

North & South Essex Local Medical Committees

T M I Too Much Information

Volume 2 Issue 3

May 2005

Special points of interest:

- Choose & Book
- Practice Based Commissioning
- Pharmaceutical Services in Rural Areas
- Enhanced Services Floor Underspend
- OOH—Pensions Contributions
- PMS

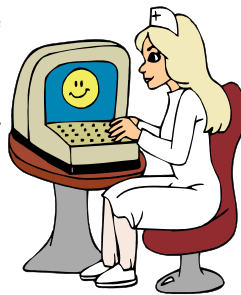
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Choose & Book

The latest target for PCTs is to obtain GP “sign-up” to Choose and Book, or Cheese and Book if you work in Maldon. Practices are expected to register for new swipe cards and keyboards that have the capacity to run Choose and Book along with other NHS IT wonders.

Choose and Book may turn out to have advantages for patients and practices, although as yet that is far



from clear, but it is voluntary for practices. The LMC has heard of, and experienced, instances where PCTs have informed practices that it is a requirement for them to engage with Choose and Book.

This is not true. Choose and Book is not a contractual requirement and PCTs are merely trying to achieve top-down targets. (as usual)

Practices should look at the

possible advantages of the proposed system and make up their own minds about signing up, deciding later whether or not to implement the system. Attempts to bribe practices with such luxuries as new printers should be looked at in the light of the PCT requirement to supply IT in any case, and the possible £6,000 per average practice available to PCTs that achieve 30% sign-up of practices.

How cheap and tacky can the service get!

Practice Based Commissioning

PBC is one of the more interesting of the recent initiatives from the Department of Health, although it is hardly an original idea. The story goes like this:

- Commissioning by PCTs has not been a success and the NHS remains dominated by Acute Trusts
- Payment by Results, the latest reward for Trusts, will drain all resources into Acute services.
- All Foundation Trusts will use Payment by Results.
- All Trusts want to be Foundation Status. (Turkeys voting to cancel Christmas)
- Commissioning should therefore pass to practices, who are better equipped to commission accurately from

Trusts and to drive quality of care.

(This is the idea behind PCB)

- PCTs must agree practice commissioning budgets, management costs etc, and practices must fit in with PCT plans.

(This is where the flaccid elephant of Bureaucracy sits on your new skateboard)

- Result is that a simple clean solution to the commissioning issue has been turned into another PCT dominated quagmire. I therefore go back to step one - “Commissioning by PCTs has not been a success..” If it had been, why change it?

- Most PCTs in Essex are having a “preparatory year” before launching PBC. This is not in the Department of Health guidance.

- Many PCTs want “locality” commissioning which is merely another form of PCT control.

An even better result in Essex is that the PCTs are talking about employing yet more people to watch practices do what they no longer do. It would be funny if only it wasn't the NHS and funded by the taxpayer. This is weak, controlling thinking by PCTs and the SHA ought to do something about it before another opportunity is wasted.

Brian Balmer

IMPORTANT - PLEASE CIRCULATE TO ALL DRs IN THE PRACTICE

Practice Based Commissioning –An LMC Member View



“For PBC to succeed it has to be Practice Led with the PCTs in only a supportive role.”

GPs all over the Country and certainly in Essex must be wondering whether they should consider to ‘PBC’ or ‘not to PBC’. Those thinking about delving into it should carefully consider if this latest ‘initiative’ by the DOH truly means PBC as in P r a c t i c e B a s e d C o m m i s s i o n i n g i n g, or is it really P C T B a s e d C o m m i s s i o n i n g. There is increasing evidence that it is the latter as it is unquestionable that if PBC is universally rolled out successfully, and in the former mould, it would negate one very important aspect of any PCTs existence! There are only a couple of expressions of interest from 2 groups of GPs in south Essex, and their PCTs response varies from ‘benign disinterest’ to ‘malignant hostility’ with interminable procrastination, fumbling and delaying tactics in between. Perhaps some PCTs have begun to fully appreciate the threat which successful P r a c t i c e B a s e d C o m m i s s i o n i n g could pose to their existence. Others prefer to bury their heads.

