

MUST READ!

North & South Essex Local Medical Committees Ltd

SPECIAL EDITION 2
Such Information

Volume 5 Issue 2

February 2008

Special points of interest:

GMS Contract Negotiations 2008/9

Improving Access to GP Services - Extended Hours Arrangements

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GMS Contract Negotiations 2008/09

GPC decision to 'back' Imposition A in the Extended Hours Poll

This is the wording of the motion carried at GPC on 7th February, 2008:

That the GPC has come to the conclusion that Option A is less damaging for general practice, because the alternative option will harm the underlying fabric of NHS general practice and patient care more quickly and more lastingly.

There will be a flurry of press activity about this supposed U-turn by the GPC, with cries of sell out and "What did the BMA ever do for me?" I am personally happy to receive such communication as I am a member of the GPC and contributed to the debate on the 7th, even offering a motion not dissimilar to the one above.

Is this cowardice or collapse in the face of Government pressure **NO**

It is a pragmatic decision based on a careful analysis of the appallingly difficult situation which has been created by this government. The simple thing would have been to say nothing, but I am personally pleased that the GPC has had the courage to say that this is not an issue that should become the focus of our problems with Government policy. We need to win the

potential struggle over general practice, not stake everything on an issue that the other side has manufactured. Remember that a deal on extended hours was almost complete before the Government, from the top, destroyed it in order to attack GPs and the BMA.

Is it an instruction to vote "Yes" to Imposition A in the forthcoming poll of GPs. **NO**

GPC does not have the authority to instruct GPs on how to vote, but has made this change of emphasis in order to show clearly what the committee considers to be the best way forward. I believe that, whatever the other side try to say, GPs are united in their willingness to defend general practice and NHS primary care and that our current debates are about the tactics to be used, not the overall strategy.

Will this split GPs from the GPC/BMA **NO**

GPs are smart enough not to give Comrade Gordon and his Department of Health apparatchiks the one thing they crave, the dilution of Union and GP strength as a prelude to an assault on all we hold dear in our NHS primary care. They want you to criticize one another and break ranks. Why else would the Secretary of State be briefing MPs that this is all the fault of the BMA?

Have we lost the struggle **NO**

We haven't even started. Let them gloat other this "victory" if that is what describes this whole sordid episode. I believe the GPC is right to wash our hands of this as soon as possible and move on to the real problems facing us and patients.

Will we have to provide extended hours? **NO**

Whatever the result of the poll of GPs, it will be a voluntary scheme that is imposed, although PCTs will be under pressure to deliver 50% of practices

I believe that PCTs will struggle to commission this service under Imposition A. It is tenuous in the extreme and designed by someone who has clearly no idea of how things actually work on planet Earth. It requires a massive degree of information in the preparatory stages, and its performance management could paralyse the PCT. We are also very uncertain as to the legality of any demand for information on appointments from the PCTs.

Can anyone imagine compiling an accurate database of every appointment in every surgery in England... **NO** and neither can I, but some dimwit at the Department of Health can. Heaven help our PCTs, who are not in any way the villain in this piece.

Please read what the GPC has said and consider the options available. The poll will be held around the middle of this month and you will be able to

IMPORTANT - PLEASE CIRCULATE TO ALL DRs IN THE PRACTICE

GMS Contract Negotiations 2008/9 Cont'd...



express your contentment or otherwise about both government and the GPC. Please vote in the poll, but remember who your friends are, and what the other side might want.

I am happy to discuss this by email or by phone. We should welcome constructive criticism if that is what may come, we should not be attacking our

Union in front of strangers or potential adversaries. I believe we can be adult about this difficult situation, and that general practice in Essex has the strength to come through whatever adversity the coming year may bring.

Brian Balmer Feb 2008

“All of this feedback has been submitted to GPC..”

GMS Contract Negotiations - Essex Meetings

Attendees

Three meetings were held in Essex to discuss the current GMS Contract Negotiations for 2008/9.

The meetings were held on 31st January 2008 at The Hilton Hotel, Stansted, 5th February 2008 at The Holiday Inn, Basildon and 7th February 2008 at The Rivenhall Hotel, Witham.

In total the three meetings were attended by 327 delegates including 289 GPs and 31 Practice Managers.

