

LMC ViewPoint

The Newsletter of Leeds Local Medical Committee

February 2008

GOVERNMENT IMPOSITION

GPC will shortly be conducting its poll of all GPs to gauge their views about the Government's "offer" relating to contract changes and their plans to impose more draconian changes should GPs not accept the "offer". It is important that all GPs take the time to respond to the poll and if they don't receive the paperwork for this when other GPs do, please let the LMC know and we will ensure you get it.

GPC is still in the process of clarifying exactly what would be expected under the extended hours DES. As was highlighted at the LMC meeting held on 22 January, there are major concerns about the micromanagement from Whitehall in how extended hours should be offered. In particular, the intent that only GP appointments would count towards extended hours, and that GPs should work alone in the majority of cases, would lead to a service that is potentially unsafe and would not meet the needs of many patients. A working woman who is unable to make an appointment for a smear in an evening is not going to find evening appointments much use. In addition the service is meant for routine appointments only, and yet most patients remember Saturday morning surgeries as being for emergencies. With the Out of Hours service running alongside any extended hours appointments, there is a real risk of confusion and concern arising amongst patients.

As has been repeatedly stated, GPs must see this issue in its broadest sense, and in particular our focus should be on emphasising the benefits of continuity of care and the importance of offering holistic rather than fragmented care. The creation of yet another walk-in service through the proposed Darzi centre doesn't make any sense at all for a city that already has 2 Walk-in-Centres, a number of practices operating through APMS contracts (with more to come), and a some practices already offering extended hours. All that this will achieve is to take resources away from already stretched health care funding to create this duplication of existing service. Some SHAs elsewhere in the country are allowing their PCTs to be more imaginative in the way they interpret the central vision. Let's hope Yorkshire SHA will also take a sensible stance on this too.

In the meantime, it is vital that as many GPs and their staff as possible write or email your local MP. The LMC has now had responses from over half of Leeds MPs and had positive meetings with Paul Truswell and Greg Mulholland. Some GPs have also met MPs in their local surgeries, and we know this has a big impact so please consider making an appointment with your own MP.

The LMC will shortly be circulating to Practices a shortened Leeds focused patient information letter.

GENERAL PRACTICE UNDER THREAT? – Meeting of 22nd January 2008

With over 315 Leeds GPs and Practice Managers attending the recent LMC event in Leeds, it certainly indicated the current exasperations and frustrations being felt at Practice level.

The mood of the meeting was one of anger at being put in this position, amazement about the requirements being set for extended hours delivery (particularly the issue of concurrence of appointments which would lead to a poor service for patients and a potentially dangerous one for doctors and staff working alone at night), but a widespread acknowledgement that GPs had little option but to opt for the Government's "offer" rather than the threatened more draconian imposition. However GPs wanted to be able to signal to Government and the media why they had voted for A, and how concerned they were about Government policy in general.

May we take this opportunity to thank you for those who returned the evaluation forms, 84% of whom rated the meeting as very good/good. These are always extremely useful and helps us when organising future events. We have extracted one particular comment to share that seemed to encapsulate the current feelings for primary care:

“We are being dictated to in a political environment set on destroying holistic patient care with no evidence that this is what patients want”

EXCELLENT RESULTS FOR GP PRACTICES - NHS PUBLIC PERCEPTION AND SATISFACTION RESEARCH - SUMMER 2007

We hope you saw an article in early January that appeared in the Yorkshire Evening Post which publicised an SHA survey which should show how much patients valued their GP service. We find it hard to understand why information about this survey was not passed on directly to GPs either before the article appeared in the press or even by now, weeks later.

The survey was undertaken for Yorkshire and Humber SHA during Summer 2007. For the Leeds area, this included 575 interviews with the general public. The research was undertaken to provide the PCT with local information to help them develop a deeper understanding of patients' and the public's needs.

The LMC have now obtained a copy of the report and summaries the key findings for general practice in Leeds below:

GP SERVICES

- 82% of respondents were satisfied or highly satisfied with GP Services
- The GP services in Leeds are perceived as extremely positive
- Quality of care, waiting time for repeat prescriptions and helpfulness of staff are ranked as highest satisfaction areas
- The GP is the most used health service, followed by Dentistry and the Hospital Outpatient service
- Respondents stated the most important service for the NHS to provide is GP services, followed by hospital services, ambulance services and then dentistry
- When asked directly, the GP is seen as the most important point of contact for the NHS in Yorkshire and Humberside (and the most trusted!)

