North & South Essex Local Medical Committees Ltd

Too Much Information

Volume 5 Issue 3 May 2008

Special points of interest:

- BMA - Support your Surgery Campaign
- Extended Opening Hours for Practices
- Changes to the NHS Pension Scheme.
- GP Systems of Choice
- New procedures in relation to deaths in childhood

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BMA Support your Surgery Campaign

All GPs should by now have received a letter from Laurence Buckman, Chairman of the GPC, dated 8th May 2008 regarding the BMA's forthcoming Support Your Surgery Campaign. The campaign is part of the BMA's wider communication strategy and is aimed at raising public awareness about the threat that Government policy poses to the current model of patient -centred general practice.

Early in the week commencing 19th May, practices will receive a Support Your Surgery Campaign Pack. The pack will contain a petition, campaign posters and stickers for display in surgeries. The centrepiece of the campaign will be a nationwide petition which it is intended will be presented to the Prime Minister on 12th June.

Wording of the Petition

In the 60th year of NHS general practice, we urge the Government to:

- **Continue to support our existing NHS GP surgeries.**
- **Improve services to patients by further investment in existing GP surgeries.**

We also urge the Government to halt its plans to promote the use of commercial companies in general practice because this risks destabilising our local surgeries and threatens the comprehensive, high quality care we receive from our GPs. We don't want public funding to move from GP practices to commercial companies who are accountable primarily to shareholders rather than patients. We want to be treated by GPs who see us as patients, not as customers.

The LMCs hope that all practices will actively support the BMA campaign by using the campaign packs provided. It is worth remembering that the importance of arranging a co-ordinated publicity campaign aimed at increasing public awareness of the threat posed to the NHS by back door privatisation was raised by delegates at all three meetings in Essex prior to the GP Poll. Extended Opening Hours has not and never will be the real issue! The threat is the destruction of high quality, patient friendly general practice and its replacement by large corporations.

The DH and PCTs have an unhealthy obsession with the Choice agenda and appear to have a genuine belief that a skewed market place and the destabilisation of general practice as patients know it can be justified on the basis of informed patient choice. The irony is in the word informed! What is currently being proposed is in most cases unnecessary, will divert resources away from existing NHS provision based on need

IMPORTANT - PLEASE CIRCULATE TO ALL DRs IN THE PRACTICE

Support your Surgery Campaign Cont'd…

and in the long term is unsustainable. It is increasingly evident that patients <u>are not being informed</u> that in a system based on finite resources an inevitable consequence of the opening of expensive, unwarranted Darzi Health Centres will be the closure of existing practices that offer high levels of quality, value for money, continuity of care and patient advocacy.

In an NHS with a management culture predominantly based on command, control and unreasonableness, practices are one of a dwindling number of organisations that are able and willing to help patients better understand the implications for them and their families of what is being proposed. All practices are therefore strongly encouraged to participate in the BMA campaign and help prevent the destruction of the infrastructure that has supported the delivery of high quality primary care for the last sixty years.

Further information is available on the Support Your Surgery Website:

http://www.supportyoursurgery.org.uk

The LMC website at http://www.essexlmc.org.uk will shortly be updated to allow practices to access the campaign material electronically.

"Allowing the terms of the LES to determine the requirements of the in hours contract goes against the fundamental principle of a practice based contract."

Extended Opening Hours for Practices

No DES until June – beware of any interim LES!

The DH has recently confirmed that the national DES for extended access will not be available until June. Consequently the SHA has been encouraging all PCTs in the region to work together in producing an interim LES. Apart from South West Essex, all PCTs in the county have now produced LESs.

Costs of providing a LES

The rationale for rushing to produce an interim LES is apparently to minimise the loss of income to practices!! Any such rationale whilst well intentioned is clearly flawed. The price of all the LESs seen to date is £2.95 per patient (the same as the national DES) which in most cases will not even cover practice costs.

The LMCs have been working with a number of practices to try and establish the costs of providing an extended hours service. The costs detailed below include GP time, admin support and overhead costs. Nursing costs are available but have been excluded.

8 practices have provided information to the LMCs.