The format of the three meetings was the same. Delegates had the opportunity of hearing the GPC presentation, which was given by Dr Balmer, the Chief Executive of North & South Essex LMCs Ltd, followed by a question and answer/discussion session.

Feedback to GPC

Delegates were aware that the main purpose of the meetings was to allow them the opportunity of providing feedback to the GPC. Discussion was wide

ranging and a large number of issues were raised.

Detailed below are the issues that were raised both at the meetings and on the Evaluation/Feedback forms completed by delegates. All of this feedback has been submitted to GPC.

Legal Issues

- ◇ Is the imposition proposed by the Government legal? Can it be challenged in the Courts?
- ◇ Is it possible to provide core hours under an NHS contract and any extended hours under private arrangements?
- ◇ If the profession rejects both the impositions, will they be in dispute with the Government? What is the legal position?
- ◇ If GPs were in dispute with the Government what sanctions are legally available to them that do not affect patient care? Suggestions from the meetings included Choose & Book,

Connecting for Health/ NHS Spine / Confidentiality of Data.

- ◇ Why can't GPC agree an imposition of its own and present it to the Government with a thirteen week period of notice?
- ◇ Would it be illegal if GPs refused to sign Med 3s and 5s as has happened in the past?
- ◇ Is there any suggestion that GPs should take some form of industrial action?
- ◇ How can GPs effectively and legally support GPC whilst at the same time accepting Imposition A?
- ◇ How is the Government able to change a contract unilaterally? It cannot be a legally binding contract.
- ◇ When the funding stops, are GPs able to stop Choose & Book and explain to patients what a waste of money the initiative has been?



GMS Contract Negotiations - Essex Meetings Cont'd...

Darzi Centres

- ◇ Can accepting Imposition A not be linked to a patient information campaign aimed at highlighting the destabilizing affect that Darzi Centres will have on the Health Service/ local practices?
- ◇ Darzi Centres/ privatisation of the Health Service are far more of a concern for GPs than extended hours and will be for patients once levels of awareness are increased.
- ◇ Irrespective of the results of the Poll, PCTs will still have to fund the recurring costs of the Darzi Centres from existing resources. Money will in any event be redirected away from schemes that currently benefit practices and their patients.
- ◇ Darzi Centres will attract the worried well/patients who place the least demand on services. Elderly, chronically ill, high demand patients will remain with practices.
- ◇ Are the locations for the Darzi Centres already known?
- ◇ Are the proposed Darzi Centres the subject of negotiation between GPC and the DH? An acceptable compromise would be if Darzi Centres were not able to register patients.
- ◇ Will there be public consultation on the establishment of Darzi

Centres? If not, why not? Will Health Overview & Scrutiny Committees have a role to play?

- ◇ The Darzi Report outlines the future direction of primary care. Practices need to respond and consider opening at times that obviate the threat to themselves, and their patients, from private providers.
- ◇ How threatened should we feel about Virgin, etc? This type of surgery may appeal to some people but probably not to patients with long term conditions if they lose continuity of care.
- ◇ The real battle is the establishment of Darzi Centres. The BMA does not appear to be c o n t r a c t i n g Government propaganda.

Extended Hours Proposals

- ◇ How fixed is Imposition A? Are negotiations still ongoing?
- ◇ Are extended hours only f o r b o o k e d appointments? Is there an expectation that emergencies will be seen and home visits made where necessary?
- ◇ Are there any proposals being discussed to ensure that other support services, eg diagnostics, pharmacy will be available in the extended hours periods?
- ◇ Will practices be able to

shift existing surgeries or are extended hours for additional surgeries/ capacity?

- ◇ Will payments to practices associated with any new DES be directly linked to the results of patient surveys? If so, to what extent?
- ◇ There seems to be no new money being offered – just money being recycled. Even the 1.5% will have strings attached.
- ◇ Mark Britnell's letter makes it clear that these will be additional hours.
- ◇ Single handed practitioner –already working 80 hours a week – does not want to lose any more of his life.
- ◇ The proposal for booked appointments only will be confusing for patients and doctors.
- ◇ Female GPs will not wish to work alone during extended hours periods.
- ◇ The need to work extended hours will cause problems in arranging child care and create additional stress.
- ◇ A number of GPs will retire early if they are persuaded to work extended hours.
- ◇ Will support services be available during the extended hours periods, eg X-Ray, blood tests, etc.
- ◇ Does the provision of extended hours to meet the needs of a very small part of the population not



“Irrespective of the results of the Poll, PCTs will still have to fund the recurring costs of the Darzi Centres from existing resources. Money will in any event be redirected away from schemes that currently benefit practices and their patients.”



