

# LMC E-BULLETIN

## SOMERSET LOCAL MEDICAL COMMITTEE

### Summary of significant points arising from Somerset LMC meeting 13th November 2008

#### ENHANCED SERVICES

The LMC was pleased to be assured that practices will receive the 2,2% uplift in payment for enhanced services, backdated to April, in November's statement. This will be paid "on account" in advance of the new specifications being signed off at long last.

Practices will have noted that the recent new enhanced service specifications did not include anticoagulation level 3 or 4. The PCT has informed us that the existing, 2007-8, anticoagulation specifications will remain in force until agreement is reached. As these current specifications contain no such audit requirement there is no need to attempt to complete this section of the quarterly return. The LMC view is that this would not only be difficult and laborious information to extract but that it would also be of dubious significance as it asks a random, imprecise question. For example, how often need patients be "within 0.5 of target INR" over three months? And what about patients who have had their warfarin therapy interrupted for some perfectly good clinical reason or new patients only just starting upon treatment who are bound to be outside this range for at least some of the time?"

#### QOF

Practices should also finally receive QOF aspiration payment based on 70% of last year's achievement rather than at the old 60% rate, together with payments backdated to April, at the end of November. The delay here was a national one.

Practices will have seen that the "square root formula" will no longer be applied to just extremes of prevalence in next year's QOF. This is in line with LMC and GPC policy that practices should be paid for the work they do and not some obscure mathematical version of it. No major disadvantages are expected but cannot be ruled out. The joint statement from the GPC and NHS employers encouraged PCTs to work with practices to identify potential losers in good time. Somerset PCT intend to appoint a new manager soon and this job will be part of his or her remit. In the meantime calculators are available to do the sums yourself but must carry a health warning!

#### PRACTICE BASED COMMISSIONING

Practice based commissioning LES money was paid to practices in October at £1 per patient. Practices should be prepared to remit 20p per patient of this to WyvernHealth.com which is part of the deal, so don't spend it all at once.

#### PROVIDER ORGANISATION

LMC members will be meeting representatives of the new "arms length" PCT providers organisation, apparently to be renamed "Somerset Community Health," in December. Please forward any questions you have about community services provided by the PCT. Examples already submitted include why is it getting harder to get community nurses to take blood samples, do they intend to apply to become a community health care trust after all and how can we understand exactly what community matrons are for and why wasn't there a district nurse on-call on my last OOH shift? "

**Date for your Diary-Somerset LMC Study Day Thursday 19th march 2009**

" Making General Practice work: competition or co-operation?"

Further details will follow in December