The list size of the practices ranges from 2,113 to 14,232.

The average <u>hourly cost</u> is £183.00.

Average list size for the 8 practices is 8,047. (The average practice).

Under terms of the two LESs or the national DES, this average practice would need to provide 4 extended hours.

Cost to the average practice 4 X £183.00 = £732.00 per week.

£732.00 X 52 weeks = £38,064.00.

Using this example, the average practice of 8,047 patients would need to receive £4.73 per patient to cover costs. NB This does not include nursing costs!!

The proposed DES payment, assuming that all £2.95 is payable for extended hours, would

Extended Opening Hours for Practices Cont'd

provide the average practice with £23,739.00 per annum – a shortfall of £14,325.00.

Availability of GP consultations during core hours.

The LESs seen so far will all require practices to provide detail of current availability of GP consultations during core hours. Practices are not contractually obliged to provide this information. Practices are advised to think very carefully before making this a contractual obligation by agreeing to participate in a LES. This baseline audit of current core hours availability may ultimately be a requirement of the DES but PCTs do not need to include it and practices should not accept it as forming part of any LES.

Allowing the terms of the LES to determine the requirements of the in hours contract goes against the fundamental principle of a practice based contract. These provisions will jeopardise the freedom and ability of practices to plan and deliver services in a way that they determine as best meeting the needs of their patients.

Points worth stressing:-

The DES and any LES are voluntary for practices.

Practices that are offered a LES by the PCT are asked to consider the detail very carefully.

The DES will be priced at £2.95 per patient. It will offer the most basic of services to patients and in most cases will not cover the costs to practices of providing the service.

A LES may well be even worse . It is likely to require practices to provide a better, more comprehensive service for no additional resources.

A LES will require practices to "provide details of current availability of GP consultations during core hours". Practices are not contractually obliged to provide this information. ***SIGNING THE LES WILL MAKE THIS A CONTRACTUAL OBLIGATION.***

A LES will also require any changes in hours of availability to be agreed with the PCT. ***THIS REQUIREMENT WAS REMOVED WHEN THE NEW CONTRACT WAS INTRODUCED IN 2004.*** Participating in the DES or an interim LES will threaten the ability of practices to provide services in a way they consider best for patients.

Practices should fully assess the implications before agreeing to sign up to a non core service that will also allow your core business to be micro managed in a potentially oppressive way.

Don't panic! The PCT has a target to meet not practices.

Calculate your costs in providing extended opening hours.

Think carefully before agreeing to provide a service that does not cover your costs.

PCTs are waiting to see the level of uptake of the DES/interim LES. Their sole concern is to hit their centrally imposed 50% target.

If GPs don't sign up to the DES/interim LES then PCTs will have to consider a more flexible, properly resourced LES.

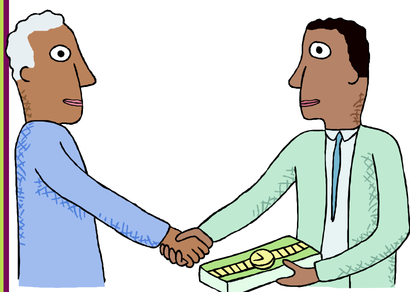
The LMCs are happy to negotiate with PCTs on behalf of practices provided they are mandated by a sufficient number of practices and PCTs are willing and able to negotiate.

Remember unity is strength.

If you require any further information or you feel that you are coming under undue pressure from the PCT to participate, then please contact the LMC office for advice.

"Practices should fully assess the implications before agreeing to sign up to a non core service that will also allow your core business to be micro managed in a potentially oppressive way."

Important Changes to the NHS Pension Scheme



Message from the BMA. Important changes to the NHS Pension Scheme came into force on 1st April 2008.

These changes will apply to the NHS Pension Schemes of England & Wales, Northern Ireland and Scotland.

Existing members of the scheme will not notice any difference in the core benefits of their pensions. If you are a GP your pension will continue to be calculated as 1.4% of your total career dynamised earnings. If you are a salaried or hospital doctor your pension will continue to be calculated as 1/80th of your final pensionable pay.