GMS Contract Negotiations - Essex Meetings Cont'd...

TRUE OR FALSE?

"GPs don't do home visits any more" FALSE
A recent survey by the British Medical Association (BMA) found that 70% of GPs still do home visits, but it is a declining trend.

"GPs spend less time working for their patients than they used to" FALSE
Most GPs spend more time working for their patients than they used to, but the quality of care is declining.

"The quality of GP care is improving" TRUE
The quality of GP care is improving, but the quantity of care is declining.

"You can't see a GP out-of-hours any more" FALSE
Most GPs still offer out-of-hours services, but the quality of care is declining.

"The government has cut core practice funding for two years running" TRUE
The government has cut core practice funding for two years running, but the quality of care is declining.

The BMA is a registered charity and a limited liability company. It is not a government department. The BMA is not responsible for the content of this page. The BMA is not responsible for the content of this page.

'How can patients be informed in a way that allows them to recognise the very real threats posed to the NHS by back door privatisation?'



Healthcare
Watch out!
 This could be coming to a surgery near you.

in itself create inequalities?

- ◇ The impact on practice staff needs to be properly considered. Could their representative bodies, e.g. RCN, canvass the opinion of members on the extended hours proposals?
- ◇ Will phone lines have to be kept open during the extended hours period?
- ◇ Large numbers of part time partners are already working to full capacity in terms of the need to balance work/family commitments and could not work more. Has this been thought through?
- ◇ Single handed GPs who currently open at 8:00am and close for lunch would find it almost impossible to comply with the requirements of any extended hours.
- ◇ Are these extended hours or additional?
- ◇ What happens if practices don't wish to do extended hours? Will it be voluntary?
- ◇ This is not really an issue about extended hours. It is about the Treasury clawing back QOF monies from GPs that it considers were "overpaid".

Publicity Campaign

- ◇ The public are constantly being fed misleading, inaccurate information which is hard to counteract. How can

patients be informed in a way that allows them to recognise the very real threats posed to the NHS by back door privatisation?

- ◇ The profession must get its message across quickly. Privatisation of the NHS, loss of GP practices is a very powerful message.
- ◇ Action needs to be coordinated, well organised and properly funded. Specialist help may be required. Patients will believe GPs not MPs!
- ◇ Any publicity campaign needs to use language that patients understand and highlight issues that patients can relate to. Highlight achievements – lives saved, e.g. CHD, strokes, etc.
- ◇ Can the BMA levy GPs to raise money to pay for full page adverts in the press?
- ◇ Practices will need to mobilize patients to understand the position.
- ◇ Organise a publicity campaign through surgeries?
- ◇ March on Downing Street?
- ◇ Government paid £11 million for an opinion they ignore.
- ◇ How can we mount a counter propaganda campaign with patients on a day to day basis?
- ◇ Fear that we will lose the propaganda argument on extended access – patient

perception is that GPs are paid well for less hours – not sure will win sympathy vote from patients.

- ◇ It will be very hard for the profession to win the media war. GPs should consider damage limitation for now with a view to fighting the Government on issues chosen by the profession.
- ◇ Patients need to be aware that extended hours is not the real issue. The threat is the destruction of traditional general practice and its replacement by private companies/ large corporations.
- ◇ It is crucial that the public are aware of the real issues. A series of public meetings across the county would help.
- ◇ Full page advertisements should be placed in the national press – do patients want traditional general practice to continue?
- ◇ BMA need to consider paying for the services of a specialist PR company to counteract Government spin.
- ◇ Any publicity campaign must be much wider than practice level. Practices only see a small proportion of their patients on a regular basis.
- ◇ Hidden Government agenda is the removal of GPs' independent contractor status and its replacement by a salaried

GMS Contract Negotiations - Essex Meetings Cont'd...

service.

