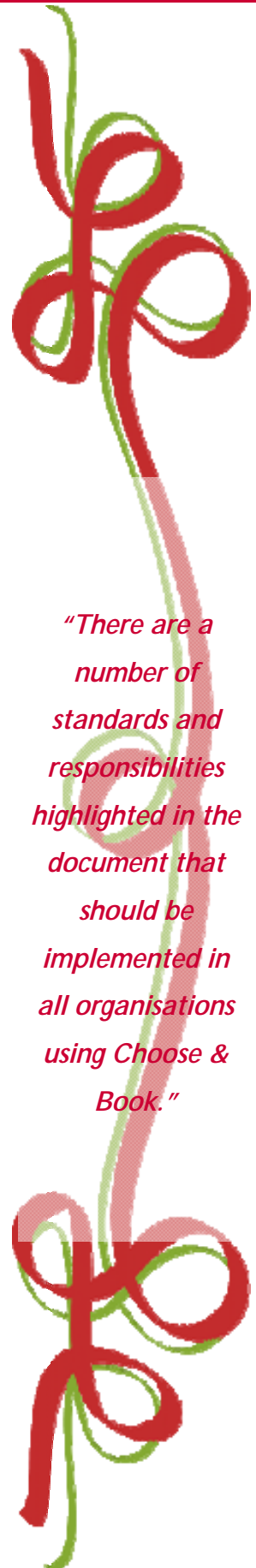
- ◇ Ensure that the necessary and up to date hardware and software is made available to all provider clinicians.
- ◇ Ensure that Smartcards are issued appropriately to all relevant staff and are updated in a timely way.
- ◇ Ensure that staff within their organisation receive regular training on Choose and Book functionality and how it should be used locally.
- ◇ Ensure that the Directory of Services adequately and accurately describes the services that are provided.
- ◇ Ensure that enough appointment slots are available on Choose and Book for patients to be able to book appointments at their first attempt.
- ◇ Ensure that business continuity processes are in place, in the event of Choose and Book becoming temporarily unavailable.

Important Points to Note for Practices

The Guidance confirms that:-

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

“There are a number of standards and responsibilities highlighted in the document that should be implemented in all organisations using Choose & Book.”





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Promoting the interests, aspirations and welfare of general practitioners

Practice Manager of the Year 2009

All of us at the LMC would like to extend our warmest congratulations to Wendy Collett, Practice Business Manager at the Tiptree Medical Centre. Wendy received the Williams Medical Supplies Practice Manager of the year award at the recent NAPC Conference Dinner in November.

Wendy joined Tiptree Medical Centre in 2002 as an audit clerk and was soon promoted to Deputy Practice Manager before taking on the role of Practice Business

Manager. Wendy has been supported by the practice in studying for an MBA and has successfully completed 2 years of the 3 year course.

Dr Shane Gordon nominated Wendy for Practice Manager of the Year award in recognition of her work to improve access. The practice has struggled with access for a number of years and poor satisfaction survey results in 2008 proved to be the catalyst to look at things differently and in Dr Gordon's words she

did this with "great gusto and skill".

In nominating Wendy, the practice commended her for her efficiency, financial acumen, contribution to PBC and improving patient care all of which has enabled a relaxed, happy and cohesive practice.

Well done Wendy!



In Picture: - Wendy Collett at the PBC Vision Award Dinner, Birmingham in November 2009.

Essex Practice Manager Conference

Now taking bookings for:

Annual Essex LMC Practice Manager Conference

9th February 2010, Ivy Hill Hotel, Margareting.

Further details are available from the LMC website. Flyers will be sent to practices in due course.

