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Kirklees LMC Newsletter Summer 2015

Government returned as Tory majority

Although we no longer have a hung parliament the election result has delivered a Conservative majority that may hide some nasty future surprises for those of us struggling in Primary Care.

Jeremy Hunt the former head boy at Charterhouse, continues as minister of health and uses a combination of charm and thinly disguised critical press releases to try to achieve his objectives. Despite the fact that he has been reminded about the crisis in Primary Care with workforce levels, workload issues, and ever diminishing resources he continues to issue negative press releases about GP's which sap our enthusiasm and lower our already flagging morale. There may be some opportunity for us to shape and influence the future development of primary care if the Government and Mr Hunt were willing to listen to us about the real needs of Primary care and the wider health service as a whole. Perhaps his recent speech on the 19th June "new deal for general practice" shows a glimmer of hope in that he starts by praising general practice but also sets us a number of challenges including 7 day working.

Workload Workforce and Resources

Primary Care is in crisis we are swamped by increased workload and unrealistic expectations. In a recent BMA Tracker survey 74% of GPs described their workload as unmanageable or unsustainable. This problem is compounded by the net reduction in the workforce, more GPs are leaving the service and recruitment is falling: over 16% of the GP workforce are likely to retire and around 15% of places on the GP training scheme remain unfilled.GP numbers have reduced from 62 per 100,000 patients in 2009 to 59.5in 2013 if we lose 15% more by 2020 that will reduce the workforce to 50 per 100,000. Our resources have been severely reduced from 11% of the NHS budget in 2005 to less than 8.4% now. It is hard to see how the government will achieve their objective of increasing the recruitment of 8000 GPs by 2020.

Quite how they will increase the capacity of primary care to meet the expectation that we will work 7days a week 8am -8pm remains a mystery!

The impact of PMS and GMS reviews will threaten many practices that may be rendered unsustainable further reducing the capacity of primary care.

The BMA and the RCGP have published a number of useful resources to help us cope with these challenges:

Workload

Quality first: managing workload to deliver safe patient care

This useful document sets out strategies to manage our workload. It provides us with a number of templates which can be used to respond to unreasonable demands. Both our CCGs enable us to send feedback to them in these circumstances also. The more information they receive the more influence they can bring to bear

Workforce

Primary care workforce: analysis from the GP tool

This survey analyses the current state of the primary care workforce in Yorkshire and Humberside and attempts to forecast the future workforce pressures.

Helping GPs back to work : returner and retainer scheme

Following intensive lobbying by the GPC and RCGP the department have issued the attached guidance and initiatives to encourage the retention of GPs and facilitate their return to General Practice. We would encourage practices to take up this scheme if possible.

Resources:

A blueprint for building *the new deal for general practice in England. RCGP May 2015*

This sets out an agenda for the development of GP services in England. It makes a clear case for the need for more resources for the health service in terms of money, personnel, premises and time.

5 Years Forward Plan/BMA integrated working discussion paper

Five year forward view

Simon Steven's elegantly crafted and politically neutral paper sets out a Plan for Primary Care into the future and there may be considerable opportunities for our practices if we can seize the initiatives that he sets out. His model involves working at scale in clusters of practice forming multidisciplinary integrated teams. It is immediately obvious that the procurement process is not a reliable mechanism for commissioning services as the process favours large organisations with large management infrastructures. So far locally the procurement process has been a complete failure, over bureaucratic, costly, often appointing the least able organisation. Evidence suggests that the health service can be better served by local commissioning through collaboration with the local providers small and large.

General practice and integration: becoming architects of new care models *in England. BMA April 2015.*

This paper sets out a variety of care models that facilitate multi-disciplinary integrated working. It should serve as a foundation for discussion and locally will also depend on the decision about the tender selected to provide care closer to home as this will govern the type of model that might fit.

There will be further challenges when we consider GP at scale in particular because at present we have 3 groups of GPs in Huddersfield, 2 federations PHH and Rowan and several unaligned practice. The distribution of GPs within these groups is somewhat random and do not facilitate the formation of clusters with appropriate boundaries.