- ◇ Stop any publicity aimed at resignations from the NHS which has done GPs no favours at all.
- ◇ The public need to be made much more aware of the important issues that appear to be receiving very little publicity.
- ◇ There must be more information in the public domain regarding the effectiveness and current value for money provided by independent GPs.
- ◇ Public opinion is currently against GPs whichever option is chosen. GPC/ LMC need to mount publicity campaign to increase patient awareness of the important role played by GPs and the threat of privatisation.

The Poll

- ◇ What is the point of rejecting Imposition A when there appears to be no action that GPs can take as a profession?
- ◇ GPs need to know exactly what is proposed under Imposition A. The service specification for the DES, the basis on which it will be priced and any strings attached to the additional 1.5% all need to be clear.
- ◇ It must be clear to GPs what options are available to them if they say No to both Impositions A and B. What is the GPC strategy? What is Plan

C?!!

- ◇ If there are no viable alternatives then why vote anyway?
- ◇ Concerned about not what is imposed but how it is imposed. There is no guarantee that further impositions won't be imposed in 6 months, i.e. increasing access further.
- ◇ Vote "no" – have got to fight back some time – make a stand now. If we delay the fight they'll have new doctors lined up. If we accept "A" this year then "B" will be imposed next year.
- ◇ Negotiations/tactics of this nature by the Government should be considered to be a resignation issue for GPs.
- ◇ If we reject "A" may be in a position to resume negotiations.
- ◇ The Government thinks GPs are spineless because of past record – now is the time to show some spine.
- ◇ "A" is an imposition – should we write on voting paper "sod off Brown"?
- ◇ If we can get a resounding no to "A" from all GPs this is probably the way to go. The worry about voting for "A" is the government will see GPs as weak.
- ◇ The concern is that this is a lose lose situation for GPs – neither option is good for patient care – the only difference is in

how much income practices lose and how much money moves to PCTs.

- ◇ GPs need to be reassured by the BMA that the fight will be taken further if there is a NO vote.
- ◇ If GPs accept Imposition A – what next? Will it be a return to 24 hour responsibility?
- ◇ If GPs accept Imposition A how quickly will they be expected to provide extended hours?

Exit Poll of GPs

Prior to leaving the meetings, GPs were asked to indicate how they were likely to vote in the forthcoming Poll.

- ◇ Stansted Over 50% of the GPs present indicated that they did not currently have enough information to enable them to vote in the Poll.
- ◇ Basildon GPs overwhelmingly voted to say No to Imposition A.
- ◇ Witham The majority of GPs indicated they would accept Imposition A.

Suggested Questions for the Poll

- ◇ "I would agree to provide extra hours on the basis of need and in consultation with our patients"? This would show we are concerned at addressing patient needs – but we need to vote no to "A".



'There must be more information in the public domain regarding the effectiveness and current value for money provided by independent GPs.'



Laurence Buckman
Chairman - GPC

GMS Contract Negotiations - Essex Meetings Cont'd...

Image from Tribune Political Cartoons



Alan Johnson letter suggests that BMA is not speaking on behalf of GPs

'The LMCs will have an important role to play in helping practices deal with the implications of whichever arrangements are imposed.'



- ◇ Could the poll include an option "Would have accepted the offer that was originally negotiated?"
 - ◇ Alan Johnson letter suggests that BMA is not speaking on behalf of GPs – could a question cover this, confirming GPs mandate to the BMA?
 - ◇ Would you be willing to participate in a march on Parliament?
 - ◇ Whether GPs would be willing to provide undated resignations should be added to the Poll.
- The BMA/LMC**
- ◇ The BMA should lead, not ask GPs to fight individually at local level.
 - ◇ The BMA must continue to work to unite the profession and stop the divide and rule tactics being employed by the Government.
 - ◇ LMCs throughout the country should be encouraging all constituents to vote NO.
 - ◇ There needs to be more thought given as to how sessional/salaried GPs can help in this campaign.
 - ◇ BMA needs to stress its support for all independent contractors and for the sessional GPs who make up an increasing percentage of the workforce.
 - ◇ There are serious concerns about the affect that this contract imposition could have on the recruitment of newly qualified doctors.
 - ◇ What other contract impositions does the Government already have planned?
 - ◇ The BMA, with the help of LMCs, shall encourage all GPs to return the Alan Johnson letter to sender.
 - ◇ GPC should make it clear that its original decision not to accept A was on the basis that the position was still negotiable and the detail of Imposition B wasn't known.
 - ◇ BMA appear to be accepting that only two options exist; passive submission and submission under protest.
 - ◇ This might be a battle GPs cannot win. Are BMA giving proper consideration as to how GPs might win the war?
 - ◇ Are BMA thinking strategically and long term about the threats to traditional general practice?
 - ◇ The Government clearly won the propaganda war. The BMA did not respond with the same vigour or political skill.
 - ◇ The BMA must learn from this experience and be more proactive in promoting the strength and virtues of independent GPs.
 - ◇ GPC should avoid confrontation, negotiate to protect the profession and secure the terms and conditions GPs deserve.
 - ◇ Why was the possibility of GPs leaving the NHS dismissed out of hand by the BMA?
 - ◇ Does the BMA have a contingency plan that would have helped practices move quickly to provide services privately?
 - ◇ GPC should recommend either Imposition A or B to the profession.
 - ◇ GPC do not appear to be sufficiently vocal. Little has been done to counter the negative press campaign run by the Government.
 - ◇ Clear leadership is required by the GPC.
 - ◇ The LMCs will have an important role to play in helping practices deal with the implications of whichever arrangements are imposed.

