Somerset LMC Newsletter

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Issue 181

Inside this issue:

LOOKING BOTH WAYS

There is a certain inevitability about NHS organisational change. Every government seems to suffer from the same delusion that changing the paint colour of the Titanic will stop it crashing into an iceberg, so if there is one paper that every new Secretary of State for health should have on his or her desk it is "*The Triumph of Hope over Experience"* written by Nigel Edwards, then at the NHS Confederation, link which exquisitely debunks that particular myth.

It is a particular shame that we are losing Somerset PCT, which seemed to us to be the right size and design of NHS body to run healthcare in the county, and which only needed the addition more clinical involvement in decision making to have met Mr Lansley's key aspiration. Although in other places PCTs collapsed or were forced into "clusters", we avoided that fate, and so for us the changeover will go smoothly. Somerset is often said to have all the advantages: a single PCT converting into a single CCG working with a single local authority, roughly 90% of the health economy internal to the county, three well run and effective NHS Trusts and, perhaps most important, money in the bank. But this strong position is not due to chance, but to the foresight and skill of the senior management of the PCT, notably Ian Tipney and Jan Hull.

The CCG is fortunate in having inherited enough experienced staff from the PCT to ensure continuity, and we believe that the Governing Body has the right balance between vision and pragmatism to ensure commissioning stays on track. Early experience of the Commissioning Board Area Team suggests that they have also appointed capable and GP-friendly senior staff, but this organisation will be much more remote from practices than was the PCT, and with a very thinly stretched team it will inevitably be preoccupied with its statutory duties rather than healthcare development.

Meantime, austerity has yet to hit the NHS – there is a nominal £14M *increase* in CCG funding this year. However, providers are expected to continue to make QIPP savings against the background of the inexorable rise in demand that even the best admission avoidance schemes can only slow down. As many of the obvious things have been done, further cost reductions will inevitably mean a reduction in staff or changes in skill mix, given that 70% of NHS expenditure goes on people.

If one asks a senior NHS manager about the current changes, even the most discreet will usually reply with a silent shake of the head. We do not think that the new configuration is stable or sustainable, and that before long the wheel will turn and something else will come along, because it make organisational sense in our complex and crowded island to have a local tier of management covering about 500,000 people and a higher one covering perhaps five million. And whilst commercial healthcare providers can, and do, offer benefits and extra capacity in some specialist areas, taking profitable work away from NHS Trusts (for such providers certainly will not want to do unprofitable work) will only mean that our hospitals and community providers cease to be able to afford to offer essential services like 24 hour maternity care.

As the Government pursues its long struggle to reverse the deficit and tackle the national debt we must expect hard times to continue. Practices must become lean and efficient, sharing skills, resources and ideas with one another and developing commissioning plans and services that meet the essential needs of their patients. Everything else will have to wait.

CHANGES TO LOCUM GP EMPLOYER SUPERANNUATION PAYMENTS

We now have a little more information about the arrangements for sessional GP NHS superannuation payments after 1st April. GP locums will be responsible for paying both of their employee and employer superannuation contributions for work done after that date to the NHS Pensions Agency via the NHS Commissioning Board. Fortunately the CB staff responsible for this in Somerset are the old PCT team . New Locum "A" and "B" forms are at Link. Practices will be funded for the cost of the employer contribution by a 0.15% addition to their global sum equivalent payments which will be enough for about £10,000 of locum costs for the standard practice. It has always been a bit of an anomaly – from a public finance point of view - that the self-employed subcontractors of independent contractor providers of a public service had employer superannuation payments paid by the purchasing authority, but we see this change as being yet another step in the process of dis-assembling the integrated NHS that has served our patients well over the years.

The longer term effect of this move will be to encourage practices to reduce their use of locums, which will be fairly easy in large practices with many part time partners, and clearly impossible for single handed GPs. It also puts sessional doctors who have left the NHS scheme – and who arguably have the least need to earn a living –at a significant advantage in finding work.