LMC PRACTICE FUTURE PLANS SURVEY

A great response to our recent request for information regarding practice's future plans with 68% of practices returning the survey – thank you. As stated previously, the intention of the survey was to enable the LMC Officers to understand what is happening locally in general practice across Leeds and direct the LMC in discussions with the PCT

Key themes emerging were:

- 2/3rd of the respondents felt the Darzi Clinic should be run by the PBC groups
- 1/6th would like to be a part of a group bid
- 2/5th are considering extending opening hours

Unified comments on Extending Opening Hours...

- “Waiting to hear if there are going to be any funding for longer opening hours”
- “Calculated costs vastly outweigh published income/resources available”
- “We have no enthusiasm for Saturday morning opening, staying open later in the evening will only reduce services during the day”
- “Not unless there is at least reimbursement for the costs involved outwith current funding”

General feeling for the constraints in General Practice

- “Threat from APMS providers, Lord Darzi review, no pay rise and transfer of work from secondary care with no attached finance”
- “Prejudice in tendering process towards non-traditional Primary Care options. Lack of further investments (no pay award for 2 years). DOH ‘spin’”

- “Central Government agenda which seems to be set against GPs and which favours competition from large private sector companies. The inability of small general practices to survive in a competitive world”
- “Withdrawal/restricting finances”
- “Uncertainty, funding, rising costs”

It is a reflection of the current market and times, that the majority of respondents felt there were little opportunities currently available for them. However, it was felt that any improvements should take place within practices and not by opening yet more walk-in centres. PBC groups were felt to be the way forward in improving patient services and addressing the move of services from secondary to primary care.

GP SYSTEMS OF CHOICE (GPSoC)

An initiative has been launched by the leading independent National User groups for General Practice clinical systems to support GPSoC.

You will be aware that in some parts of England, PCTs and SHAs are improperly putting intense pressure on practices to move to the preferred SHA or PCT clinical system and trying to impose a local monopoly of provision. Therefore, they will be writing to every practice that uses their systems to ensure that practices have the information needed to make a properly informed choice and in particular to remind practices that both the nGMS contract and GPSoC protect your right to keep your current system, if you so choose.

In support of GPs’ right to choose their clinical system they have launched a GP Choice website at www.gpchoice.org Chief Executives of all SHAs and PCTs will also be written to.

LORD DARZI INVITES STAKEHOLDERS TO SUBMIT IDEAS TO THE REVIEW

Have a look at:- <http://www.ournhs.nhs.uk/have-your-say/> to give your views.
The staff and stakeholder questionnaire closes on 15 February!

IMPROVING CARE PATHWAYS

A joint GPC-CCSC guidance 'Improving care pathways', which sets out guidelines for secondary care doctors and GPs is available on the BMA website at www.bma.org.uk

CURRENT KEY DISCUSSION AREAS BY THE LMCplease contact the LMC Office for current status.....

- **Extended hours and Government plans for imposition**
- **Maternity/Sickness Leave PCT Policy Reimbursement** – The LMC continues to put pressure on the PCT to change the formula and increase reimbursement payments for practices. Further negotiations with the PCT are tabled for April 2008.
If practices are experiencing difficulties in obtaining reimbursement when claiming for maternity or long term sickness payments please let us know.
- **Darzi Polyclinic/Health Centre development in Leeds** – The PCT must commission the new service this year with the expectation that patients would be seen by Dec 2008. The service could work out of an existing building and will see both registered and unregistered patients. Funding and the implications this would have for other practices whose patients choose to use this new service are still not clear
- **18 week target, LTHT capacity** – Ongoing discussions and concerns regarding capacity issues at LTHT however LTHT are slowly increasing their capacity for certain departments

- **Shared Care Drugs monitoring** – The LMC have feedback comments to the PCT and a finalised agreement should be sent to practices soon
- **YAS Patient Transport Services** – Discussions remain ongoing but we believe that practices should give notice to the PCT that from 1st April 2008 you will stop making these arrangements on behalf of the majority of patients who fulfil the transport need criteria. Practice support, of course, should continue for patients who are particularly vulnerable and need some assistance. For the vast majority, however, patients should be given the telephone number for the service at LTHT to allow them to arrange their own transport.
Please direct correspondence to Craig Porter, Director of Contracts and Performance based at Leeds PCT, North West House
- **General Practice communication** – Discussions ongoing to encourage the PCT to have a central contact person(s) who are responsible for the co-ordination of communications/requests for information with General Practice
- **Leeds LMC Elections** – Practices should have already received papers for membership elections. Please do consider joining the LMC Committee or re-standing for election to continue with the work and support your colleagues

GENERAL INFORMATION DISTRIBUTED TO PRACTICES

We are to start listing the information the LMC have recently sent into Practices, if for any reason, you would like another copy and/or further information please contact us

- Letter from Mark Britnell, Director General, DoH – Improving Access to GP Services: Proposed changes to GMS contract 2008/09 (01/02/08)
 - GPC Media Toolkit (30/01/08)

LTHT CHANGES IN SERVICES

As of January 2008, the Upper GI surgery will be centralised in Bexley Wing at SJUH and Colorectal surgery will be centralised at LGI.