In either case you will retain the normal pensionable age of 60.

The option to purchase added years was removed from 1st April 2008. It is important to note that existing added years contracts (those in place prior to 1st April 2008) will continue as normal and doctors who are already buying added years need take no further action.

From 1st April 2008 members will be able to buy additional annual pension that will provide a maximum of £5,000 extra pension a year when they are retired. This figure will increase annually in line with RPI.

Members may buy in installments or by a lump sum payment. Where they buy in installments they will be required to pay a fixed amount each month and commit to the purchase over a period of years, up to a maximum of 20 years, or to normal retirement age if earlier.

The cost of this facility will depend on how much additional pension the member wants to achieve, and the length of time over which they are prepared to make the extra contributions. The minimum commitment will be for extra contributions that will provide additional pension of £250 a year on retirement.

An additional pension calculator is available on this the NHS Pensions Agencies websites.

Important changes were also being made to ill health retirement benefits from 1st April 2008. See the NHS Pensions Agencies websites for details.

Doctors who are approaching retirement will also be interested to hear about the increased flexibility in the size of the tax-free lump sum they can take at retirement. From 1 April 2008 it will be possible to take up to 25% of the value of your pension as tax-free cash. This means that you will, if you wish, be able to convert part of your annual pension to extra tax-free lump sum, on top of the automatic lump sum of three times your pension.

The way in which pensions are paid to partners and children also changed from 1st April 2008.

'Spouses' pensions paid after 1st April 2008 will no longer be stopped where the spouse subsequently remarries or cohabits'

Previously spouses' pensions could only be paid to a legally married husband or wife or to a registered civil partner. Spouses' pensions paid after 1st April 2008 can be paid to nominated qualifying partners in exclusive long term committed relationships of at least two years. They must also be either financially dependent or inter-dependent upon one another.

Previously, where a spouse, who was in receipt of a pension following the death of a member, remarried or cohabited then that spouse's pension was stopped. Spouses' pensions paid after 1st April 2008 will no longer be stopped where the spouse subsequently remarries or cohabits.

It is important to note that these revised spouse's benefits can only be payable following the death of a member after 1 April 2008. Existing spouses' benefits which are in payment prior to 1 April 2008 will still be subject to the existing rules.

Children's pensions, which can be paid to a child who is under age 17 or in full time education will be standardised so that they are paid to all children up to the age of 23, again, in respect of the death of a member after 1 April 2008.

Contributions to the scheme will increase from 1 April 2008. A tiered

Important Changes to the NHS Pension Scheme Cont'd…

system of contributions will be introduced as follows:

Earnings :
up to £19,682 5.0%
£19,683 - £65,002 6.5%
£65,003 – £102,499 7.5%
£102,500 + 8.5%

Please note that contributions are not graduated in the same way as, for example, income tax. Members will pay the relevant percentage contribution on the whole of their pensionable pay. Hospital or Salaried doctors will pay contributions based on their whole-time equivalent pay (as this is what their pension is based on) and GPs will pay according to their actual income.

These are the main changes to the scheme for existing members. However there are some other points to note:

- There will be no change to MHO status for doctors who already have it,
- The GP dynamising factor from 1 April 2008 will be calculated as RPI + 1.5%,
- Voluntary early retirement (with actuarial reduction) from age 50 remains available for members of the scheme who were in service on 5 April 2006,
- New maximum service limit of 45 calendar years at any age,
- Earnings cap removed in respect of future service,
- Money purchase Additional Voluntary Contribution option retained,
- Abatement further reduced; it will only apply to the enhanced element of the pensions (i.e. an enhancement due to ill health retirement or redundancy)
- Short-term death in service pensions standardised at 6 months, Multiple death in service nominations will be allowed.

A new scheme will apply to new joiners to the NHS from 1st April 2008. Members of the existing NHS Pension scheme will be able to transfer to the new scheme, if they choose to, from 1 July 2009 - 30 June 2010. Further information on the terms of this transfer will be available on the BMA website in due course.

As a BMA member you are able to contact the BMA Pensions Department with any queries that you may have about the changes to the scheme or any general pensions query.