Because locums work in an open market and set their own rates it is not possible to demand that practices automatically add 14% to qualifying payments made for sessional work, but the LMC strongly supports the GPC Chairman's position: "*Please can I urge everyone reading this to pay their locums properly, including superannuation, and not to punish locums for this capricious nonsense delivered by government. All GPs are in this together and the least we can do is to make sure that we are seen to be fair to each other".*

NEW SERVICE FOR GESTATIONAL DIABETES AT TST

Eligible patients will request a Polycal prescription from the practice

In line with current NICE recommendations, women booked at TST who are at greater risk of GDM will in future be screened by GTT at between 24 and 28 weeks gestation. Inclusion criteria include previous unexplained stillbirth, a BMI of >30, first degree relative with DM, previous baby >4.5kg or over the 97th centile and women with a South Asian, black Caribbean or Middle Eastern family origin. PCOS is *not* a risk factor. Screening will also be offered to women with heavy glycosuria (>2+), polyhydramnios, or suspected foetal macrosmia. Women with GDM in a previous pregnancy will be offered two GTTs – shortly after booking and at 26 weeks - as the recurrence rate is about 50%.

TST is working on a system for ensuring that tests requested by midwifery staff are reported to them, but please keep an eye out for these GTT results meantime.

SOMERSET LMC PRACTICE LEVY

A Letter to practices from the LMC Treasurer

I am writing to you to thank you for your previous support of Somerset LMC through the Practice Levy, and to ask for your continued support for the organisation through a modest rise in your subscription. It is a source of some satisfaction that the we have been able to maintain the Levy unchanged for the past five years, during which time Somerset LMC has made considerable efforts to establish a sound and sustainable business plan, to develop new services, and to find new sources of income. Perhaps the best example of these is the LMC role in the establishment and on-going administration of the Somerset GP Educational Trust, though this is only one of a number of projects under development. In addition we have looked critically at costs. This includes cutting back on the number of County meetings so that we can better represent you by diverting resources to negotiations with the ever increasing and evolving number of Provider and Commissioning organisations, and evaluating more critically how effective it is for us to attend others. I believe your LMC is on an excellent administrative footing, with sound leadership and an innovative approach to business management.

However, it is an unfortunate reality that we live in a time of economic stagnation, and after 5 years of annualised inflation averaging 3% I feel the time has come to ask, with regret, for the Levy to rise by 1p from (51p) to (52p) per patient. This is in the middle of the range of local LMC levies and the Committee believes it offers good value for money considering the increasing breath of services and expertise on offer. The additional income raised will be used to further extend our services, and to secure the viability of the LMC in the longer term, at a time when the Profession more than ever requires effective representation.

Dr Tim Ward LMC Treasurer

SAFEGUARDING CHILDREN TRAINING

From April responsibility for safeguarding training for practices will transfer from the Local Safeguarding Children Board to the CCG, and the current three year rolling programme will be replaced by a new one intended to help develop Intercollegiate Guidance level three competence. The sessions will encourage participant interaction and discussion, and use evidence of recent learning from practices, and lessons from multi-agency and child death reviews. Safeguarding training is intended to ensure that staff receive training applicable to their role. Induction and level one and two training can be delivered in house or by using online resources such as: Link and Link

Existing training dates will be honoured as far as possible. For more information contact

Gill.Munro@somerset.nhs.uk

The CCG Safeguarding Children Team consists of Dr Chris Absolon (Named GP), Kate Gates (Child Death Review Manager), Gill Munro (Designated Nurse) and Dr Tamsyn Nicole (Designated Doctor).

DWP FIT NOTE GUIDANCE

The DWP has published revised guidance on usage of the GP fit note, here Link. The guidance provides information on completing each section of the fit note, using case studies to illustrate different situations that may arise.

FINAL GMS SENIORITY CALCULATION FOR 2009/10

The NHS Information Centre has published Final Seniority Figure for GMS GPs in England 2009/10 as £93,678 for England. The interim figure was £94,743 and the final number is a slight increase on 2008/08 which was £92,955.

SMALL ADS…. SMALL ADS……

PART TIME PARTNER: RYALLS PARK MEDICAL CENTRE, YEOVIL

Details: Minimum 4 sessions (additional flexible sessions needed). Informal visits/enquiries welcomed. Practice profile on request.
Contact: Jackie Bradshaw, Office Manager on 01935 446823 or email robert.munro@ryallsparkmc.nhs.uk. Closing date 4th April and interviews 25th April.
www.ryallsparkmc.nhs.uk

LOCAL MEDICAL DIRECTOR: SOMERTON

Details: Due to expansion we are looking for an Medical Director to work closely with our new partnership. Full or part time role combines protected management time and clinical sessions. Informal visits welcome.
Contact: Karen Lashly on 01935 474353 or email karen.lashly@prestongrovemc.nhs.uk.
www.somertonsurgery.nhs.uk for more details.

