



The End of Summer...

I hope all our readers, in practices, PCTs and elsewhere, had an enjoyable and healthy Summer. As we enter a new season it is useful to review a few ongoing topics and to look at emerging themes and potential problems.

Swine Flu

In Essex we generally did not have a difficult time with the first wave of Pandemic Flu. South West Essex saw an increase in cases following the patient death in Basildon, but no Essex PCT had a dramatic surge such as we saw in Birmingham and London. Late Autumn is likely to be the peak period for phase two, which will almost certainly be more significant in terms of morbidity and primary care workload.

A national agreement on Swine Flu vaccination was announced on 14th September. Practices will have the opportunity to sign up to this DES as soon as details have been agreed between GPC and NHSE.

The basis of the agreement is contained in the letter from Dr Laurence Buckman which

is enclosed with this Newsletter.

A commitment to perform the DES is the only information required by PCTs and practices are reminded that they can co-operate with neighbouring practices if they feel the Swine Flu DES will cause them capacity problems.

All practices should review their Business Continuity Plans, and confirm "buddying" arrangements with neighbouring practices. Such arrangements should be communicated to the PCT. The LMC website contains links to current BMA advice.

Finances and Contracts

The politicians are making a lot of pre-election noise about protecting the NHS during the financial crisis which they helped to create. I believe none of

them but instead, for once, believe our SHA. The NHS needs to cut spending by around 3% per year for the next five years if it is to survive in its current form. PCTs want to alter contracts and squeeze primary care, but the only way to save real money is to promote Practice Based Commissioning and allow clinicians to develop care pathways which help patients. PCTs appear unaware that the creation of real PBC will mean that PCTs function in different ways. The bureaucracy should be shrinking and focusing on good governance and support of PBC. At present PCTs appear to be expanding at a rate of knots in order to micromanage everyone. This has never produced a more efficient system. In some areas, notably Mid Essex, there is talk of a new local "GMS plus" style contract. At present this looks like a thinly disguised shift of risk to the practice without any real ability to manage change. Expanded provider contracts covering



Special points of interest:

- PE7 & PE8 Indicators
- World Class Commissioning - Improving GPs Services
- Revalidation
- Appraisal Fees

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The End of Summer Cont'd



community nursing or out-patient activity do not need to be tied to practice core funding. Beware of any PCT insisting that something must be done in a certain way. There are few rules which restrict genuine innovation and we need our innovative practices to maintain patient care in the coming years.

Partnerships

South West Essex PCT has introduced a Succession Planning scheme which offers financial incentives to small practices wishing to take on partners. I believe this is an excellent attempt to encourage new/young GPs to the area, and to allow practices to plan for the future. The scheme insists on a proper partnership agreement. There have

been two recent cases in Essex where partners have been exploited. In both cases an agreement was either flawed or absent. All partnerships must have an up to date agreement signed by all partners. This is as important to your future security as knowing how much you owe the taxman!

BB

"The group has been kick started by some funding and secretarial support from the Department of Health"

Practice Management Network

Many practice managers have already picked up upon the fledgling group that is being created to help support practice managers. Well done for signing up – East of England is leading the field with a 35% sign up rate! Hence we still have 65% who have not signed up and may not know about the network.

So where did the group come from, what is it trying to do and how will it work?

Simple questions mostly no easy answers, but lets start with where did it come from?

The group has been kick started by some funding and secretarial support from the Department of Health – what a turn off? Actually so far we have found the DH to be very

supportive and as they are paying for the network it is free to us at the start.

The practice managers on the group have been chosen as representatives of other organisations – BMA, NHS Alliance, RCGP, IHM, Amspar, NAPC and Family doctors association.

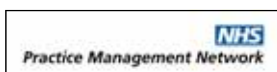
The DH recognise the role of practice managers, their kickback is that they can ask the group for thoughts upon policy changes before those changes are formalised – finally some way to influence policy before it is policy and to try and ensure that policy is achievable.

