

# LMC ViewPoint

*The Newsletter of Leeds Local Medical Committee*

*January 2010*

## **PMS CONTRACT REVIEW**

All practices will know that there is significant variation in the funding levels of GMS and PMS practices. In Leeds there are 46 GMS practices with funding per weighted patient varying between £63.31 and £84.39, with an average at £67 per patient. There are 61 PMS practices with funding per weighted patient varying between £66.79 and £125.90 with an average of approximately £81 per patient.

NHS Leeds PCT has decided that any practice that is funded significantly higher than GMS practices should be expected to demonstrate further quality and performance improvements, including a wider range of services, improved access, greater patient engagement and providing services more specifically related to local population needs. In line with this plan, the PCT board have agreed that those PMS practices with funding of £81 per patient or over (i.e. the average PMS figure) will be required to deliver against some of these objectives. The number of objectives practices are required to deliver against will depend on how far above the £81 threshold they are.

The domains that some PMS practices will be required to achieve targets in are access and responsiveness, safeguarding children and child health, teenage conceptions and sexual health, carers and housebound patients and weight management.

The LMC, in representing the views of all practices is broadly supportive of the principles of the review, in that those practices that are receiving significantly more funding than others should be given the opportunity to demonstrate how they are using this additional funding. We understand the need to ensure value for money across general practices. We also recognise that many other PCTs have taken a more adversarial approach to PMS reviews and that this has not been the case in Leeds.

However, the LMC believes that any targets or objectives must be reasonably deliverable and proportionate to the available resources. We are therefore disappointed that the PCT has brought forward a plan relating to weight management that in the view of those practices being asked to do this domain is undeliverable and unfair. We have supported these concerns and raised them directly with the PCT on a number of occasions. Modifications have been made to the proposals as a result, but our view is that these still don't lead to a plan that is realistically deliverable. This could lead to a significant loss of income for some practices, putting at risk some of the services they currently offer. Discussion is therefore on going with the PCT about a way forward.

LMC officers have already met with groups of PMS practices and we would be keen to meet with others who are similarly affected.

## **DES AGREEMENTS**

We can now confirm that, following GPC negotiations with NHS Employers for 2010/11, the Extended Hours Access Scheme DES and four clinical DESs will be rolled over to 2010/11.

The areas of the contract which had been under negotiations related to the Extended Hours Access Scheme Directed Enhanced Service (DES), first introduced in 2008/09 and four clinical DESs in England.

The Extended Hours Access Scheme DES rewards GP practices for providing around three hours extra appointment time per average practice a week, at times that suit the needs of their patients. It has now been agreed that this DES will be extended for a further year for 2010/11. Practices will

now need to confirm with the PCT whether they want to take up the DES or continue with the LES that was negotiated locally.

In addition, NHS Employers and the General Practitioners' Committee agreed to extend the four clinical DESs in England for a further year, based on the existing 2009/10 thresholds.

The four clinical DESs are:

- Alcohol DES – helping to reduce the risk of adults, aged 16 years or over, drinking at 'increasing, higher risk or dependent' levels defined by the World Health Organisation. Practises are rewarded based on cases identified in newly registered patients aged 16 and over.
- Learning Disabilities DES – annual health checks for people on the local authority learning disability register. To participate in this DES, practices need to attend a multi-professional education session run by their PCT. We understand that most practices have achieved this through the TARGET sessions that were run last year.
- Osteoporosis DES – encouraging practices to diagnose and prescribe appropriate pharmacological secondary prevention for patients with osteoporosis. Payments will be based on three criteria covering diagnosis and treatment.
- Ethnicity DES – rewarding practices for recording the ethnicity and first language of all the patients on their practice list.

Further details can be found here:

<http://www.nhsemployers.org/PressReleases/2010/Pages/GMCCContract.aspx>

There will be no changes to QOF in 2010/11 in line with the H1N1 vaccination agreement.

### **ACCESS RESULTS**

The results of the patient survey for the first two quarters have been made available to practices. Nationally there has been a fall in the results, although it is hard to reach any meaningful conclusions on such a small number of patients surveyed. However, a fall would not be unexpected at a time when practices were fully engaged in swine flu vaccination programmes. Those practices that have achieved a high uptake of vaccination will see a small reduction in the thresholds for the two access questions but many hard working practices will not. We believe that this is yet another demonstration of how unfair and punitive this patient survey is, with even those practices offering good access and wide range of services seeing their practice resources cut. Please use the following link to review your data: <http://results.gp-patient.co.uk/report/main.aspx>

### **ARMED SERVICE VETERANS PRIORITY STATUS**

It has been agreed nationally that service veterans should receive priority if their condition is related to their time in the armed forces. We would encourage all GPs to mention a veteran's priority status in your referral letter. Unfortunately C&B is not enabled to do this specifically, so the onus is on the Trust to prioritise the referral – thank you.