PCT disinterest in the scheme is barely tolerable, but it is the other end of the spectrum that poses serious problems. One PCT in Essex has proposed a scheme to ‘collect & collate data’ linking this to progress with their view of PCTBC which presumably is to be rolled out with the PCT ‘in full control’. The explained purpose of this exercise will be ‘to enable better the understanding of how acute/secondary care services are utilised & their appropriateness and also to enable practices to better understand current patient pathways’. All this information is deemed necessary to help this PCT to derive ‘indicative budgets’ for PBC. It is difficult to reconcile the aim of this scheme with that in the DOH technical guidance which refers to the 1st year’s indicative practice budget to be based upon expenditure incurred by any Practice for year 2003-04. The PCT scheme will effectively delay any start to PBC during the current year. More astoundingly, this PCT

scheme alludes to GP ‘referral target setting’ as one of its aims & to ‘referrals diverted to non acute providers following peer review’. The implications of these wordings must not only be an attempt to reduce secondary referrals but also to assert the PCT view of the possible incompetence of their GPs who require a ‘peer review’ regarding their referral actions! The PCT scheme offers a ‘token payment per patient’ to Practices signing up to the scheme, and appears to have been introduced without full consultation with the majority of GPs. For PBC to succeed it has to be Practice Led with the PCTs in only a supportive role. This does not appear to be happening in at least one corner of Essex and Practices should be aware of the dangers of PCTs highjacking this agenda to suit their ends. Otherwise they could end up losing the only remaining independence they have, that of being able to refer on their patients, as they deem appropriate.

Practice Based Commissioning and Enhanced Services Funding



The following advice has been received from the GPC Enhanced Services Sub-Group. This is following discussions recently as to whether or not it is appropriate to agree a LES to support practices in the preparation or delivery of PBC.

“Costs incurred through planning for PBC should not be funded from enhanced services floor (ESF) money. The Department of Health’s technical guidance on PBC

(paragraphs 39-46) clearly states that the initial costs, in terms of necessary resources and management support, will be provided in advance by the PCT. The PCT can then recoup this outlay from resources subsequently freed up at the end of each financial year. Details can be found at www.dh.gov.uk/assetRoot/04/10/50/33/04105033.pdf Management costs of PBC, most of which will cover clinicians’ time, are not a service to patients so cannot come from the enhanced

services floor. The PCT should finance these management costs. Where it refuses to do so, practices may wish to reconsider the terms under which they will enter into the commissioning role.”

The above certainly clarifies the position. We are not aware of any Essex PCTs with proposals to support PBC from enhanced services funding but if you know something we don’t then please let us know!

IMPORTANT INFORMATION FOR PRACTICES

Practices should be aware that the form of words used in the SLAs agreed with the PCT for Minor Injuries and 'Basket' Payments requires the PCT TO PAY IN FULL the amount stated in respect of 2004/5.

Funding Arrangements—BBW PCT Service Level Agreements

PRO RATA PAYMENTS IN RESPECT OF THE SLA AS WORDED WOULD BE A BREACH OF THE AGREEMENT.

This has been confirmed by the NHS Appeals Authority following a successful appeal lodged by a BBW Practice.

PRACTICES ARE ADVISED

TO CHECK THAT PAYMENT WAS MADE IN FULL. IF NOT PRACTICES SHOULD CONTACT THE PCT. If the problem continues please contact the LMC office or your local LMC representative.



Global Sum

National Normalisation Index Factor

There appears to be two separate problems with the normalisation index factor. The first relates to errors in the Exeter software, which led to faults in the quarterly calculation of the normalisation index. This in turn has resulted in overpayments to some

practices and underpayments to others. The GPC is in discussion with the Department of Health with a view to agreeing a mechanism to correct this.

Secondly, the LMC is aware that from 1st April some practices' Global Sums have decreased

significantly as a consequence of the National Normalisation Index Factor and this has also been raised at GPC. The GPC is pressing for urgent correction of the problem and we will keep you informed of developments.

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Pensions

“An Audience with Dr Andrew Dearden”

We were delighted to welcome Andrew Dearden, GPC Negotiator and Chairman of the GPC Pensions sub-committee, to Essex on 11th May. The evening was a resounding success and Andrew's lively presentation on GP pensions clarified a number of issues for GPs

present. For those of you who couldn't make it a copy of Andrew's presentation is available on the LMC website at www.essexlmc.org.uk (pensions guidance page). Alternatively you can email the office on info@essexlmc.org.uk for a copy in PDF or Powerpoint format.