Who thought a group was a good idea and should be formed? More difficult to pin down – as is usual it is the timing of individuals

with the same idea meeting and an individual with authority giving the green light – in this case Dr Colin-Thome

Perhaps an easier question to answer is "what is it trying to do?" The group sees its task as being:

- ◇ Influential – see above
- ◇ Share good practice across practice management – which is why you are asked what you can bring to the network and what learning needs you have. This will allow you to develop and allow us to support you
- ◇ Champion professional recognition of practice management, which will ultimately unite a very diverse and lonely workforce – we have not yet started down this road



Practice Management Network

◇ Provide a strategic role in achieving the effective sharing of learning – which begs the question what is it we have that we can share and how do we share across such a huge area

So finally – “How will it work?”

This area will develop as network members feedback their needs and experiences of the network.

In the background we are collating the needs and ability of those who have already registered.

We are working with our organisations to see what resources they have that

they are willing to freely share and we are creating a website that will allow access to those resources.

Q. So all this fuss is simply about a website?

A. No the website is a starting point.

All practices should have received a resource pack “Improving access, responding to patients, a “how-to” guide for GP practices” which the group feels will be useful to dip into as the practice faces change.

We see the need for face to face contact, but as yet have not planned how that will be achieved.

The network will need support once the DH move aside – we have yet to work out how this will be organised.

The bottom line is this network is being set up **by** practice managers **for** practice managers, we will need your thoughts and suggestions if we are to make the network work so feel free to let me have your initial thoughts via Russell.Vine@nhs.net If you have not yet joined the network and want to register please do so via <http://www.networks.nhs.uk/practicemanagement>

**Russell Vine FIHM
Hassengate Medical
Centre**



“...this network is being set up by practice managers for practice managers, we will need your thoughts and suggestions if we are to make the network work ”

Revalidation

A handbook has been produced by North & South Essex LMCs, EQUIP and Essex Appraisal Steering Group. The handbook attempts to summarise the key messages and areas of action for GPs contained in the “Guide to the

Revalidation of GPs” which has recently been produced by the RCGP.

Every Essex GP should, by now, have received a personal copy of the LMC handbook. However further copies are available from the LMC office.

The RCGP document can be found at [http://www.rcgp.org.uk/pdf/pds/guide to Revalidation for GPs April 2009 V1.0](http://www.rcgp.org.uk/pdf/pds/guide%20to%20Revalidation%20for%20GPs%20April%202009%20V1.0)

BMJ Swine Flu Leaflet for Patients

The BMJ has produced a Swine Flu patient information leaflet for practice use and this is available on the LMC website at [http://](http://www.essexlmc.org.uk)

www.essexlmc.org.uk Practices can print this leaflet and give it to patients. Please note that this document is BMJ Group Copyright, so

should not be amended in any way, but may be updated by the BMJ in the future.





“PCTs are strongly recommended to discuss all their proposals with the LMC and these discussions should take place in a timely fashion with sufficient time for a considered response.”



Pandemic Flu: Planning & Responding to Primary Care Capacity Challenges

The DH has produced guidance setting out PCT responsibilities in managing capacity challenges in a flu pandemic.

It is strongly recommended that every PCT Board should sign off a Primary Care Capacity Challenge Escalation Strategy, which sets out how the Trust will respond to inadequate clinician capacity, both in terms of individual practices and across the PCT area in general.

Although the QOF and DES can only be suspended if appropriate Directions are issued by the DH, there are potentially other services and activities that PCTs and primary care contractors could agree to suspend to help manage demands from pandemic flu, for example Local Enhanced Services (LES).

Decisions relating to the temporary suspension of services are not without significant clinical risk. PCTs are advised to have a defined committee or other decision-making body to consider such actions in the context of local health priorities and needs. It is suggested that this committee could include the following members:

- ◇ Senior Medical Advisor (e.g. PCT Medical Director or Director

of Public Health)

- ◇ Non Executive Director
- ◇ Chief Executive or Director of Primary Care
- ◇ Designated Flu Lead Director
- ◇ LMC representative
- ◇ Medical Director of the Out of Hours provider

The above would be supported and advised by a senior practising local GP and a senior primary care officer. PCTs may:

- ◇ establish a new committee for this purpose
- ◇ use existing Local Flu Groups if they are appropriately constituted to fulfil this role
- ◇ strengthen existing Local Flu Groups so that they perform this function.