In North Kirklees the distribution is more representative there being only 1 federation Curo.

We are planning to host a workshop /seminar to consider the best models of care that can be utilised locally to help deliver multi-disciplinary integrated primary care. In all probability a mixed economy will emerge.

Co commissioning:

Locally the CCG's have different levels of co-commissioning and the processes, organisational structures and implications of these are only just being understood .We have a GP representative on the governing bodies and meet with the CCGs monthly at the LMC Interface Group. The guidelines on conflicts of interest are quite prescriptive and could restrain our influence. We also have seats on various sub committees of the CCG's .

Managing conflict of interest *: statutory guidance for CCGs from NHSE*

Practice Estates

The Primary Care Infrastructure Fund

The government announced an initiative to support the development of improved premises fit for the future. £1billion has been set aside over the next 4yrs this being the 2nd year to enable this process. Here is the required documentation and application forms. Clearly successful applicants will be those that are deemed to be a high priority for redevelopment and that support the aims of the five year forward plan.

Premises reimbursement changes

It has been confirmed that NHSE will pay the business rates, water rates and clinical waste in full annually at the beginning of the year. Trade waste is currently not being paid but we are lobbying to ensure their reinstatement as a claimable expense.

Rent reviews

This will continue every 3 years; the district valuer will provide a figure. In the case of a dispute the practice can obtain an independent valuation at their own cost. In general an appeal may be upheld if evidence can be provided that similar quality buildings in the vicinity are attracting higher rent.

PMS and GMS reviews

Focus on PMS reviews *and transition from PMS to GMS.* This document outlines the current position with reference to the PMS and GMS reviews and the implications on funding to 2020 although any redistribution of QOF may affect subsequent figures.

In Huddersfield there are 3 practices that could be destabilised by the process. Jeremy Hunt in his speech announced a £10 million programme of support for such practices. We will continue to negotiate for the fairest deal for these practices.

PMS and GMS Reviews a Practical View

2015-16 represents year two of the implementation of NHSE's seven year "fairer funding" process for primary care.

In 2014-15 "retired" QoF points, seniority payments and initial redistribution of MPIG were reinvested into core capitation funding. Within this process the element of QoF [100 points] that was considered to be part of PMS baseline activity was addressed so there will no longer be a "PMS QoF point deduction" made from PMS QoF achievement payments.

In PMS baseline and GMS global sum there are some real and some perceived differences in levels of funding.

PMS funding is made up of the level of funding the practice received in the previous GMS contract with the addition of growth monies. Growth monies had to be invested 100% into additional staff costs.

There is also wide variation between PMS practices as to what payments were included in baseline contract pricing that are funded outside of the GMS global sum. These payments could include business rates, trade waste, water rates, two and five year old immunisation target payments, temporary resident fees, level two minor surgery procedures, joint injections, prescription pricing authority dispensing fees for personally administered items and seniority. As part of the PMS review process these figures should have been identified, removed from PMS baseline and then paid outside of baseline from 1/4/2015.

PMS practices will receive non-recurrent funds over the next 2.5 years to help support transition to a common weighted capitation payment of £78.33. Practices with an identified PMS premium will face a 25% reduction in this premium from 1/10/2015, 50% in 2016/17, 75% in 2017/18 and 100% in 2018/19. Non-recurrent PMS premium funding will continue subject to practices undertaking up to three PMS objectives with the following thresholds: <£85 weighted capitation non, £85-£95 one, £95-£105

two and over £105 three. It was determined at the joint commissioning meeting in May 2015 that practices needing to achieve one objective must adopt the Access requirement.

PMS premium monies "saved" through this process within our CCG will be retained locally for reinvestment by the CCG across both PMS and GMS practices for the delivery of agreed primary care services within core hours.

Whilst the LMC supports the principle of fairer funding we recognise that the process itself must be fair, not compromise the viability of practices, the safe delivery of services to patients nor adversely impact upon GP retention/recruitment.