Please feel free to contact the BMA by telephone on 0207 383 6166/6138.

The BMA Pensions Department is unable to give specific individual financial advice (for example on whether or not you should purchase added years). If you require independent financial advice then you may wish to contact BMA Services, who deal only with BMA members, and can be contacted on telephone number 0870 901 4566.

Yours sincerely,

ANDY BLAKE/ ANDREW DEARDEN
Head of BMA Pensions Department /Chairman BMA Pensions Committee

'From 1 April 2008 it will be possible to take up to 25% of the value of your pension as tax-free cash'

Energy Use in GP Premises - Certificates

From the 1st October 2008 legislation comes into force which will require the display of energy certificates. This only applies to "*buildings with a total useful floor area of over 1,000m2 occupied by public authorities and by institutions providing public services to a large number of persons and therefore frequently visited by those persons*". We understand this will apply to GP surgeries. If you are unsure whether your premises qualifies you could contact the Energy Performance of Buildings Directive helpline on 0845 365 2468; if you are still unsure try Trading Standards as they will be checking compliance and dishing out the fines (up to £1500)! If you do have to comply we suggest you start collecting meter readings etc now to ensure you have sufficient data ready for 1st October.

GP Systems of Choice

'While the GPSoC Framework exists it allows practices to choose from the list of systems available on the GPSoC Framework.'

GPSoC introduces three standard Agreements which will replace the myriad of different Agreements in place with suppliers today. This simplifies and clarifies the contractual arrangements and is in line with the transfer of responsibilities for General Practice IM&T provision to PCTs.

The three standard Agreements were arrived at through detailed discussion and negotiation with all the GPSoC Framework suppliers, with the PCTs and with GP representatives from the Joint GP IT Committee and chairs of the user groups of the existing GP clinical IT systems.

1. **GPSoC Framework Agreement** NHS CFH and each GPSoC Framework supplier will need to sign a Framework Agreement which contains the bulk of the terms and conditions under GPSoC. The Framework Agreement governs all national requirements for the GPSoC services and includes a Call Off Agreement that enables PCTs to contract with the GPSoC Framework suppliers.

2. **GPSoC Call Off Agreement** Each PCT and each GPSoC Framework supplier supplying systems to practices in the PCT will need to sign a Call Off Agreement which governs the local arrangements for the delivery of the supplier's GPSoC Compliant system and associated services. Rather than have separate contracts for each practice, all practices that have a GPSoC Compliant system from a GPSoC Framework supplier will be included in the same Call Off Agreement. Each practice's specific requirements will be detailed in the Call Off Agreement.

3. **PCT-Practice Agreement** Each practice and PCT will need to sign a PCT-practice Agreement which has been introduced to protect the practice's right to a choice of system and to ensure that the practice and PCT meet their obligations to each other in respect of the use and delivery of IM&T services.

NHS CFH first needs to sign a Framework Agreement with a supplier. PCTs can then start to sign Call Off Agreements with the GPSoC Framework supplier. It is the combination of the terms and conditions in the Framework Agreement and the Call Off Agreement that govern the arrangements with the GPSoC Framework supplier.

As part of the process of signing up to a GPSoC Call Off Agreement, all existing contracts relating to the current provision of the GPSoC compliant system to a practice will need to be terminated and the practice needs to sign a PCT-practice Agreement with the PCT.

Please note: This document has been agreed by stakeholders including GPC and SHA CIOs

The GPSoC Agreements – duration

While the GPSoC Framework exists it allows practices to choose from the list of systems available on the GPSoC Framework. This may be a choice to join GPSoC with their existing GPSoC Framework supplier and system or it may be a choice to migrate to an alternative GPSoC compliant system.

Practices can exercise that choice at any time during the initial two-year life of the Framework Agreement. If the Framework Agreement functions well for the NHS then it may be extended by up to a

GP Systems of Choice Cont'd

further two years.

Once a Call Off Agreement is in place it can be retained for up to four years without any need to renew the Agreement during this period. However this does not mean that a practice has to keep its GPSoC compliant system for the full four years.