PCTs are advised to have a defined escalation strategy to encourage practices to seek permission to suspend services, so that the PCT can co-ordinate an appropriate response and organise temporary re-provision if necessary. The paper suggests three levels of escalation. Level 1 discusses suspension of non-core services. Level 2

focuses on managed suspension of services. Level 3 provides guidance on full suspension of services.

The guidance suggests that special arrangements will need to be put in place for dispensing practices at Level 3 as not only will any alternate provider need to cover urgent consultations but the PCT may need to ensure that adequate medicines supply and pharmaceutical services are available through other providers.

PCTs are strongly recommended to discuss all their proposals with the LMC and these discussions should take place in a timely fashion with sufficient time for a considered response.

There are specific sections in the document providing guidance on Out of Hours Providers, individual performer issues and national arrangements, including emergency arrangements for GP practice income protection, which will be built on the principles agreed by BMA and NHS Employers in May 2008.

The full document can be found on the LMC website at <http://www.essexlmc.org.uk>

DVLA - Consent for the Release of Relevant Medical Information for Patients

From Monday, 17th August, new rules called *Consent by Assurance* are being implemented by the DVLA relating to the release of relevant medical information for patients applying for driving licences.

The BMA has given agreement that DVLA no longer need to provide written consent from the patient for access to the relevant parts of their records for the purposes of being granted a driving licence. The documents explain the new rules to GPs and to driving licence applicants.

We are aware that this agreement might generate concerns amongst GPs about patient confidentiality. The GMC web site has a frequently asked questions supplement to their confidentiality guidance –

http://www.gmc-uk.org/guidance/current/library/confidentiality_faq.asp

and one query advises that doctors should:-

"Obtain, or have seen, written consent to the disclosure from the patient or a person properly authorised to act on the

patient's behalf." You may, however, accept **written assurances from an officer of a government department that the patient's written consent has been given.**"

The BMA has taken legal advice about a system of accepting such assurances from a government department, and received written assurances from the DVLA, in the form of a written legal indemnity



"The BMA has given agreement that DVLA no longer need to provide written consent from the patient for access to the relevant parts of their records for the purposes of being granted a driving licence."

PE7 & PE8

Practices will be aware of the disgraceful and discredited Patient Experience Questionnaire results which are now included in QOF. A dispute process at PCT level, followed by possible appeal, is possible but only

in very restricted circumstances. Should this shambles continue into next year's publicised results (relating to 09-10) it is worth noting that in discussions with the PCTs it is clear that the best counter evidence that can

be produced by the practice is a local survey such as GPAQ.

If in doubt, contact **EQUIP**.
Tel: 01376 302121

Important Notice for All GPs -Licence to Practice

From 16th November 2009 the GMC is introducing a Licence to Practice. With effect from this date **all** doctors wishing to practice medicine in the UK will, by law, need to hold both registration and a Licence to Practice.

If you have not already done so, you need to let the GMC know whether you require a licence. This needs to be actioned urgently.

More information is available on the GMC website at www.gmc-uk.org/licensinghelp



NHS Choices—Patient Feedback



“The DH takes the view that enabling patients to publish feedback online will be helpful to the public and healthcare providers”

Later this year patients will have the opportunity to post online feedback on NHS Choices (<http://www.nhs.uk>) about their experience of visiting their GP practice.

The DH takes the view that enabling patients to publish feedback online will be helpful to the public and healthcare providers.

It is envisaged that the system will go live in September this year. NHS Choices is consulting with professional and representative GP groups in the development of the practice feedback facility.

How will it work?

