

LMC ViewPoint

The Newsletter of Leeds Local Medical Committee

April 2009

DOCTORS' AND DENTISTS' REVIEW BODY: Thirty-Eighth Report 2009

The 2009 report of the Doctors' and Dentists' Review Body (DDRB) was published on Tuesday 31 March. The full report can be accessed at:

www.ome.uk.com/downloads/DDRB%2038th%20Report%202009.pdf

The government has announced that it has accepted in full the recommendations of the DDRB.

GMS Contractors

The Review Body has recommended that the **overall gross uplift in GMS contract payments be increased by 2.29% for 2009/10**. This is **intended to achieve an average uplift to net income of 1.5% across the profession**, the recommended rise for doctors in other branches of practice.

However, it is important to remember that because of the ratio formula that will be applied, **the actual amount of net uplift will vary between practices**. Details of the ratio formula agreed with NHS Employers for 2009/10 can be found at:

www.bma.org.uk/employmentandcontracts/pay/pay_review_bodies/DDRBmeans0309.jsp

The application of the ratio formula will mean uplifts to the following income streams **approximately** as follows:

Global Sum 2.4%

Global Sum Equivalent 0.7%

QOF 1.7%

Enhanced Services 1.7%

The actual increase in overall resources for practices that remain on the Minimum Practice Income Guarantee (MPIG) will average 1.3%. Practices without correction factor payments in 2008/09 and practices that come off MPIG as a result of this award will receive more than 1.3%.

The health departments and NHS Employers both gave evidence to the Review Body requesting it to consider applying efficiency savings on operating costs for GPs but the DDRB refused, stating that it did not believe it was appropriate to factor efficiency savings into their recommendations for this year.

The recommendations on pay for GMS GPs will mean that a higher proportion of practices will no longer be reliant on MPIG. The ratio arrangement was agreed only for 2009/10, however, and discussions are continuing about what will happen in the longer term.

Seniority Payments

The DDRB did not make a recommendation on seniority payments this year as these did not form part of the negotiated uplift arrangement agreed between the General Practitioners Committee and NHS Employers.

GMP Registrars

The Review Body has recommended an **increase of 1.5% to GMP registrars' basic pay**, and a further **reduction in the GMP Registrars' Supplement to 45% for those doctors entering a training placement on or after 1 April 2009**.

Salaried GPs

For salaried GPs, the Review Body has recommended that **the minimum and maximum of the salary range be increased by 1.5% for 2009/10**. The DDRB reiterated its view that salaried GPs should ensure that their employment contracts are fit for purpose, and that they should be able to negotiate a pay review without the DDRB's assistance. As a result of the DDRB's recommendation, **salaried GPs on the model salaried GP contract should receive an uplift of at least 1.5% to their salary.**

GP Trainers

The Review Body has recommended a **1.5% uplift to the GP trainers' grant for 2009/10**. This is in addition to **the £750 per annum continuing professional development supplement which is to be paid in 2009/10.**

The DDRB reported that the Department of Health, in its oral evidence, had indicated that it planned to introduce a new tariff-based system from mid-2009. We will keep trainers updated on the progress of negotiations.

REVALIDATION

The RCGP will be publicising its current vision for revalidation in the next few days. This will be in the form of a 'living' document which will be available on the College website. The RCGP is keen to receive feedback on this (which can be submitted via its website), and will be amending the document as necessary to reflect the comments received.

The document will provide an indication to GPs of the type of data that they will need to start collecting from April 2009 for the revalidation process. The current intention is for the new process of revalidation to go live in 2010 so it is important that all GPs familiarise themselves with what may be expected.

Because this is such an important issue of interest to all GPs we have invited Professor Mike Pringle, the RCGP lead on revalidation development, to come to speak at an LMC conference. This will give GPs the opportunity to hear at first hand what the implications of recertification will mean to them. Leeds LMC will be hosting this event on the evening of Thursday 28 May 2009 at Weetwood Hall Hotel. Further details will be circulated nearer the time but we expect it to be fully subscribed so please respond to the invitation promptly.