A practice can choose an alternative system and be removed from the relevant Call Off Agreement with as little as three months' notice. To be clear, there are no fixed one, two or five-year terms under GPSoC and all existing commitments to a fixed term will lapse once the existing arrangements are terminated and the practice is included in a GPSoC Call Off Agreement.

The GPSoC Agreements – key responsibilities

The Framework Agreement between NHS CFH and each GPSoC Framework supplier governs, amongst other things:

- the responsibilities placed on NHS CFH, PCTs, practices and the supplier for the delivery and use of GPSoC services
- the specifications and standards that the GP clinical IT systems must meet
- the list of services offered by each GPSoC Framework supplier under the GPSoC Framework
- the compliance status of each system, with the option to remove or reduce compliance status where a system or supplier no longer meets the standards set
- any contractual changes including changes to the NHS's requirements
- the level of the charges.

The Call Off Agreement between the PCT and each GPSoC Framework supplier governs, amongst other things:

- the responsibilities placed on PCTs and the supplier for the local delivery of GPSoC services
- the list of the practices receiving GPSoC services under the Agreement
- the list of the GPSoC services that each practice is receiving
- the charges and the invoicing interval where the PCT and GPSoC Framework supplier choose to vary this from quarterly
- ordering and deployment of upgraded and new GPSoC services
- the relevant contacts for the GPSoC Framework supplier, the PCT and the practices.

The PCT-Practice Agreement between the PCT and each practice governs, amongst other things:

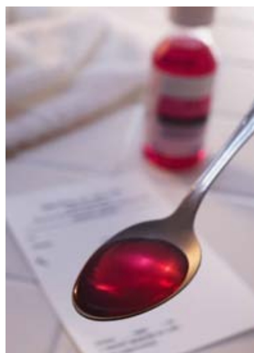
- the responsibilities placed on the PCT and the practices by the GPSoC Framework
- suppliers to ensure the performance of the GPSoC services
- the mutual responsibilities of the PCT and the practice in respect of a practice's choice of GP clinical IT system
- escalation and dispute resolution
- the local service level Agreement between the PCT and the practice and the list of prohibited software (these are the parts of the Agreement that can be varied locally).

All three Agreements have been designed to clearly set out the responsibilities and rights of all parties – NHS CFH, the GPSoC Framework suppliers, the PCTs and the practices – required to support the effective delivery

'The PCT-Practice Agreement between the PCT and each practice governs...the mutual responsibilities of the PCT and the practice in respect of a practice's choice of GP clinical IT system'

Miscellaneous

Medicines Waste Campaign



The LMCs are backing an Essex wide campaign aimed at reducing the amount of medication that is wasted each year across the county. It has been estimated that more than £11 million is wasted annually, so using a combination of posters, information leaflets and media coverage, clear messages will be promoted to patients urging them to only order the medicines that they require and encouraging them to dispose of unwanted medicines safely through pharmacies. Every surgery and pharmacy in Essex will have received promotional materials and there will be a prize of a luxury hamper for the practice/pharmacy in each PCT that creates the best display.

'Every surgery and pharmacy in Essex will have received promotional materials and there will be a prize of a luxury hamper for the practice/pharmacy in each PCT that creates the best display.'

GPC WINS PENSIONS JUDICIAL REVIEW

There is one nugget of good news and that is the GPC win on the pensions judicial review. Apparently the Judge was pretty clear that the DH had acted unlawfully. We are happy to tell you that they have decided not to appeal. The DH has now confirmed that they will implement the judgement but that this will also include a consultation on a more appropriate mechanism for uprating GP pensions for 2006 – 2008 that they think will be fairer to all members of the NHS Pension Scheme and to taxpayers!

NHS OPERATING FRAMEWORK

As part of the NHS Operating Framework for 2008/09 there is separate guidance on the preparation of local IM&T plans. SHAs and PCTs are now responsible for the delivery of NPfIT under the National Local Ownership Programme process. Further information can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH081102

GP Employment Law Courses 2008

BMA Regional Services are offering a series of one-day courses on employment law for GP Partners. Running throughout the year in venues across England, these courses will help you to keep track of employment legislation, best practice and human resources issues.