CHANGE TO SEMEN ANALYSIS SERVICE

The semenology service at St James's University Hospital has been temporarily relocated to the Department of Histopathology at Leeds General Infirmary from January 2008. Semen samples (i.e. samples for post-vasectomy, vasectomy reversal and infertility analysis) are **only** accepted by appointment at this department. Patients requiring semen analyses should be informed to contact the department on (0113) 392 6734 to arrange an appointment prior to delivery of their sample. Please note samples will not be accepted through the post, GP shuttle service or without an appointment.

LEEDS AND BRADFORD MICROBIOLOGY SERVICE

LTHT will shortly be replacing their existing manual urine microscopy method with a new automated technique using flow cytometry (UF100 Biostat). The new technique has been validated in parallel with their existing one and is more sensitive. However, its introduction will necessitate a change in the 'normal range' parameters they report. The current 'normal' parameter for white blood cells (WBCs) is <10. This will be replaced by a new 'normal' parameter of <40. WBC counts above 40 will be reported as an absolute number.

The current 'normal' parameter for red blood cells (RBCs) is <10. This will be replaced by a new 'normal' parameter of <140. RBC counts above 140 will be reported as an absolute number.

The exact date they will make the above changes will be announced shortly but it is likely to be before the end of February 2008. If in the mean time you have any questions regarding these changes, please do not hesitate to contact either Dr Miles Denton, Consultant Medical Microbiologist miles.denton@leedsth.nhs.uk or laboratory manager, Catherine Deighton, catherine.deighton@leedsth.nhs.uk

ONLINE NEWS ARTICLES

Access the latest media information regarding the Government's imposition and the BMA./GPC negotiations by accessing major health and medico-political stories from the national press.

Would you like to receive a daily email summarising the current health related news headlines that have particular relevance to General Practice with links that immediately access the full story? This service is provided by the BMA press office.

The LMC circulate the summary on a daily basis as soon as we receive it from the press office. If you would like to be added to our email circulation list please let the LMC know.

GENERAL PRACTICE INFLATION INCREASE PETITION

There are a number of petitions on the 10 Downing Street website relating to the on-going contract concerns which you may wish to look at. A local GP practice has asked us to draw Leeds practices attention to support a petition that asks for a mechanism to be put in place that would guarantee an inflation increase for general practice thereby producing the stability that primary care needs.

"Annual inflation-proof increases are essential in order to meet the rising costs of practice expenditure including staffing and utility costs. Although general practice benefited from an increase in practice income in 2004 and 2005, this is being eroded each year through under-inflation or no-inflation increases. This erosion is being masked by a concerted effort from the Government and the media to both sensationalise and mislead the general public as to the true earnings of a GP contractor whilst concealing the overall excellent value for money that is being achieved from general practice. For example, 'huge profits' published by accountants include not just NHS GP contractor earnings, but NHS Employers superannuation contributions, income streams earned from carrying out additional work over and above that required to fulfil GMS/PMS core services and private (non NHS) earnings. Put simply, practice accounts include all practice earnings, not just those relating to the NHS."

If you agree with the petition, you may wish to circulate to all your colleagues and staff members clinical and non-clinical in and out of your practice. This affects every partner and every employee in primary care and so everyone deserves a voice one way or another on this issue. <http://petitions.pm.gov.uk/GeneralPractice/>

COMINGS AND GOING

A warm welcome to.....

Dr Alistair Walling who joined Dr C P Holmes & Partners on 31st December 2007
Dr Hilary Puntis who joined Dr M J Swaby & Partners on 8 January 2008

Good bye and best wishes to...

Dr Michael Janulewicz who left Leeds Student Medical Practice at the end of 2007
Phyllis Laws, Nurse Practitioner, Dr M J Swaby & Partners, who retired on 31st December 2007
Dr S.A.C. Clements who retired from Lofthouse Surgery on 15th January 2008
Dr Rupa Kamath who will be leaving Allerton Medical Centre to relocate to Peterborough with her husband and family.

New useful documents on www.leedslmc.org

- Sessional GP Newsletter Winter 2007
- GPC Guidance on PBC – Dual role of practice based commissioner and GP provider – Avoiding conflicts of interest and ensuring probity Jan 08
 - Practice Based Commissioning in 2008/09 Jan 08
 - PharmFax Issue 36 Jan 08

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