### **TARGET**

Dr Sue Nelson, an Armley based GP, is now also acting as one of 3 new Associate Medical Directors at the PCT. Her role is to arrange TARGET and any suggestions, comments or feedback to make TARGET appropriate to users' requirements would be welcomed. Please email her on [susan.nelson2@nhs.net](mailto:susan.nelson2@nhs.net)

### **UPDATED GUIDANCE ON THE DISABILITY DISCRIMINATION ACT:**

Physical adjustments to GP premises required under the Act - available on the BMA website: [http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/practice\\_premises/pracpremda.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/practice_premises/pracpremda.jsp)

## **REFERRAL OF PATIENTS SEEKING DENTAL TREATMENT**

The Dental Contracting Team at NHS Leeds has supplied some updated information on the correct procedures for dental referrals:

Patients seeking access to routine NHS dentistry should be referred to the Leeds Dental Advice Line – telephone number 0800 298 5787. NHS Leeds has recently commissioned an additional 20,000 new dental places across the city, and patients contacting the advice line are provided with an NHS dentist within 6 weeks.

Patients in need of urgent dental treatment should be referred to the West Yorkshire Urgent Care Service – telephone number 0345 6059999. Patients contacting this number will be assessed and triaged over the telephone, and where appropriate offered an urgent appointment. This service is available both in hours and out of hours, and is delivered from Lexicon House.

Patients in need of the Special Care Dental Service will need to be specifically referred through the Leeds Dental Referral Service. Patients who may fall into the category routinely treated by the Special Care Dental Service include:-

- looked after children
- those with compromised mental health
- learning disabilities
- limited mobility
- dental phobias
- medically compromised
- elderly and frail (over 80)
- asylum seekers
- homeless

Referral to this service requires completion of a specific referral form, which is available on the NHS Leeds Intranet, downloadable from this address

<http://nww.nhsleeds.nhs.uk/index.pl?id=8107&isa=Category&op=show>

If you are unsure about whether the patient you are considering for referral to this service fits within their remit, you can contact the service on 0113 3929875.

## **SICK NOTES FOR PUPILS**

Practices are not contractually obliged to provide a sick note for pupils who are off sick from school. They are also not obliged to provide sickness certification for students that miss an exam or believe their performance was affected due to illness. The same is likely to apply to other NHS GPs. Unfortunately, many GPs still receive requests for the latter.

The GPC therefore wrote to the Office of the Qualifications and Examinations Regulator (Ofqual) about this, and has received a response which highlights that medical proof should not be required. If you receive a request for this, you may wish to draw the requester's attention to the letter which can be seen at the link below.

[http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/managing\\_your\\_practice/schools\\_sickcert.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/schools_sickcert.jsp)

## **SESSIONAL GP NEWSLETTER**

The Sessional GPs Newsletter, Winter 2010, is now available on the LMC and BMA website and can be viewed using the link below:

[http://www.bma.org.uk/representation/branch\\_committees/general\\_prac/sessionalnews0110.jsp](http://www.bma.org.uk/representation/branch_committees/general_prac/sessionalnews0110.jsp)

The aim of this newsletter is to keep sessional GPs up to date with the broad range of new and ongoing issues affecting them, and the hard work that the Sessional GPs subcommittee undertakes on their behalf. This newsletter will be now issued quarterly. We have already sent a copy to all sessional GPs we have email addresses for, so if you know a sessional GP who has not received it from us, please let us know and we can update our database accordingly.

## **FEEDBACK ON BMA CONFERENCE FOR SALARIED AND LOCUM GPs**

Dr Lynda Carter and Dr Aous Ghassan were sponsored by Leeds LMC to attend the BMA Conference 'Key Steps for Salaried and Locum GPs' held in November. We are grateful to Dr Carter for providing the following informative feedback on the day's proceedings:

The day started with how to market yourself. Useful points included taking in a CV personally, a winning covering letter and most importantly having a USP (Unique Selling Point!). A USP for a salaried doctor may be coil fitting, teaching or even acupuncture. For locums it could be that you're happy to work extended hours or school holidays or that you're happy to be the only GP in the practice.

A session on making the job work for you focused more on salaried doctors and advised what to consider before applying for and accepting a salaried post.