- ◇ Patients will be invited to state whether, based on their overall practice experience, they would recommend it to a friend.
- ◇ Patients will be asked to ‘score’ the practice in a number of areas. These have not yet been finalised, but are likely to include factors such as:
 - How easy it was to make an appointment;
 - Access to the doctor of choice;
 - Being treated with dignity and respect;
 - Involvement in care decisions.
- ◇ Free text boxes will allow patients to describe:
 - What they liked about their experience;
 - What could be improved;
 - Anything else.
- ◇ Users will *not* be asked to ‘rate’ the performance of individual GPs;
- ◇ Patient comments will appear on the GP practice profile pages on

NHS Choices and snippets will appear on the home page to promote the service;

- ◇ Each time a comment is posted an alert will be sent to the respective practice manager;
- ◇ Each practice will have the ability to reply to each comment. When a practice chooses to use this option, their reply will appear directly beneath the original comment.

What safeguards will there be?

- ◇ All comments will be pre-moderated by trained staff employed by Tempero, one of the UK’s leading social media moderation companies and which is responsible for moderating the BBC website. Comments that are racist, libellous, generally offensive or defamatory will not be allowed. Obscenity filters will also be used;
- ◇ Comments raising serious issues of medical negligence will not appear, and the authors will be referred to official complaint channels;
- ◇ Individual staff (either clinical or non-clinical) cannot be named;
- ◇ Whilst anonymous comments are allowed, users have to provide a validated e-mail address before a comment is allowed to appear on the site;
- ◇ An ‘alert’ button will enable practices to request removal of

comments they deem to be unsuitable or offensive. Moderators are under instruction to take down comments ‘alerted’ by NHS organisations, pending further investigation to ascertain whether the moderation rules have been breached. If the rules have been broken, the comment will be removed permanently. If not, it will re-appear;

- ◇ The public may also flag comments as “Offensive or unsuitable” via the website;
- ◇ Users are prohibited from using NHS Choices to campaign or make politically motivated comments;
- ◇ Vexatious comments are not permissible;
- ◇ The moderators will be able to identify multiple comments from the same ISP address.

Next Steps

- ◇ PCTs are currently checking the details of local practice managers to ensure that NHS Choices has a correct e-mail address for each practice manager in England;
- ◇ Practices should contact their PCT if they wish to add (up to two) further recipients for alerts;
- ◇ NHS Choices will distribute another communication to practices before the system goes live, confirming the final details.



Essex LMCs Ltd Buying Group

Practices will have received a letter notifying them about the new Buying Groups Website www.lmcbuyinggroups.co.uk which is now up and running. The website holds information on the range of deals available via the buying group and you can access it using your unique practice user name and password, details of which were included in the letter.

As a reminder, practices

should have received information in respect of the following:

- ◇ Flu deals 2009/10 (Novartis, Wyeth & Masta)
- ◇ Whittakers Office Solutions
- ◇ MidMeds (Medical Supplies & Consumables)
- ◇ Untied Utilities Ltd (Utility Broker)
- ◇ Tag Medical Ltd (Equipment Testing and

Calibration)

- ◇ MIAB – The Medical Insurance Advisory Bureau
- ◇ LMC Drive (A special car purchase scheme)

If you haven't received any of the above contact the office and we will arrange for further copies to be sent to you.



"...On 10th November the LMC has organised an "Evening with Gary Belfield", from the DH to talk about World Class Commissioning. We believe this will provide an excellent opportunity for GPs and Practice Managers to hear a DH perspective first hand and also ask questions direct to the DH"

Diary Dates - Up Coming Events

An Evening with Andrew Dearden, BMA – Pensions

6th October 2009 -7.30 – 9.30 pm
 Furze Hill, Margaretting CM4 0EH - (Please note change of venue)

An Evening with Gary Belfield, DH – World Class Commissioning

10th November 2009 7.30 – 9.30 pm
 Ivy Hill Hotel, Wantz Road, Margaretting CM4 0EH

Essex Annual Practice Managers Conference

9th February 2010 - Ivy Hill Hotel Wantz Road, Margaretting CM4 0EH

Book a place by telephoning Annette or Sarah on 01245 383430 or email events@essexlmc.org.uk

World Class Commissioning - 'Improving GPs Services'

Following on from the DH publication "Primary Care & Community Services: Improving GP Services", the GPC have issued Focus on Department of Health's 'Improving GP Services' guidance – both documents can be accessed from the LMC website www.essexlmc.org.uk.