Dr Andrew Dearden
MBBch, MRCP, DGM, DCCH,
DFFP

2004/5

ENHANCED SERVICES SPENDING BY PCOs in ESSEX

PCO	EXPENDITURE FLOOR (1000's)	ACTUAL SPEND	VARIANCE
TENDRING	1,726	1,863	+137
COLCHESTER	1,805	1835	+30
WITHAM, BRAINTREE & HALSTEAD	1,459	Not Known	
MALDON & SOUTH CHELMSFORD	841	848	+7
CHELMSFORD	1,360	Not Known	
UTTLESFORD	733	783	+50
EPPING FOREST	1,280	1,198	-82
HARLOW	1,033	Not Known	
BILLERICAY, BRENTWOOD & WICKFORD	1,531	1,461	-70*
BASILDON	1,464	1,058	-406
THURROCK	1,617	1,510	-107
CASTLE POINT & ROCHFORD	1,769	1,815	+46
SOUTHEND	2,086	Not Known	



* **BBW PCT** has spent less than the Floor and expenditure includes £180,000 on services still under dispute.

Enhanced Services Floor Underspend 2004/5

It is possible that as many as eight PCOs in Essex will not have met their Enhanced Services expenditure Floors in 2004/5.

Where underspends occur the following arrangements have been agreed between the NHS employers and the BMA for 2004/5 only:

Where PCOs do not achieve the level of expenditure to meet the ESF in 2004/5 they should discuss the position with their LMC. The aims of discussion will be to **obtain LMC agreement** that under expenditure against the ESF will be rolled over into enhanced services budgets in 2005/6 and made good in 2005/6. Where agreement is not reached, either party may refer the matter to the Implementation Coordination Group (ICG)

for consideration of the issue.

Underspends carried forward into 2005/06 must be spent on enhanced services in accordance with the commissioning and monitoring arrangements spelt out in 'Delivering Investment in General Practice' and will need to be incorporated into the firm commitments made to achieve their ESF in 2005/6. Where agreement is reached the PCO will need to notify the SHA of the details so that the TSC has access to information on agreed virements which it may need to reflect in its monitoring of the Gross Investment Guarantee. PCOs had until the end of April 2005 to identify where planned floor spend was not achieved and to

agree with LMCs how the carried forward sums will be invested in 2005/6.

A couple of points are worth noting. For the purpose of this exercise 'obtain LMC agreement' means obtaining a written letter of grant by the LMC. With regard to the timescale, LMC agreement to how any carried forward sums will be invested in 2005/6 must be obtained by the 15th July 2005 at the latest. Unresolved issues will then be referred to the SHA and the Implementation Coordination Group.



“For the purpose of this exercise ‘obtain LMC agreement’ means obtaining a written letter of grant by the LMC”

Quality-QOF 2004/5 Achievement Payments

The achievement payment is to be treated for accounting purposes as gross income of practice in the financial year 2004 to 2005.

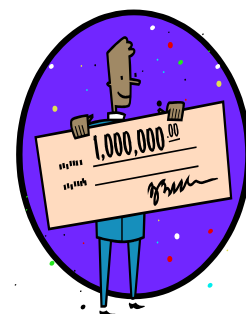
When is payment due?

- If the PCT is considering revising the practices
- In all other cases achievement payments should have been

Achievement Points Total i.e. where a dispute exists payment should be made no later than **30th June 2005**.

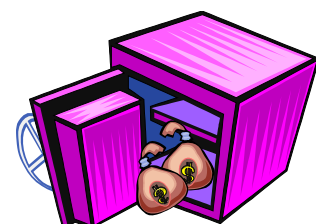
made in full by 30th April 2005.

Any practices who are experiencing difficulties in obtaining their achievement payments should contact the LMC office or one of their local LMC representatives.



PCO Administered Funds

No news since - August 2004



Premises



For 2005/6 the arrangements whereby Colchester PCT was the 'lead' PCT for Essex have been disbanded. The budget for Essex held by Colchester has now been devolved to individual PCTs on a capitation basis.

