

Newsletter – September 2012

Proposed LES for the transfer of some secondary care work to primary care

At the last LMC meeting it was reported that the terms of the LES had now been negotiated with the LMC. Essentially, the LES obliges practices to sign up to agree to take on services that are agreed between CCG/LMC in the future. The advantage for primary care is that it creates an explicit agreement for the movement of services from secondary care.

A letter was recently sent out to all practices and is repeated here: -

As the NHS comes under increasing financial pressure CCG and LMC have been in discussions over the last several months regarding what is considered an inevitable transfer of work from secondary to primary care.

The LMC have accepted that to some degree this is a fact of life and that the efficiencies of primary care mean that moving some work can result in savings. We have insisted, however, that if work is transferred it must not happen without additional resources into primary care. After much discussion the CCG acknowledge this and have undertaken to move resources with work. The

LMC have acknowledged the difficulty the CCG would have in transferring this resource to only some practices if patchy agreement left groups of patients unable to access a new service in primary care.

The problem of providing comprehensive access to new enhanced services is a difficult one. Forming a 'Consortium' of just the practices willing to provide comprehensive enhanced services was one way but there hasn't been much enthusiasm in Rotherham for a Consortium and this solution also has other disadvantages such as inequity between practices. Instead, at July's GP Reference Committee, a paper was presented which contained an over-arching agreement between the LMC and the CCG that both parties believe offers a viable way forward. Locality reps have been encouraged to discuss this widely within their areas so it may be this is not news but we felt it was important to let you know the LMC's position regarding this proposal.

Broadly we believe that the document should be welcomed. Further, our other South Yorkshire Cluster LMCs and the South Yorkshire GPC representative have viewed the document and feel it

represents a good way forward that contains several suggestions safeguarding General Practice in Rotherham into the future. It is important, however, to be aware the agreement will contain a commitment from practices to provide (or subcontract with another locality practice to provide) all of the services agreed.

This seems onerous - and in the past Rotherham LMC has opposed 'basket' LESs - but we feel there are several safeguards in place not least that only work agreed between the LMC and CCG will be covered by this agreement and also that we can give 6 months' notice to discontinue either the entire project or individual services.

There are also other advantages in that it:

- formalises a mechanism for resourcing work transferred from secondary to primary care*
- allows Rotherham patients to receive services from familiar and local practices*
- allows Rotherham practices to remain at the forefront of provision of delivery of care to its patients*
- contains the flexibility to allow practices unwilling to provide particular services to arrange them with other local practices*

For this to work all practices in Rotherham need to agree. Richard Cullen, who has been leading on this from the CCGs side, or Neil Thorman from the LMC are happy to discuss this further either by phone or by visiting practices.

Ultimately we recommend the LES to you and hope you will feel able to take part.

Unscheduled Care – Care Co-ordination Centre

This proposal was discussed with LMC Members, and we were broadly supportive of the project aims, which were to: -

- i) Support discharge planning, ensuring community services are in place
- ii) Provide a single point of contact for GPs to identify appropriate level of care
- iii) Support case management of patients with long term conditions
- iv) Provide a single point of contact for high risk patients who have an exacerbation

Sessional GP Newsletter

The summer edition of the Sessional GP Newsletter has now been published. In addition to updates on work the BMA is undertaking on behalf of sessional GPs, this newsletter also highlights key issues relating to pensions, tax and expenses which all salaried and locum GPs should be aware of.

This newsletter also promotes specialist BMA guidance for sessional GPs, such as the recently launched Locum Handbook

which will be officially launched at the Sessional GP Conference in October 2012. Both documents can be downloaded here: -

<http://bma.org.uk/about-the-bma/how-we-work/negotiating-committees/general-practitioners-committee>

<http://bma.org.uk/practical-support-at-work/contracts/sessional-gps/locum-gp-handbook>

Hepatitis B immunisations for medical students

As the beginning of the new academic year approaches, we would like to remind practices that it is the medical school's responsibility to ensure appropriate provision of the hepatitis B vaccine to all enrolled medical students, as well as applicants.