The Governments Offer and alternative proposed imposition

Poll of GPs

The poll of GPs will take place between the beginning of week commencing Monday 18th February – Friday 29th February 2008. Unfortunately, it will not be possible to complete the poll online.

The poll will be used to allow GPs to choose between the two options detailed on page 8; whether you wish the GPC to conclude discussions based on your government's offer (option A) or whether GPs would accept the consequences of the alternative proposals (option B). GPs will also be able to express their views about both options and further issues relating to the wider NHS. Further questions will be asked rather than simply views about option A and B. The outcome of the poll will allow the GPC negotiators to consider the most appropriate action based on responses and to strive to get the best deal for GPs.

GPs are requested not to unintentionally spoil their poll paper by writing "none of the above" or crossing out BOTH Option A and Option B. THERE IS NO ALTERNATIVE OPTION. Either A or B WILL be forced on the profession and GPs are invited to select which with your reasoning.

A high response rate will be necessary to demonstrate the strength of feeling to the government and GPs will be able to express their views in supplementary questions.

Although the poll is about a GMS contract solution for 2008/09, all GPs will be able to respond. It would be usual for PMS, PCTMS and APMS practices to be offered the same DES arrangements and that their local contracts would be modified to deliver broadly similar working patterns to GMS practices. PCOs will be instructed to enforce a contract that will be at least as onerous as the governments' offer, if it is accepted, and similarly will have the alternative proposals implemented if the offer is rejected. Salaried GPs, Freelance GPs and GP specialty registrars / trainees will also be able to respond as the outcome of the poll will have an impact on all those working in GP practices.

GP trainees in their ST1 or ST2 training years are able to participate in the poll. However, owing to difficulties with the data that is held for these members which makes it impossible to distinguish ST1 and ST2 GP trainees from junior hospital doctors, these trainees will need to register their details (full address and

name, training level and including GMC number) in an email to gptrainees@bma.org.uk which will allow them to receive a poll paper. GP Specialty Registrars (ST3) who are already registered should receive documentation through the post automatically.

Any GP who has not received the poll documentation by Thursday 21 February 2007 who believes they should have, with the exception of ST1 and ST2 GP trainees as referred to above, should contact the Electoral Reform Society on 020 8889 9203.



'The outcome of the poll will allow the GPC negotiators to consider the most appropriate action based on responses and to strive to get the best deal for GPs.'



The Governments Offer and alternative proposed imposition

Set out below are details of the Government's offers (Option A) and the status of the alternative proposed Imposition (Option B)

