

Annual Conference of LMCs : 16 & 17 June 2005

The Annual Conference of LMCs was held in London on 16 and 17 June. The Derbyshire representatives were Drs Andrew Bartholomew, Murali Gembali, Sean King, Paul Weston-Smith and Peter Williams. Peter Holden and John Grenville also attended in their capacity as GPC members.

The theme of the conference was "Speaking out for General Practice" and Hamish Meldrum, Chairman of GPC, was uncompromising in his keynote address. He noted the excellent achievement of GPs across the UK in gaining much higher than anticipated scores in the first year of the QOF. He pointed out the strengths of list-based, individualised, generalist care for patients and noted that many other countries envied our system.

The debates on the first morning centred around the vision for general practice within the NHS in the short to medium term future. Conference took the view that GPs have always demonstrated themselves to be leaders in the development of primary care but pointed out that change must be evolutionary and evidence based and not undertaken simply for the sake of change.

Conference also debated a very wide range of subjects important to general practice and particularly strong feelings were aroused over the potential threats to patient confidentiality inherent in NHS Connecting for Health.

The emergency motion put forward by Derbyshire

"That, in the light of the proposals contained in the Queen's Speech to Parliament concerning the review of incapacity benefit, this conference

(i) instructs the GPC/BMA to negotiate the removal of doctors from sickness certification or reporting requirements before the 28th day of incapacity

(ii) instructs the GPC/BMA to negotiate a reduction in the use of the DBD/DLA and similar forms together with an appropriate fee structure when such forms are requested

(iii) instructs the GPC/BMA to negotiate proper terms and remuneration for all doctors undertaking any form of medical work connected with the payment and control of social security benefits

(iv) calls upon the General Medical Council to decline to initiate its performance procedures upon doctors referred to it by claimants denied benefit until DWP/Medical Services/Atos Origin have completed their internal investigations."

was proposed by John Grenville and accepted in its entirety by the Conference.

Derbyshire's other motions were bracketed with Agenda Committee composites or motions from other LMCs. Conference supported our views on small practices, the prevalence factor in QOF, the need for uplifts in payments for locum reimbursement, revalidation, the pensions review and the funding of superannuation. The other Derbyshire motions were not reached.

The 2004 Conference had recommended that the roles of GPC Chairman and Chairman of Negotiators should be separated. GPC had considered this and decided not to act upon it. This year's conference required GPC to reconsider. Derbyshire LMC's view has been that the posts should remain combined but we would welcome constituents' views on this. Please contact your con-

Generations: The UK Study of the causes of breast cancer

Practices around the country have been concerned that patients are turning up at surgery with kits for blood testing and a letter from Professor Swerdlow at the Institute of Cancer Research explaining that it is part of a UK study into the causes of breast cancer and all the practice has to do is to take the blood. Following comments from LMCs about the contractual and workload implications of this study and concerns that GPs' non-participation would harm the doctor/patient relationship, GPC followed the matter up and wrote to Professor Swerdlow. Prof Swerdlow has since replied that he takes the point

that GP practices are not obliged to undertake this work under the new contract and that there is a real issue of GP capacity and workload. He goes on to say that the overwhelming majority of GPs and their staff who have been approached for the study have felt that they can assist with it. However, with those who feel that they are not able to help he has had an amicable correspondence and has entirely accepted their position. He agrees that it is important that the patients realise that their GP's potential assistance is voluntary.

Allocation Factor and Normalisation

Message from GPC dated 20 May 2005..

“There are serious concerns about the process of normalisation that is applied at each stage of the allocation formula. Normalisation involves scaling back the results of applying the formula to practice lists so that they always total the national registered population. If this was not done, the aggregated weighted practice lists would differ from the total population.

Two particular problems have arisen. First, an error in the Exeter software has led to the normalisation index being recalculated every quarter, when it should have remained constant through the year. This has resulted in overpayments to some practices, and underpayments to others. The GPC has been urgently pressing for clarification and rectification of this error by the Department of Health but there have been considerable delays and several proposed meetings have been cancelled due to the apparent inability of the Department to gather together all the necessary figures.

The GPC has obtained legal advice on what measures an underpaid practice can take and has been advised that it would need, at least, to be able to estimate a minimum figure, repayment of which it could then claim from the PCO. If the payment was not forthcoming, it could invoke the dispute resolution procedures. However, the problem with this approach is that it would be extremely difficult for the practice to estimate the extent of underpayment in the first place.

The second problem relates to the fact that weighted practice lists are normalised to PCO level for three quarters of the year, but then readjusted to national level for the first quarter of each new financial year. What this effectively means is that for three quarters of the year, if all practices in a PCO experienced identical growth, no practice would receive any additional funding for that growth. This happens because normalisation adjusts the growth in a practice's weighted populations relative to growth in the other practices in the PCO area for those three quarters. When, in the first quarter of the subsequent year, the normalisation is made to national level, this lack of financial recognition should be corrected, because overall growth in the national registered population brings additional funding.

However, there have been reports of significant and inexplicable falls in global sums in some areas in April 2005 despite growing practice list sizes. Although, in theory, this could simply reflect the correct operation of the formula, or list-cleaning exercises, the extent of the fluctuations has led to concerns that they could be a result of misapplication of the normalisation process.

The GPC will continue to press for urgent correction of

the software problems, and will also press for the Department to fully investigate any other problems that could be arising from the application of normalisation to PCO level for the last three quarters of the year. If the latter problem turns out to be a consequence of the process itself, rather than misapplication, we will wish to address this as part of the formula review.”

We understand from GPC and the SHA that agreement has been reached regarding the under and over payments of global sums last year. The details remain confidential but we expect that we and you will receive further details within the next few days or weeks.

Childminders



Some childminders are saying that they will not give children in their care any OTC medication without the prior consent of the child's GP. GPC has followed this up with OFSTED which is now the Regulator for Childminders. Their standards do not involve doctors in the provision of OTC medicines. The following paragraph is from OFSTED's national standards guidance: “You may give children non-prescription medication such as cough preparations, or teething gel but only with the prior written agreement of the parent and only when there is a health reason to do so. For all non-prescription medicines, parents should give written consent that specific medication can be administered to their child when required. Written consent should be obtained from parents at the time you start looking after their child and checked at regular intervals so that you take account of any changes, for example where a child can no longer take a certain type of medication or may need an additional medication.”

Trent LMCs Buying Group

Please note that User Names and Passwords for accessing the Buying Group from the website have now been changed. The User Name is `firstname_surname` of the senior partner of the practice. Your Password is available on request from the LMC office.

NB This is only available for practices paying the full LMC levy.

How to contact us

Derbyshire LMC office is at Norman House, Friar Gate, Derby DE1 1NU. Our telephone number is 01332 210008, fax 01332 341771, email office@derbyshirelmc.org.uk

The two Practice/PCT Liaison Officers are Melanie Beatham for Southern Derbyshire and Kate Lawrence for North Derbyshire. Their email addresses are: melanie.beatham@derbyshirelmc.org.uk and kate.lawrence@derbyshirelmc.org.uk.