WHY ARE WE WAITING?

Recent local press coverage has again highlighted that Leeds patients are being let down by their local hospital. LTHT are reported to be failing to hit waiting time targets despite a £400m commissioning investment on services.

Private health care spend is to increase by £7m this year to £20m by NHS Leeds in a bid to create capacity and improve patient choice.

As GPs who experience the daily frustration of trying to make referrals using the choose and book referral system, we are well aware of the limited number of appointments available for our patients at LTHT.

DEVELOPING GENERAL PRACTICE, LISTENING TO PATIENTS

The GPC wants to learn more about the way in which practices respond to patient expectations at a local level and what barriers practices encounter that prevent them making appropriate changes. Please see the patient, GP and stakeholder consultation document attached or for a copy of the consultation document log onto www.bma.org.uk. Please send your comments by Friday 1 May 2009 by email to info.listeningtopatients@bma.org.uk – thank you

CHANGES IN OOH COVER

A letter has been sent to all practices outlining the new contractual arrangements for OOH cover. The contract is being split between NHS Direct who will handle and triage calls and Local Care Direct who will see and treat patients.

NHS Leeds has negotiated a contract with NHS Direct for telephone calls between 6pm and 6.30pm for the first 6 months of the year and practices will need to decide whether they wish to avail this or not.

We are concerned that this arrangement creates complications for cover between these times but must re-iterate that practices remain as before contractually obliged to ensure essential services are available to their patients between the core hours of 8am to 6.30pm

QUALITY and OUTCOMES FRAMEWORK

The government have recently published its response to the QOF consultation. The proposal for NICE to take over the arrangements for managing the new process for indicators is being implemented from April. With regard to local QOFs, it appears that the Government have listened to the concerns raised by LMCs and GPC as well as a number of patient groups and no longer intend to develop local QOFs using national QOF money. PCTs will instead be able to commission local enhanced services using national standards agreed by NICE.

On a related matter we are pleased that NHS Leeds are taking the issue of changes to QOF prevalence seriously and are talking to those small number of practices that have seen the biggest change.

NEW COMPLAINTS PROCEDURE

The new complaints procedure will start on 1 April 2009. From this date onwards, if any complainants are not satisfied with the way a local NHS body or practice has dealt with their complaint, they can ask the Parliamentary and Health Service Ombudsman to look into it. A complaint can still be submitted to the Healthcare Commission prior to 1 April 2009, but the Healthcare Commission will submit it to the Ombudsman to ensure it is dealt with appropriately.

The main differences between the old and new complaint procedure are:

- (1) Oral complaints made to the practice do not have to be dealt with under the legislation if they are resolved to the patient's satisfaction by the end of the next working day;
- (2) Practices must acknowledge receipt of a complaint within three days (via telephone is acceptable);
- (3) The complaints manager does not have to be a practice employee and can perform this role for more than one practice in the vicinity.

LITHIUM LEVELS

It would be really helpful to our colleagues at LPFT if GPs carrying out lithium checks ask for copies to go to the consultants as well. In turn, LPFT colleagues will encourage consultants to copy results to us – thank you.

MENTAL CAPACITY ACT 2005 - Deprivation of liberty safeguards

The aim of the deprivation of liberty safeguards is to provide legal protection for those vulnerable adults who are not detained under the Mental Health Act 1983, but are nevertheless restricted in their freedom owing to their inability to consent to care or accept treatment. The deprivation of liberty safeguards will come into effect from 1 April 2009 and will cover mentally incapacitated adults in hospitals as well as those in care homes registered under the Care Standards Act 2000. More details are available on the Department of Health website.

Doctors are eligible to undertake a mental health assessment as part of these procedures provided they are three years post-registration and they must have undertaken the deprivation of liberty safeguards Mental Health Assessors training programme made available by the Royal College of Psychiatrists. This is now available online, free of charge, to all NHS funded doctors in England. Doctors can register online.