The Government's Offer OPTION A	Proposed Imposition (alternative proposals) OPTION B
<p>England</p> <p>Extended access - funding</p> <p>£158 million of funding from the 2007/08 Access and Choice and Booking Directed Enhanced Services (DESs) would be discontinued when these two DESs finish at the end of March 2008. This funding is equal to £2.95 per registered patient. Practices would have to earn this money back by providing extended opening hours through a nationally agreed DES, and would incur additional expenses in doing so.</p> <p>Extended access – DES</p> <p>Practice participation in the extended opening DES would be voluntary. PCOs and practices would work together to meet patient's needs.</p> <p>The DES would be for 30 minutes per week per 1000 registered patients of additional time delivered by a GP. Opening time would match patients' preferences, agreed with the PCO, and based on the results of the GP patient survey or better local survey information. This would need to be in blocks of 1.5 hours after 6.30pm or on Saturday morning. In exceptional circumstances, PCOs can agree for one hour prior to 8.00am. Where local survey information is not available, priority will be given to securing a Saturday morning opening until such information is available.</p> <p>This time would be for routine booked appointments in accordance with normal working practice and, other than in exceptional circumstances (such as large practices) and with PCO agreement, would have to be delivered by one GP only working at a time. The core hours for services provided under the GMS contract would remain unchanged and the provision of out-of-hours care would remain the responsibility of PCOs.</p> <p>Payment would be on a quarterly basis in arrears, practice list size will normally be calculated on 1 April and in calculating the amount of additional consultation time, PCOs and practices should round up to the nearest quarter of an hour.</p> <p>QOF changes</p> <p>58.5 QOF points (38.5 from the holistic and organisation domains, plus 20 points from the patient experience domain) would be reallocated to support current access arrangements. The QOF would retain a value of 1000 points. These 58.5 QOF points would be dependent on the results of access questions contained in the QOF patient survey, or a new national survey – the methodology is yet to be determined. This would include targets for 24/48 hours access and advanced booking.</p> <p>National Investment Offer</p> <p>If the final pay uplift applied to the contract is less than 1.5% the balance will be made available for investment through GMS. Decisions on how any balance would be used will be made after the independent Doctors' and Dentists' Review Body has made its recommendations.</p>	<p>England</p> <p>Extended access</p> <p>£158 million of funding from the 2007/08 Access and Choice and Booking Directed Enhanced Services (DESs) (in England) would be discontinued when these two DESs finish at the end of March 2008.</p> <p>Extended hours would be provided through locally agreed arrangements but would remain voluntary. This framework is likely to be based on similar proposals to option A. PCOs will be commissioned to provide a service to meet these criteria.</p> <p>QOF changes</p> <p>There would be 135 points permanently removed from QOF. The overall impact would be a QOF with only 865 points instead of the current 1000.</p> <p>All lower QOF thresholds would be raised to 50%. The upper threshold would be raised to the national achieved average. There will be no QOF achievement payment until the end of the first quarter.</p> <p>60 QOF points removed would be allocated to PCOs for them to 'reinvest in primary care' and to agree local contracts for extended opening with any practices.</p> <p>75 QOF points would be used to reward GP practices on the basis of levels of patient satisfaction, as measured by a new national survey.</p> <p>National investment</p> <p>This would be dependent on the recommendation of the Doctors' and Dentists' Review Body (DDRB).</p>

GP Contract: 2008/09 Poll questions on GPs Extended Hours

The GPC confirmed that it will be asking the following questions in its Poll of GPs:

Section A - The key question

1. Having read the accompanying information, and as you do have to choose between the two options presented here, which of them do you select?

- Option A
- Option B

Section B

2. Which of the following best describes how you feel about the option you have selected.

- I am opposed to both options but have selected this because it was the less worse of the two.
- I have selected this because it has my full support

3. Do you believe that the governments' method of negotiation is acceptable or not?

- Is acceptable
- Not acceptable

4. Do you believe that the direction of government policy (in England) to expand private commercial provision of NHS general practice will be:

- Detrimental to patients and the service as a whole?
- Beneficial to patients and the service as a whole?
- Neither beneficial nor detrimental to patients and the service as a whole?

5. How confident are you in this government's handling of the NHS?

- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- No view

Section C - About you

6. What is your age?

- Under 25
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- Over 65

7. Which of the following best describes your main current status?

- GMS GP contractor/principal
- PMS (Section 17c in Scotland) GP contractor/principal
- APMS GP contractor/principal
- Salaried GP
- Freelance GP (locum)
- GP speciality registrar / trainee
- Flexible careers scheme GP
- Part of the GP retainer scheme
- Part of the GP returner scheme
- Out-of-hours GP
- On a career break
- Retired
- Other