Carr-Hill Weighted Capitation Formula

The Carr-Hill formula uses six indices-age/sex, nursing/residential home residents, need, market forces, rurality and turnover-to produce a weighted capitation. The formula simply does not work for atypical practices and fails to adequately weight deprivation as the age/sex index predominates. The formula also caps the government's investment in core primary care services through a process called "normalisation" whereby the national weighted capitation is trimmed back to the national raw capitation.

This has the impact, as we serve an increasingly ageing population, that resources will be reduced in those practices serving a younger population.

The GPC remains in negotiation with NHSE to review the weighted capitation formula.

GP contract payments 2015/16

Focus on GP contract payments 2015/16

This confirms how much the weighted payments will increase to GMS and PMS practices this year GMS by £2.21 and PMS and APMS by £1.66

Service development provision and pricing

CCG's and Public health are often keen to commission and develop enhanced services and incentive schemes in primary care . It is crucial that the LMC is consulted to ensure that the specification and pricing is reflective of the work required and the costs of providing it. No work should be commissioned without prior consultation with the LMC.

Information Technology

SMS services

The government in its ineffable wisdom have withdrawn the SMS texting service from the NHS and delegated the responsibility of commissioning it to CCGs. They have transferred some resources to cover the costs but it would have been a lot better if they had used their leverage to commission a universal scheme across the NHS like we have had up now. I am sure that there would have been significant advantages and economies of scale to purchase it nationally. It would have helped to have one integrated service. Locally we are in dialogue with the CCGs to encourage them to make a decision quickly and to ensure a seamless transition. It is hoped that at least across West Yorkshire that the same process is followed so that we have a uniform service.

It is likely that the default provider will be EE. **(BT)**

Out of Hours /111/Urgent Care A/E/ & 7 day working

This will be the big debate this year. The Politicians seem to want 7 day working 8am -8pm yet this somehow flies in the face of continuity and named accountable GPs. 111 has seemed to increase demand and send more patients with simple problems to

A&E, swamping them. The ambulance service has also been tied up attending non-emergencies. So far the pilots seem to have been remarkably undersubscribed and in many places have been abandoned. In the past GP OOH such as Pendoc and Health Call seemed to be more effective at meeting the public's OOH needs. Perhaps resources need to be directed to support a return to this model and 111 should be scrapped or radically modified.

Public health

GPs are being encouraged to undertake more of the public health functions within practices as outlined in Mr. Hunt's speech. This will require much better understanding and cooperation from the public health department who lately have been quite disconnected from primary care commissioning enhanced services without consulting with us and changing specifications and templates without our knowledge

Occupational health service for GP

It is still woefully inadequate that we do not have an effective confidential occupational health service for GPs. Your LMC continue to lobby for this.

Published income

Publication of NHS payments to general practice

By March 2016 all GMS practices will have to publish details of their mean net earnings for the provision of GP services that relate to the contract. All earnings will be published pretax national insurance and employee pension contributions. They will be expected to publish these figures alongside the numbers of full and part time GPs in the practice.

Some figures have already been published relating NHS payments to providers of care by HSCIC categorised into Global sum, MPIG, QOF etc.

Income and costs related to premises will not be included. It is expected that NHS England will publish some guidelines about how this should be calculated.

Named accountable GP BMA link

One of the directives issued by Jeremy Hunt is that all patients have a named accountable GP for all patients by March 2016 and to this end the local area team are encouraging us to code patients accordingly from the end of June. They are encouraging us to convert patients by bulk file according to their registered GP and refining the data further towards March. Given that most practices are group practices with shared lists we anticipate several potential problems in the future particularly when allocating responsibility appropriately.

Appraisal and revalidation

We would be interested to hear from any Practitioners who have had any difficulties with the appraisal system. We are aware that there have been some minor difficulties with the use of the appropriate tools for the Patient and 360 surveys with a number of GPs having to redo them despite having been told they were revalidation ready by their previous appraisers in the last 5 years.