For instance -

- Make sure there is a job plan with a clear workload
- Check if there is a history of progression
- Would you be valued and have an individual role?
- Do the doctors meet for coffee or is it an isolationist culture?

The workshop on working as a locum GP was a useful introduction in how to get started, models of working, equipment, managing finances and getting work. The workshop on career development as a locum GP focused on the importance of groups for mutual support, CPD, belonging, motivation and peer referencing. A locum GP's portfolio work could include OOH, appraising, the LMC, education or GPSI work.

The last session on successful revalidation discussed the difficulties of revalidation however some solutions were offered!

- Multisource feedback is difficult for short term locums but the Northern Deanery website has a form for individual practices which a short term locum can take with them (address below).
- Complaints. As a locum you need to ask to be contacted and involved in the process.
- Significant Event Analysis can be done in a sessional GP meeting using reflection with your peer group.
- Audit. The IMAP handbook has suggestions for audits on prescribing and referral that can be used by locum GPs (address below).

Useful Resources

<http://www.nasgp.org.uk/>

National Association of Sessional GPs

[https://www.locum123.com//index/html/survival\\_guide](https://www.locum123.com//index/html/survival_guide)

Robbie Coull's survival pack for locums

<http://www.londondeanery.ac.uk/general-practice/sessional-gps>

London Deanery website has useful information for Appraisal

<http://www.nelg.org.uk/content/Appraisal%20and%20Revalidation>

NELG appraisal toolkit for locums by Dr Paula Wright

[http://www.rcgp.org.uk/gp\\_training/imap/imap\\_handbook.aspx](http://www.rcgp.org.uk/gp_training/imap/imap_handbook.aspx)

The IMAP handbook has suggestions for audits that can be used by locum GPs

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

Computer package for locum GPs for invoicing and pension forms

## **GPC GUIDANCE: USE OF 084 NUMBERS IN THE NHS - January 2010**

The GPC Practice Finance subcommittee has published guidance on the use of 084 numbers in the NHS, which is also available on the LMC and the BMA website:

[http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/managing\\_your\\_practice/084numbers.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/084numbers.jsp)

## **DRAFT LEEDS GUIDELINE FOR THE PREVENTION AND MANAGEMENT OF WOUND INFECTION FOR PEER REVIEW**

As part of a project to improve antimicrobial prescribing and wound management practices (including the appropriateness of wound swabbing) in Leeds, the Tissue Viability services in LTHT and Leeds Community Healthcare have led a multi-disciplinary group in the production of a guideline for the prevention and management of wound infection.

The aims of the peer review are to provide evidence-based guidelines that have undergone comprehensive local peer review to ensure ownership and maximise compliance.

We would be grateful for your comments on this draft guideline via this link.

There is a comments box at the end of the guideline. The first draft will be available for comment until 19/02/2010 and then revised according to feedback.

Click here - <http://www.lhp.leedsth.nhs.uk/common/guidelines/detail.aspx?id=1921>

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

- **OOH contract** – An ongoing agenda item with NHS Leeds. We will continue to monitor the latest situation and would appreciate it if GPs working in OOH can update us if they have specific examples that need further investigations.
- **Patient hospital transport bookings** – We have yet another meeting to drive this long standing issue forward.
- **Rent re-imburement calculations** – As reported last month, there are plans to make changes to rent re-imburement arrangements but we are still waiting to see the first draft of the proposals. These proposals could have a significant impact on rent reimbursement for practices and we will update you as soon as we can.
- **LMC Elections** – It's that time of year again for the LMC elections (these are taking place January – March 2010). We currently have a broad representation of GPs from PMS, GMS and newer APMS practices as well as salaried and locum GPs, but we are your LMC and if you have never considered standing for election we would encourage you to do so.  
- Please speak to the LMC office for further information -

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## **COMINGS AND GOING**

### ***Good bye and our best wishes to...***

*Dr Arnold Zermansky who is retiring on 31<sup>st</sup> January 2010 after 35 years at Dib Lane/Park Edge Practice.*

*Arnold has had a long and distinguished career as a GP in Leeds. He was a valuable member of the LMC for many years, he was the Chair of East Leeds PCG and he has also published a number of important research papers. He has made an immense contribution to general practice in Leeds and we wish him well in his retirement.*

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New useful documents on [www.leedslmc.org](http://www.leedslmc.org)

- Priority treatment for Armed Forces Veterans (C&B document)
- GPC guidance: Use of 084 numbers in the NHS - January 2010
  - GPC Sessional GPs Newsletter, Winter 2010
- Just to let you know the LMC web site is in the process of being redesigned and updated

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