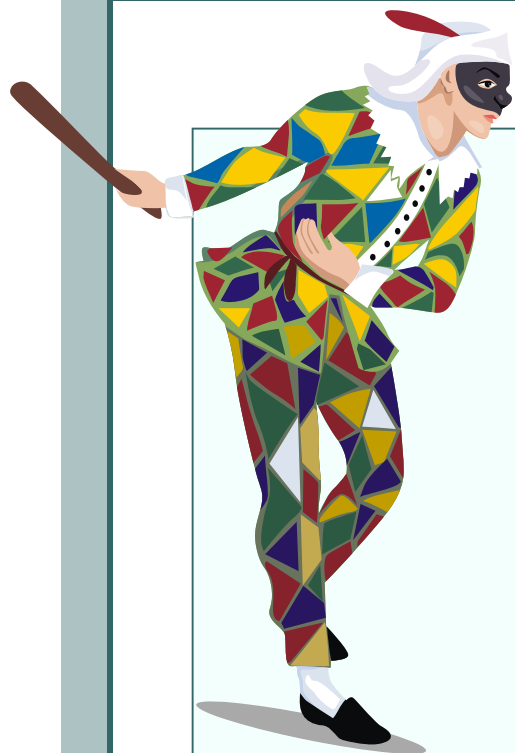
8. In which part of the UK do you practise for the majority of the time?

- England
- Northern Ireland
- Scotland
- Wales



'Any GP who has not received the poll documentation by Thursday 21 February 2007 who believes they should have, with the exception of ST1 and ST2 GP trainees as referred to on page 7, should contact the Electoral Reform Society on 020 8889 9203.'





An Early Start...

Doctor: Nice to see you Gordon, long time since you've been in.

Patient: Yes, doctor. I have been a bit busy at work of late. Glad you were able to fit me in. Good of you to see me at this time of day.

Doctor: No problem. There really hasn't been that much demand for these half past six slots, usually I'm just watching the sun rise on my own, playing solitaire. What I can I do for you today, Gordon?

Patient: Well, doctor. I feel tired all the time. Worn out.

Doctor: Any worries, Gordon?

Patient: To tell you the truth, I am in a bit of a financial mess.

Doctor: Credit cards? Overdraft?

Patient: Something like that, yes. Lent some other people's money out. Not sure if I can pay them back.

Doctor: Surely, it can't be that bad. How much it is? Few thousand? Twenty, thirty?

Patient: Actually, doctor - a hundred.

Doctor: Come, come Gordon. These days, a hundred grand is not that much.

Patient: Not a hundred grand doc. A hundred billion!

Doctor: Oh! I see what you mean! No wonder you're feeling stressed. Anything else?

Patient: I've recently been promoted. I used to be head of finance at work but the old MD retired and the board thought I would make a good replacement. Only been doing the job for a few months. But I feel a bit out of my depth. Problems with the staff, you know. Promised the security chaps a pay rise but thought we could save a few quid by not backdating it. They didn't like that, I can tell you. Then there was the fiasco with staff data. Couple of CDs went missing - all their personal details on. That caused quite a stink. Just got over that and then a few of the board were found to have not declared donations they had received. Lost one of my key men due to that. Not sure what to do. Doesn't feel like I'm in control. Heart thumping, pounding head. Sweating. Not sleeping well at all.

Doctor: Well, I think the best thing is, I will write to occupational health at your work and we'll get them involved.

Patient: I wish you could! Unfortunately, I didn't really see the point of keeping the occupational health team going. Thought it would save some money, pay off some of the debts and things. So we got rid of occupational health. Now we have an American company in, they have a couple of staff based on site. Not a patch on the service we used to get and actually costs us more. See what I mean, doc. I'm just not making good decisions. I don't seem to be able to hack it. I'm not cut out to be the MD. Any

....Courtesy of a Coventry GP

chance of some tablets, something to calm me down?

Doctor: Well, we're not supposed to give tablets out for anxiety and stress any more. We're supposed to offer you counselling instead.

Patient: I'll take the counselling then.

Doctor: Problem is Gordon, the counselling service is oversubscribed. Twelve month waiting list, minimum. The health money has gone on all these fancy new, privately run polyclinics and the NHS computer system, which still isn't working.

Patient: What can you do, doc? I'm desperate. I can't take it anymore. Just give me a few days off work, then. Can I have a sick note?

Doctor: Sorry, Gordon. We don't have those anymore, new government initiative. We have "well notes" in stead.