Partnership and partnership agreements

Partnership agreements BMA

We are aware about some misunderstandings by new GPs about the responsibilities and functions of GP partners .Partners carry significantly more responsibilities than salaried GPs and will often be expected to work outside their clinical sessions to help manage the practice and they will be expected to sign partnership agreements with their partners which may contain restrictive covenants to protect the partnership interests. This is normal and correct practice. The BMA offer a Partnership model agreement and offer a partnership agreement writing service to members.

BMA BMA law

Staffing and Employment Law: Employment Advisory Service

Advice and support can be obtained by BMA members through the BMA Employment advisory service. There are several courses run by the BMA about employment law through the year.

BMA Courses on Employment Law for GP Partners and Practice Managers

Keeping track of employment legislation, best practice and other human resource issues can be a real headache. With the best will in the world, you know you cannot be an expert on everything: that is why you have the BMA right behind you to give expert advice and support. However, it is important to understand the principles of employment legislation and practical management of people issues to ensure a good working environment and that you do not find yourselves facing a legal challenge.

The three one-day courses introduce GP practices to key issues in employment law. The first course introduces the fundamentals of employment law and subsequent courses look at managing absence and performance and managing disciplinary issues and dismissal. The courses are suitable for GP partners and their practice managers and reduced registration fees are available for BMA members.

Introduction to Employment Law
Thursday 10 September, The Rep, Birmingham

Managing Absence & Performance
Thursday 8 October, The Rep, Birmingham

Managing Disciplinary & Dismissal
Wednesday 4 November, The Rep, Birmingham

Full details and online booking are available on BMA website, or please contact BMA conferences on 020 7383 6422 or by email at confunit@bma.org.uk for any questions or for information on future dates and locations.

LMC BUYING GROUPS FEDERATION
"Saving practices time and money"

www.lmcbuyinggroups.co.uk/

This buying group provides substantially discounted deals for LMC members for items such as buildings insurance, locum insurance, equipment, stationary and practices services such as shredding. The products offered provide real value for money and are commissioned to meet the needs of general practice. For example the locum insurance provides anything from 2 weeks deferred and provides immediate access to funds for maternity, paternity, jury service and flight delays and will cover all partners regardless of age .The buildings insurance is also inexpensive and meets the needs of general practice.

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CQC

Preparing for a scheduled CQC inspection-a guide for GP practices

New guidance on CQC inspections can also be obtained from the CQC website

Regional structure

Officers from Kirklees LMC meet quarterly with corresponding officers from Yorkshire and Humberside to discuss common issues and feedback to GPC and negotiate with the local area team

Kirklees LMC website

The website address is kirkleeslmc.co.uk

There is a lot of useful information on our website, with a MEMBERS area that is designed for GP access only and contains amongst other things, Minutes of recent LMC meetings. Please sign up for access to this area. If you have any suggestions on how to improve the site, please let the Secretarial Office know.

LMC conference :

In June every year a conference of LMCs from all over the UK is held. Its purpose is to gather opinion from all its members and form resolutions with which the representatives on the GPC can use to negotiate with NHS England.

There are small conferences for trainee GPs and salaried doctors held about once a year and places on committees for such members, interested speak to your LMC.

Useful Links: BMA RCGP CQC NHS England Kirklees LMC

Please see our website under the LINKS page

AGM and other LMC events

The LMC AGM will be held on Tuesday 11 August and will feature a visit by the CQC to explain the nature of the new assessment process.

There will be a LMC half day event to discuss multidisciplinary working with the CCGs on a date to be announced before Christmas

There will be a West Yorkshire LMC dinner in the Spring when it is hoped that Dr Chaand Nagpaul our GPC chairman will be guest of honour.

Feedback

The LMC represent all GP trainees, salaried, locums, GMS, PMS and APMS and are a statutory body established in 2011 which must be consulted about any matters relating to the commissioning and contracting of general practice. Your feedback is important to us so we would encourage you to contact the secretariat through Clare Sully at Forrest Burlinson or via the divisional officers.

Selection and election

Feeling angry frustrated are you motivated to make a change why don't you consider getting nominated for the LMC the next elections will occur in March 2016 and will ask for nominations for up to 10 places in each division. If there are more nominations than places an election will take place.

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