SALARIED GPS: WINCANTON, SOMERSET

Details: One or more salaried GPs required from May 2013. Will consider full or part time combinations. Salary negotiable according to experience. Informal visits welcome.
Contact: Janet Loe on 01963 435703 or email janet.loe@wincantonhc.nhs.uk. For more details go to www.wincantonhealth.co.uk.

RETAINED GP POST: NORTH CURRY HEALTH CENTRE, TAUNTON

Details: 3 sessions per week (Tuesday & Thursday afternoons and Thursday morning).
Contact: Applications in writing with CV by post to Lisa Wallis, Practice Manager. Email: reception@northcurryhc.nhs.uk. www.northcurryhealthcentre.co.uk. Telephone 01823 490505. Closing date Friday 19 April.

PART TIME SALARIED GP: VINE SURGERY, STREET—DR WOLFE & PARTNERS

Details: Part time salaried GP required for one day per week, further details on request.
Contact: Dr Carey Wolfe or Practice Manager Roger Harrison on 01458 841122 or email carey.wolfe@vinesurgery.nhs.uk or roger.harrison@vinesurgery.nhs.uk
www.vinesurgery.co.uk

PRACTICE MANAGER: RYALLS PARK MEDICAL CENTRE, YEOVIL

Details: Due to retirement, practice manager required 4-5 days per week. NHS experience desirable (particularly in primary care). Competitive salary, depending on experience.
Contact: Telephone 01935 446823 or email jacqueline.bradshaw@ryallsparkmc.nhs.uk. Closing date 3rd April and interviews 19th April. www.ryallsparkmc.nhs.uk

PHLEBOTOMIST: WELLS HEALTH CENTRE

Details: 16 hours per week, experience preferred but training will be considered.
Contact: Tracey Holle, Practice Manager on 01749 672137 or email tracey.holle@wellshc.nhs.uk. Closing date for applications 12th April.
www.wellshealthcentre.co.uk

In place of our usual humorous back page this month, we thought our readers might be interested to read (verbatim) this official press release from the NHS Confederation, issued on 18th March. We make no comment, although you may wish to sit down before reading it.

NHS CONFEDERATION PRESS RELEASE ON THE CONTRACT IMPOSITION - 18 MARCH 2013

The Government today announced further details on changes to the GP contract. Dean Royles, Chief Executive of the NHS Employers organisation, comments:

"After months of seeking a negotiated agreement, we recognise why the government has moved to announce its decision and to put patients first. These changes to the GP contract follow months of seeking a negotiated agreement by NHS Employers and a considerable further consultation over the last few months by the Department of Health. We were clear throughout of our willingness and availability to negotiate.

The NHS Employers organisation ambition has always been to negotiate fairly to get the best deal for patients. Today's announcement reflects many of the areas where we tried to take the negotiations. Our aim was to ensure that more patients receive the range of service and quality of care provided by the top performing GP practices. That must surely be the ambition of all parties. I'm therefore disappointed that, although we tried incredibly hard, a negotiated settlement just wasn't possible. This is even more disappointing as we had reached agreement with trade unions representing over one million other NHS staff on changes to their pay.

The Government's decision to uplift the overall GP contract by 1.32 per cent clearly seeks to ensure that increases in the take home pay of staff working in GP practices are consistent with the 1 per cent pay increases that other staff working in the public sector will receive. We therefore understand why the Government has taken these decisions given the need to address a range of patient issues. I know the GPC will be frustrated by the announcement but we owe it to our patients to now work together to implement these changes to ensure they improve the quality of care provided to patients. I do hope the GPC will commit to that."

GP VOLUNTEERS SOUGHT FOR RESEARCH STUDY

Unlikely but true…

As the work volume and intensity in general practice continues to rise, the LMC has been looking at every possible way of reducing GPs' stress. In the course of this we have uncovered much anecdotal evidence that eating chocolate during stressful surgeries can be beneficial, and we therefore propose a dose ranging trial to investigate this a little further. Participants will be asked to complete a brief questionnaire before and after eating a specified amount of 40%, 60%. 70% or 83% cocoa solid containing chocolate or a control amount of alternative confectionary. This is a genuine, if lighthearted, proposal: if you would like to take part contact Helen.Cotton@hendfordlodgemc.nhs.uk or harry.yoxall@somersetlmc.nhs.uk

WHAT GOES AROUND…

Surprise, surprise! The snappily named National Health Service Commissioning Board is to be re-badged as "NHS England", which sounds a bit like the old NHS Executive to us. All we need now is for the Area Teams to be re-titled as "Regional Health Authorities" and it could be the 1980s all over again. Now, where did I leave my Big Hair and shoulder pads?

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