Patient: But I'm sick! I don't feel well. I can't cope at work.

Doctor: I know that and you know that but the government wants to know what you *can* do. What do you think you would be able to do, Gordon?

Patient: I don't know. I just don't know. I don't seem to be able to do anything well. I can't concentrate. I've lost my confidence.

Doctor: Perhaps some gardening or how about pushing the tea trolley?

Patient: Yes, you're right. I think I could manage that. How does it work then, doc?

Doctor: Well, I sign you a well note that says you can push the tea trolley and your work pay you...at the hourly rate of a tea trolley pusher. Hopefully it won't be for long and then you will be able to get back to managing the company on your normal pay.

Patient: No sick note then.

Doctor: No sick note. Here's your well note.

Patient: Okay, thanks again for seeing me. One of my work colleagues came with me. Any chance of seeing him? He's pretty stressed out as well. Trouble with the unions, again.

Doctor: Sure, send him in.

Patient: Cheerio doctor. It's nice to know there are GPs like you still around. Perhaps I might be able to return the favour one day.

Doctor: *That* would be nice. See you in two weeks then Gordon. Ah, hello Mr Johnson. Gordon said you were waiting. Pleased to meet you. How can I help?





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Improving Access to GP Services – Extended Hours Arrangements

IMPORTANT LEGAL ADVICE

All practices should by now have received a letter from the LMCs dated 8th February 2008 regarding the above. A copy can be accessed on the LMC's website, www.essexlmc.org.uk

What have PCTs been asked to do?

In advance of the result of the Poll of GPs being known, PCTs have been instructed to produce a Baseline Template of opening hours and appointment slots currently being offered by all practices. PCTs will be expected to identify:-

- ◇ Total opening hours for each practice.
- ◇ Each GP practice's core contracted hours where patients can make appointments with clinicians.
- ◇ Each GP practice's current extended opening – outside of the contractual arrangements – where patients are able to make appointments with clinicians.
- ◇ Whether any current extended opening would go towards meeting their 50% target.
- ◇ Any closures during core hours (eg. lunchtime, afternoons, etc) which would negate against any extended opening.

LMCs' Advice

The LMCs' advice to practices throughout has been not to enter into any discussions with PCTs on extended hours pending the final outcome of national negotiations. **The LMCs' advice remains unchanged.** The result of the Poll of GPs should be known by early March.

Legal Advice

It is unclear from the current Regulations whether the information being requested by PCTs is information that practices are contractually obliged to provide. The legal position has now been checked and the advice is detailed below:-

"The GMS regulations do not make it an obligation that in-house hours must be fixed to current levels within any practice - as long as those arrangements are appropriate to meet the reasonable needs of patients then the contractor is not in breach of his contract."

"Requests for information from the PCT are governed by regulation 77 of GMS whereby contractors must produce information reasonably required by the PCT for the purposes of or in connection with the contract or reasonably required in connection with the PCTs functions. The key word here is reasonable."

"If the information is being requested because the PCT wish to ascertain whether within that practice, the reasonable needs of patients are being met, then this may be considered reasonable. To demand information from practices on the basis of the

introduction of a DES that has not yet been agreed or implemented appears to go beyond reasonableness."

"Please note that Reg 77 is a widely drafted provision and it is likely that most requests for disclosures by the PCT will be caught by it. In this context, if GPs wish to counter the demands then the best argument to use is to contend that it is beyond the requirement of reasonableness and therefore the contractor cannot see that he has a duty to provide the same for the above reasons. Please note that this area has never been tested in court and there is no clear precedent for it."

The BMA's legal department has suggested that practices who wish to await the outcome of the Poll and/or are uncomfortable providing this information at the present time should consider using the following form of words in their reply to the PCT:-

"We have considered your request for information in relation to our obligations of disclosure under our current contract. We do not feel that the PCT in this context is entitled to demand this information from us at this stage. Firstly, the DES has not yet been agreed and we understand that the implementation of it is still subject to legal consultation. Secondly, as we have not indicated that we are minded to take up any DES if one were introduced, then we do not consider that your request is reasonable. On that basis, and in exercise of our rights under our contract we must decline to produce the information."

Useful Web links

The following web link has been created by a patient and appears useful:

<http://www.saveoursurgeries.co.uk>