Four different courses are available:

Managing change will include recruitment and selection, contracts of employment, terminating employment, and redundancy and will help you to handle change among staff fairly and consistently.

Managing performance will help you to get the most from your staff and will include performance management, dealing with staff grievances, handling disciplinary matters and absence.

Managing equal opportunities will include the development of an Equal Opportunities Policy, flexible working, managing diversity and avoiding discrimination and will help you to ensure that your staff are treated fairly and with respect.

Managing health and safety will help you to understand your legal duties as an employer to minimise health and safety risks. The course will include the development of a Health and Safety Policy, creating a safe working environment and protecting staff who work on your premises but are not employed by you.

For further information about the courses, including registration fees, please visit the BMA website at http://www.bma.org.uk/ap.nsf/Content/gpemploymentlaw08

Places are strictly limited and will be allocated on a first come, first served basis. Reduced registration fees are available for BMA Members, to whom priority will be given.

If you should have any questions about the courses or are unable to access the website, please contact BMA Conferences on 020 7383 6923 or by email at confunit@bma.org.uk

Procedures in relation to Deaths in Childhood

From 1st April 2008 new statutory procedures became applicable to deaths in childhood

What are the key responsibilities under the new procedures?

1. Whenever there is an unexpected death of a child, key local professionals must form a "**rapid response team**" which will have responsibility for:

   - Ensuring all relevant professionals are informed about the death.
   - Planning and coordinating the actions that will be taken by professionals in response to the death (including the support that will be provided to families).
   - Collecting comprehensive information set on the death.
   - Identify whether the death should be referred to social care, and the Local Safeguarding Board for consideration for a serious case review, due to concerns about abuse or neglect being potential factors in the death.

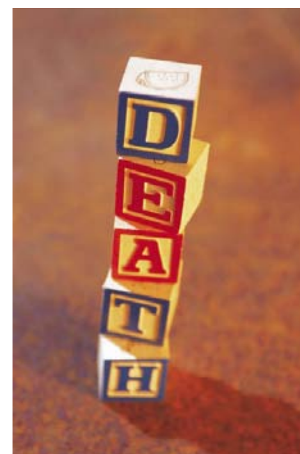
2. To ensure all deaths are subject to a review by a **local child death review panel** which will consider, and make recommendations in relation to, issues such as whether and if so how, the death might have been prevented.
3. To collate and review statistical information on deaths of children to identify themes and trends and ensure learning from this is fed into relevant bodies responsible for strategic planning and service provision.

Which deaths do the procedures apply to?

All deaths of children 0-18, excluding still births, irrespective of whether the death was natural or unnatural and from known or unknown causes. Different parts of the procedures will apply according to whether the death was "expected" or "unexpected" – according to a statutory definition. The procedures will apply to the deaths of children normally resident in Essex (even if they have not died in Essex). In some circumstances the deaths of children who have died in Essex but who are not normally resident here will also be included. The term Essex refers to the local authority areas of Southend, Essex and Thurrock.

What are my responsibilities under the new procedures?

- If you have had professional involvement with a child who has died then it is likely that you will be required to provide information on the child and your involvement – either written or in person – to a rapid response team and/or local child death review panel.
- If you are a professional who has been nominated by your agency to be a standing member of a rapid response team or review panel you will be required to be an active participant in these. This will include undertaking activity to develop an understanding about the circumstances leading up to the death of the child, participating in case discussion meetings and coming to an agreed position on if, and if so how, the child's death may have been prevented.
- Professionals becoming aware of the deaths of children should notify the death to the relevant authorities, which will include from April 2008 the LSCB and a Designated Paediatrician for Unexpected Deaths in Childhood. In most cases it is expected that the notification that starts the child death review process will be made by a designated health professional, however any professional who becomes aware of a death of a child which they believe may not have been notified via this route has a



'From 1st April 2008 new statutory procedures became applicable to deaths in childhood'

Procedures in relation to Deaths in childhood Cont'd

responsibility to make their own notification. This may include deaths of children occurring abroad or out of county.