Revalidation

This month will see a critical milestone in the development of revalidation - the new process to ensure doctors are up to date and fit to practise.

The BMA has been working with the GMC, the Departments of Health and others over several years to ensure that revalidation is fair for doctors and protects patients. The Secretary of State for Health is expected to make a decision soon on whether revalidation should go ahead on the planned timetable starting in December 2012.

One extremely important concern relates to sessional, and particularly locum, GPs,

who we believe will find it more difficult to participate in the process, because it will be less easy for them to collect the evidence required for revalidation than for GPs who are based within one practice and have a greater influence on how their practice is run.

Another outstanding concern that we believe has not yet been sufficiently recognised or addressed relates to remediation – the actions needed to support doctors if problems arise during the revalidation process. It is still unclear how remediation will work in practice to ensure fairness. In primary care, it is also unclear how it will be funded, particularly to ensure that backfill costs are paid if the GP needs to leave the practice for remedial training and to ensure there is adequate support for non-practice based GPs.

In the meantime, it is important that you ensure that you are having an effective appraisal every year as this will be a critical part of the revalidation process, as well as a key opportunity to focus on your professional development needs.

If you are not currently receiving an annual appraisal you should contact Dr Chris Myers, the Rotherham GP Appraisal Lead, on 0845 124 0887 to discuss. You can also contact the BMA on 0300 123 1233 for guidance and support.

Zostavax shingles vaccine

Despite a recent recommendation by the JCVI that people aged 70-79 years should be offered the Zostavax shingles vaccine, the Department of Health has

confirmed that due to a shortage in supply, it will only be available privately for the time being.

Adverts have already appeared in the medical press stating that the vaccine is only available for patients over 50 who are able to pay for the vaccine. The BMA have also had some reports that the manufacturer of Zostavax is contacting some practices directly, suggesting that practices contact their patients to offer this privately.

The BMA have written to the DH about their concerns over this arrangement, asking for assurance that the vaccine would be available on the NHS for patients aged 70-79.

Although the DH has confirmed that it intends to run a national vaccination programme for those over 70 years of age, until they have secured a sufficient supply of the Zostavax vaccine and is able to implement the JCVI's recommendations, the BMA advice to GPs is that it is not recommended that this vaccine be given at the moment.

Pharmaceutical Regulations

This is a reminder that the new Pharmaceutical Regulations come into force on 1st September 2012, and replace the 2005 regulations and its many amendments. The regulations comprise 186 pages and includes ten pages of Amendments, Revocations and Explanatory Notes. They can be found at:

http://www.legislation.gov.uk/ukxi/2012/1909/pdfs/ukxi_20121909_en.pdf

Welcome

The following Doctors are included in the local performers' list: -

Dr Fleur Rebecca Jones is now working as a Salaried GP at Crown Street Surgery.

LMC Meetings

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers.

The Committee meets on the second Monday of every month (except August) in the Board Room at Rotherham General Hospital

**NEXT
LMC MEETING
MONDAY
8th OCTOBER
COMMENCING
AT 7.30 PM**

DISCLAIMER

The content of this newsletter is confidential and intended solely for GPs and Practice Managers in Rotherham.

Rotherham LMC does not provide individual legal or financial advice but provides general guidance and support for the benefit of GPs and their practices in Rotherham

OFFICERS OF THE LMC

Chairman
Dr Adrian Cole
Tel: 0844 8151956

Vice Chairman
Dr Chris Myers
Tel: 0845 1240887

Medical Secretary
Dr Neil Thorman
Tel: 01909 770213
Neil.thorman@gmail.com

If you have any questions or agenda items: -

CONTACT US AT THE LMC OFFICE c/o: -

Greg Pacey
Secretary & Treasurer
Rotherham LMC
99 Green Lane
Wickersley
Rotherham
S66 2DD
rotherhamlmc@hotmail.com

More information on the work of the LMC can be found on our website at:

www.rotherham.lmc.org