This work is not part of essential services for GPs; the Department of Health is unwilling to agree to a national fee for this work and the BMA's Professional Fees Committee advises doctors only to undertake this work if they have agreed the level and payment arrangements for the work in advance. Responsibility for payment lies with the PCT or local social services authority according to whether the person is in hospital or a registered home at the time of the assessment. However, in some areas, PCTs and LSSAs may have made joint local arrangements.

OCCUPATIONAL HEALTH SERVICES FOR GPs in Leeds

The Occupational health service for GPs has been available for a number of years now following calls from the LMC for such a service to be commissioned. Practices have asked for an update on what services are available:

- Pre employment screening
- Blood borne virus screening (HIV, HepC, HepB)
- Immunisations/communicable disease screening (TB, MMR, VZV, HepB)
- In employment referrals
 - Occupational health advice
 - Short/long term absence management
 - Ill health retirement
 - Modifications and adjustments
 - Work related ill health
 - Health surveillance
 - Management or self referral
- Advice/support for sharps/splash/bite injury (tel 206 7071)
- Counselling

Other areas

- Review Government and DoH policies and advise at local level as required
- Develop local procedures to implement above
- Annual flu campaign
- Workplace visits

Contact St James University Hospital reception – 2065228 or email occupationalhealth@leedsth.nhs.uk

DENISTRY

Practices have recently reported an increase in the number of patients they have seen in practice with a painful abscess or dental pain, who could not be seen by a dentist for 4 weeks. Patients were requesting antibiotics until a dentist appointment could be made available.

Please note that the new dentistry contract does not actually state that dental practices need to register patients and they are only responsible to provide a course of dental care of a period of 2 months. It is, however, their responsibility to assess whether emergency care is needed or whether the patient can wait 24+ hours.

New contracts negotiated by NHS Leeds will ensure that patients are registered with a dental practice for a minimum of 3 years.

BETTER LEADERS, BETTER DOCTORS - The RCGP Leadership Programme

The RCGP leadership programme is designed to be a life changing experience, enabling General Practitioners to be more effective at interacting with others, at choosing when and how to intervene in local and national decisions and at making the most of the many new opportunities emerging as the NHS changes.

The programme is run over a twelve month period and includes a mixture of intensive 'class room' work, tutorial support and on-line study and reflection that can be timed to meet the participants own availability. It involves attendance at four Friday/Saturday 'weekends' and four additional tutorial days over a twelve month period and private study of some 4-5 hours a week.

If you would like more information on the programme or would like to talk through the programme please do not hesitate to contact me through the Programme Administrator, Nichola Nightingale, on 020 8916 9855 or email nicholanightingale@odpn.co.uk.

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

- **Secondary to primary care shift of work – Gynaecology**

Practices, once again, are being asked to carry out further investigations after referral and the initial consultation has taken place. We are to meet together with the PCT and LTHT representatives to try to resolve this regular problem

- **Follow up investigations by radiologists**

We are discussing with NHS Leeds whether it would be more appropriate for radiologists to carry out or arrange further investigations rather than being directed back to the GP for another referral

COMINGS AND GOING

A warm welcome to.....

Dr Caroline Roberts who has joined Manston surgery as a salaried GP
Dr T Gibbs has joined Dr Darbyshire and partners as a partner from 1st March 2009
Dr Maria Carmen Ruiz-Huertas has joined Dr Pearson & partners as a salaried GP
Dr Caroline Roberts has joined Dr M J Swaby & partners
Dr Laura Hair has been appointed as a salaried GP with Rawdon Surgery
Catherine Moxon who joins Dr Thompson and Partners as a new additional part-time Practice Nurse

Good bye and best wishes to...

Dr Janet Souyave has retired from Rawdon Surgery - 1 April 2009

New useful documents on www.leedslmc.org

- GPC document - Managing disputes with PCO's – March 2009
- Clinical DES for GMS contract – Guidance and audit requirements – 2008/09
 - Focus on the 2009/10 GMS contract agreement