- Certain professionals may be co-opted onto the membership of a rapid response team or local panel depending on their expertise in a certain area, for example Fire and Rescue personnel to review deaths occurring in house fires.

How do I access the new procedures?
The statutory guidance on rapid response and child death review processes can be found in Chapter 7 of *Working Together to Safeguard Children.* Further information is on www.everychildmatters.gov.uk

Where can I obtain further information?
Your agency safeguarding lead or your Local Safeguarding Board.

Nicola Park, Business Manager, Essex: Nicola.park@essexcc.gov.uk

Helen Wilson, Business Manager, Southend: helenmwilson@southend.gov.uk
www.southend.goc.uk/lscb
David Watts, Business Manager, Thurrock: dwatts@thurrock.gov.uk
www.thurrock-community.org.uk/lsp/safeguard

LMC Levy 2008/09

'in 2008/9 it has been agreed that there will be no increase in the LMC levy. In North Essex it will remain unchanged at 31.68 pence per patient, whilst in South Essex it will reduce from 33.62 to 32.91 pence per patient.'

In setting its budget for this year the two LMCs were extremely conscious of financial pressures on practices resulting from successive pay cuts. Consequently it is pleasing to be able to confirm that in 2008/9 it has been agreed that there will be no increase in the LMC levy. In North Essex it will remain unchanged at 31.68 pence per patient, whilst in South Essex it will reduce from 33.62 to 32.91 pence per patient.

The levy compares favourably to similar sized LMCs across the country. The Committees recognise the importance of continuing to provide a range of support services to constituent GPs and practices that are effective and value for money.

The Local Medical Committees exist to promote the interest, aspirations and welfare of all GPs working in Essex. The organisations are funded by GPs for GPs. It is crucial that the LMCs are seen to represent the views of local GPs and continue to address issues that are both relevant and important locally. Feedback from practices, both negative and positive, is therefore always welcome as a means of measuring and improving performance.

If practices have any issues that they feel need to be addressed by the LMCs on either an individual level or more widely across the county, then please do not hesitate to contact the LMC office.

North Essex LMC has a number of vacancies for representatives, particularly in West Essex. If you would be interested in becoming a member of the LMC and/or require further information then please contact Dr Brian Balmer at the LMC office.

Pharmacy in England - Building on Strengths, Delivering the Future

At its meeting earlier this month, North Essex LMC considered extracts from the recent Government White Paper – Pharmacy in England – Building on Strengths, Delivering the Future.

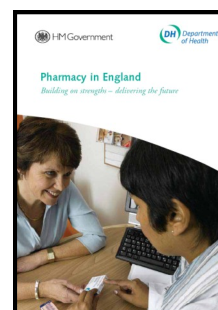
The Committee was aware that these potential changes were to be the subject of further consultation. Notwithstanding this, members were concerned that a number of the proposals posed a major threat to general practice.

At the request of members, the following concerns have been brought to the attention of the GPC.

- The devolution of control of entry requirements for pharmacy from DH to PCTs is a major concern given past history, as is the removal of the one mile radius rule.
- The Government's intention appears to be that pharmacists take on more clinical responsibilities, eg promotion of healthy living and the management of long term conditions. This would duplicate services already provided in practices and undoubtedly raise issues of double payment. This has the potential to affect all practices, not just those with dispensing patients.
- Current training for pharmacists is inadequate in preparation for the clinical role envisaged in the document.
- The proposed expansion of clinical services in pharmacies is not evidence based. Locally the effectiveness of enhanced services already provided by pharmacists, eg MURs, is questionable.
- It is unclear as to whether the medico-legal implications of these proposals have been considered.
- Despite claims to the contrary, dispensing income continues to underpin the income of many practices. Loss of dispensing income will threaten the financial viability of a large number of practices.
- Patient choice will be significantly affected by what is being proposed. In the short term, a large number of patients will lose their ability to choose from where they have their medication dispensed. In the longer term loss of choice is likely to extend to medical practices.

The document indicates that any new arrangements could be operational from as early as next April. The LMC stressed that the role of practices and the right of patients to retain a choice needed to be vigorously defended in what remained of the consultation period.