The LMC has written to

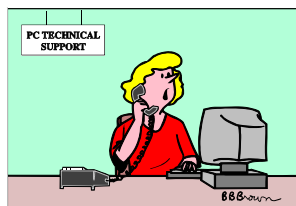
all PCOs seeking confirmation of their individual allocations and requesting details of any plans for spending the allocated monies. The PCOs have been reminded of the need to consult with the LMCs which have offered to nominate representatives to attend meetings of any

premises sub-groups established by PCOs.

Information Management & Technology

All Clinicians in Essex

New Developments in the National Programme for IT



"For that problem, sir, you need to contact the wizard of DOS."

The SHA forum in July will offer up-to-date insights into:

- the progress of the NPfIT

in Essex

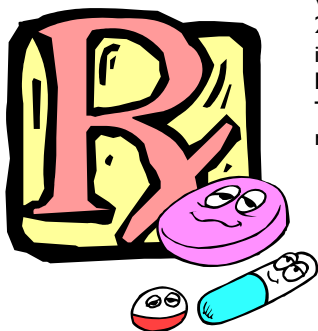
- some exciting new developments in clinical involvement
- the first view of the design, build and test timetable for the remainder of 2005
- demonstrations of newly available software

Evening Meal provided: please book early – these events are now very popular.

Further details are available

via the 'What's on' page from our website (www.essexlmc.org.uk) or from the LMC office.

Dispensing -Pharmaceutical Services in Rural Areas—Changes to the regulations



Changes to the rural pharmaceutical arrangements will be in effect from 1st April 2005, as part of legislation implementing the New Pharmacy Contract.

The main changes to the regulations are:

Registration – All dispensing practices will be required to be registered with the PCT in order for dispensing to be authorised.

Inspection - All dispensing doctor premises will be subject to inspection by the PCT to ensure terms of service are being complied with.

New Applications - No application can be made by a practice if there is a pharmacy within 1.6Km of the premises from which the practice wishes to start dispensing.

Reserved locations - If the total population is less than 2750 within 1.6Km of a proposed new pharmacy then although a pharmacy may open, dispensing patients will be able to choose to continue to receive dispensing services from their doctor. A pharmacy will be able to open without going through the normal prejudice test but will not have the onemile

protection.

Minor relocations – the concept of a minor relocation (usually less than 500m) will be considered if there has not been relocation in the previous 12 months, same process as for pharmacies.

Practice Amalgamations – Dispensing practices wishing to amalgamate with non-dispensing practice will have to make a fresh application; dispensing rights will not be automatic.

Essex Local Pharmaceutical Committee

Out of Hours - Pensions

All GPs undertaking out of hours work are advised to check that their Out of Hours Provider is paying the Employers 14% superannuation contributions.

The LMCs understanding is

that in the majority of cases, the rates of pay agreed with GPs were on the basis that employers superannuation contributions were being funded separately. If this is not the case then GPs are advised to discuss this with

the Out of Hours provider as a matter of urgency. Failure to address this issue will result in GPs having to pay the employer's contributions, therefore resulting in a 14% pay cut for out of hours work.



PMS Issues

Despite the fact that PMS Agreements are now subject to Regulation, most financial matters **are still determined by local negotiation.**

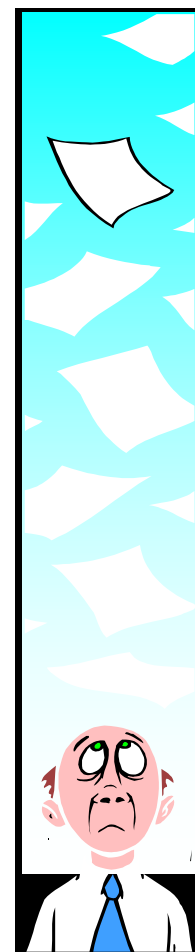
Locally a number of PCTs have unilaterally made changes to the financial baselines of PMS practices. In a number of cases money due to practices has been withheld without any prior discussion. This type of action by PCTs is both inappropriate and unreasonable.