The March issue of TMI strongly encouraged that practices familiarise themselves with the DH document and this is reinforced in the GPC guidance, which explores how PCTs will assess practice performance, how GPs/LMCs can influence the process, how PCTs

have been advised to manage all primary care contracts and the opportunities that the DH guidance presents for GPs.

Essex PCTs are at varying stages of developing frameworks for performance assessment and have been instructed to collect data across a number of strands – capacity, quality, access/responsiveness, patient choice, value for money, premises, demand and enhanced services. The range of indicators will be compiled into a balanced scorecard with which PCTs will measure practice performance and

benchmark against local and national averages.

On 10th November the LMC has organised an "Evening with Gary Belfield", from the DH to talk about World Class Commissioning. We believe this will provide an excellent opportunity for GPs and Practice Managers to hear a DH perspective first hand and also ask questions direct to the DH. We hope you are able to attend. To book your place, Contact Annette or Sarah on 01245 383430 / events@essexlmc.org.uk



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The NHS Complaints Procedure

The GPC has recently produced some guidance for practices on the requirements of the NHS Complaints Procedure, including how to deal with complaints that come into the practice.

The Guidance is helpful in addressing some of the concerns practices may have and it offers important advice on how to ensure that the system works for GPs and practices as well as patients.

Practices are advised to familiarise themselves with the Guidance, a copy of which can be downloaded from the LMCs' website at <http://www.essexlmc.org.uk>
Issues for practices to consider include:-

- ◇ The appointment of a "responsible person" whose job is to ensure compliance with the Complaints Regulations.
- ◇ The appointment of a Complaints Manager who could be the same as the "responsible person".
- ◇ Complaints made directly to the practice are the responsibility of the practice to investigate.
- ◇ It is a contractual obligation for practices to follow the Complaints Procedure and any failure to do so could constitute a breach of contract.
- ◇ A separate file must be

kept for complaints records and letters. Under no circumstances should these be filed in a patient's medical records.

- ◇ Any complaint resolved by the practice via the formal complaints procedure should be kept on record for 10 years. This is the same length for litigation.
- ◇ Complaints can be made up to 12 months after the incident that gave rise to the complaint, or from when the complainant was made aware of it. Beyond this timescale it is at the practice's discretion whether to investigate the matter.
- ◇ In the event that a complainant has raised major issues but does not want a full investigation, the practice should investigate fully even if the complainant does not wish to be informed. The issues may not be of interest to the complainant, but the investigation could be extremely important for the future of the practice.
- ◇ It is necessary for practices to seek an agreement from locums that they will participate in the complaints procedure if required to do so. As complaints can be made to the practice

up to a year after the reason for the complaint, it is possible that complaints will arise where the locum GP has moved on.

- ◇ Practices should ensure that locums involved in the complaints process are given every opportunity to respond to complaints and it is important that there is no discrepancy between the way the process treats locums, salaried GPs or GP partners.

The new system allows PCTs to investigate cases of their choice. Unfortunately, there is no direction as to when and how PCTs should undertake investigation themselves.

The LMCs have written to all PCTs asking them to set out their policies on how these decisions will be made. If practices feel that they are being treated unfairly or inappropriately, please let the LMC office know.

Appraisal Fees

Please be advised that all 5 PCTs have approved the proposed 1.7% generic inflationary uplift rate.

This will increase the **appraiser fee** from

£547.28 to £556.58 per appraisal and the appraisee fee for **Locum GPs** from **£331.08 to £336.70** per appraisal.