This will understandably be seen by some as yet a further attack on traditional general practice and the range of services currently provided. Given the short timescale, practices are encouraged to familiarise themselves with what is being proposed and where appropriate raise their concerns directly with their local MP. Copies of the White Paper can be downloaded from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815



'The LMC stressed that the role of practices and the right of patients to retain a choice needed to be vigorously defended in what remained of the consultation period.'

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Promoting the interests, aspirations and welfare of general practitioners

The British Doctors and Dentists Group

Can help, support and encourage you to recover!

6% of Dentists and Doctors are dependent on Alcohol/Drugs!

Do alcohol or drugs affect your professional life?

Do alcohol or drugs affect your family life?

Do you have a problem with alcohol or drugs?

Alcoholism/Drug Addiction is a Primary Disease!

Can you give this to someone who needs help?

The untreated chemically dependent/addicted dentist or doctor can eventually suffer GDC/GMC investigation, loss of registration, loss of income, financial worries, divorce, emotional damage to children, involvement with the police, Court appearances, loss of self worth, suicide, premature death!
8-12% of dentists and doctors represents approx. 2,000 dentists and 15,000 doctors (GDC Registrations = 32,000: GMC Registrations = 250,000)!!!

Alcoholic/Chemically Dependent/Addicted dentists and doctors can be treated with favourable outcomes. The Alcoholic/Drug Dependent dentist or doctor need not fear treatment – it can return them to a fulfilled and productive professional career and provide the means to remake relationships.

Dentists and doctors need to be aware of Alcoholism/Drug Dependency as a Primary Disease to provide a duty of care for themselves and to help their colleagues out of denial and into treatment.

The British Doctors and Dentists' Group (founded in 1975) consists of doctors and dentists who are successfully recovering from alcoholism or drug addiction/dependency. We meet regularly to share, in confidence and without judgement, professional and living problems related to our addiction/dependency and to support each other in recovery. We are professionals like you! We have been there, can appreciate your problems and offer you support and encouragement in resolving them.

If you need help, or wish to discuss your problem in confidence, please call:

Dr Paul R (National Secretary) 01484 667681

Meetings are held in London and in towns throughout the UK, including Chelmsford.

Local contacts for Suffolk, Essex, Norfolk and Kent are:
Chris H 01473 823666
Harry B 01245 465852
John B 01728 687728
John S 01634 403880

The BDDG Family Members Group supports relatives and friends of dentists and doctors who are suffering from Alcoholism or Drug Addiction/Dependency. Relatives, and children, of addicted dentists and doctors are emotionally damaged as a consequence of the addicted dentist or doctor and need their own recovery.
The group provides a safe place to share life experiences, knowledge and hope, in confidence and without judgement. Meetings are held in London, Chelmsford and in towns around the country.
If you need help, or wish to discuss your problems in confidence, please call: Cecile D (National Secretary): 01737 813921 or the local contacts:
Mary 01245 465852
Sue B 01728 687728
www.bddgfamilies.org.uk
www.bddgchelmsford.com

The Preceptorship and Assessment Booklet for General Practice Nursing

A FREE COPY AVAILABLE FOR EACH PRACTICE

The Preceptorship and Assessment Booklet for the East of England Multi Professional Deanery was developed in response to the problem of recently qualified nurses unable to find employment within the East of England with the purpose of encouraging these nurses to seek employment in general practice. To date this has not generally been considered a suitable first choice for the newly qualified nurse due in part to the specialism and isolation of the role.
However the booklet is not exclusively for the newly qualified nurse but can be used as a learning tool for those qualified and experienced nurses wishing to work in general practice but lacking the requisite competencies. The basic skills required to become a practice nurse under the supervision of an experienced mentor are set out in such a way as to measure development and ensure the learner is competent. So if you are considering employing a nurse new to general practice nursing you may find the document useful. You can obtain a copy of the booklet from the East of England Deanery website www.easterngp.co.uk available as a PDF file within the *School for General Practice* section. If you have any problems accessing the document or wish to discuss its use within the practice please contact: Jackie.Jones@eoe.nhs.uk