This issue has been discussed by North and South Essex LMCs and the following principles agreed:

- There should be no unpicking of PMS Baselines by the PCT
- unless agreed in open and transparent discussion with the Practice signatories to the contract. (This is in accordance with the letter from Mr. John Hutton, Health Minister, October 2 0 0 3)
- In the event of an agreed variation to the baseline, there should be no retrospective "clawback" of monies, unless this provision is scheduled in the contract, or as a component of an agreed review of performance against the contract or associated "Service Level Agreements".
- Any monies released by PMS baseline variations

should be added to the Enhanced Services Floor and consequently made available for the commissioning of Primary Care services by the PCT.

- Formal review of contracts should take place annually, in advance of its annual renewal date.
- All signatories to the contract should agree variations to the contract.
- An *ad hoc* panel of members be set up to address PMS issues and any concerns or problems of its constituents. Practices who have concerns should contact the LMC office or their local LMC representative.



LMCs Elect New Chairmen & Vice Chairmen

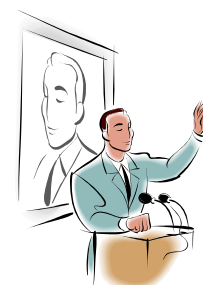
In accordance with the Constitution, North & South Essex LMCs have elected new Chairmen & Vice Chairmen. In North Essex Dr Mike Lurkins has been succeeded by **Dr Richard Wright** (previously North Essex

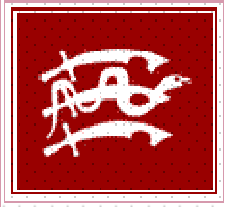
Vice Chairman) and in South Essex Dr Michael Alawi has been succeeded by **Dr Anand Deshpande** (previously South Essex Vice Chairman)

The Vice Chairmen are now as follows:

North Essex Dr Gary Sweeney.

South Essex Dr Mike Saad

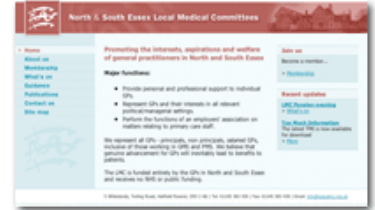




LMC New Website "LIVE"

In May, the LMC launched its new website with the assistance of Sue Davis Web design and Consultancy (www.sue-davis.net). It is hoped that all GPs and practices will find the content

useful and informative. Please feel free to contact the office with any relevant events you wish to be publicised on the 'What's on page' or suggestions for future content..



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We're on the Web
www.essexlmc.org.uk

General Help & Support for Practices

	Milestone	Activities
42	From the end of April 2005	PCTs will have made monthly aspiration payments for 2005/6. These will have been based on an automatic calculation of 60% of previous year's achievement points, with pounds per point uprated to £124.60 and adjusted by the previous year's prevalence. (NB The start of payments may be delayed if confirmation of final achievement is delayed.)
43	From July 2005 onwards	Scheduling of QOF annual review visits, visits and payment activities are repeated as per 2004/5
44	Ongoing	Contractors work with PCTs to implement Agenda for Change principles

New Basildon Representative Elected

Congratulations to **Dr David Staunton** who was recently elected to South Essex LMC as a

representative for the **Basildon** constituency.



Obituary - John Webb

The LMCs regret to inform constituents of the sudden death on 5th April 2005 of John Webb, former Secretary to Essex LMCs from May 1986 to August 1997.

John, a former South West Essex Hospital Administrator, had a very extensive knowledge of the NHS which he used to good effect for the benefit of Essex GPs. He was a courteous and helpful Secretary to the former Essex LMC and latterly to both

North and South Essex LMCs. He regularly attended Medical Service Committees to act as a "friend" for GPs involved as well as offering help and advice to practitioners and practices as and when requested.

John had an abiding love of cricket and was delighted when the LMC office moved to the former Chelmsford & Essex Hospital site and his office windows overlooked Essex CC ground. He was known to even come into the

office at the weekend if there was a particularly good match being played. He played himself up to a year or so ago when poor health prevented him continuing.

John was also a Rotarian being District Governor for a year as well as performing with his wife, Margaret, in choirs and dramatic societies. His retirement was very busy and thoroughly enjoyed by him although somewhat curtailed by poor health.



NEXT ISSUE SEPTEMBER 2005!