

## NEW LINCOLNSHIRE LMC WEBSITE

The new Lincolnshire LMC website is live!! Check out [www.lincslmc.co.uk](http://www.lincslmc.co.uk) for Information and Guidance. The website has been revamped and updated to provide relevant assistance to Principal, Salaried and Sessional GPs. In order to be responsive to the needs of our practices we have also added a section especially for Practice Managers and CCG's.

We have archived much of the information that was on the old site, so if you need anything from it; please do not hesitate to contact us – you can do this via the website. In order to ensure easy access to information, we have also included an events calendar of all LMC events and meetings.

As always our endeavour is to ensure that general practice has access to advice and information as early as possible, we are adding to our list of documents and links to facilitate this but trying to ensure we do not overload it or you! As we develop the website, we would welcome feedback from you on what content you feel would be helpful to you – or in fact what isn't!

*Lincolnshire LMC March 2012*

## PARTNERSHIP AGREEMENTS – DEALING WITH EXITING PARTNERS

### Partnership agreements

Although the LMC cannot offer specific advice on partnership agreements, we are allowed to remind practices to consider issues which have been brought to our attention and may have been overlooked.

One such issue is seniority payments. In 2004, when the new GP contract was introduced, it was agreed that seniority payments would be based on an individual GP's profit share in any given year with respect to the average profit of all other GPs in England for that year. If that share was < 1/3 average GP profit, no seniority was awarded; between 1/3 & 2/3 average GP profit allowed a 60% claim, and > 2/3 average GP profit allowed a 100% claim of the seniority for that year. The calculations are complicated insofar as the average GP profit for any year requires all GP practices across the country to report their accounts for that year. As practices have different accounting year ends, and some may be delayed for a variety of reasons, it can take up to 3 years after year end to finalise the figures, e.g. the profit for 2008/09 was finalised in 2010. For the majority of full time GPs this isn't a problem, as they will exceed the 2/3 average profit figure easily and qualify for 100% of their entitlement. However, where a GP partner is < 2/3 full time, or where a GP partner has reduced their commitment, perhaps after taking 24 hour retirement, the profit share will be less and may be at the 2/3 or 1/3 threshold.

### An example illustrates the issue.

Dr A decides to take 24 hour retirement in 2012. He returns to work 2.5 days a week. The PCT pays seniority at 100% of the relevant amount in 2012/13 and 2013/14. Dr A leaves his practice in 2014 and goes to live in Australia. In 2015, the NHS information centre announces the final figures for GP profit for 2012/13 and it turns out that Dr A has earned < 2/3 average GP profit for that year. The PCT then will deduct the overpayment from the next practice payment. Remember that although seniority may be taken individually, the PCT makes all payments (and deductions) under the contract with the practice. The practice now is left trying to recover the seniority overpayment for 2012/13 and most likely the same will occur for 2013/14 when the average GP profit figures are announced.

There is no ideal answer to this issue, as all practices have to wait for the DH to release the GP profit figures. However, we would suggest that practices discuss the issue of late payments/deductions with their solicitors and accountants and have a clause in their partnership agreement which clearly sets out settlement obligations.

*Lincolnshire LMC March 2012*

#### **PRACTICE OPENING TIMES**

The LMC are advised that NHSL will be checking on practice opening and closing times as part of their constant review of access in primary care. Whilst the regulations are open to interpretation, the LMC believe they are saying;

- A practice's normal/core hours are between 8.00a.m. – 6.30p.m. Monday to Friday
- That a practice should make themselves available for the delivery of essential services between these hours
- Patients should expect to be able to have reasonable access to their practice either in person or by telephone during these hours (reasonable access is not defined in the contract)

It is obviously for the contract holders to decide what they believe is reasonable access to their services; the LMC would of course be happy to discuss any issues in relation to this should a practice feel it necessary.

*Lincolnshire LMC March 2012*

#### **LMC HOSTED CQC REGISTRATION EVENT**

Following a successful bid by the LMC to have a CQC Registration Speaker event in Lincolnshire; this event has now been organised for Tuesday 26<sup>th</sup> June 2012 at 1.00p.m. at the Petwood Hotel Woodhall Spa, Lincolnshire. A [booking form](#) for this event is available on the LMC website. The event is restricted to two delegates per practice with a maximum of 150 delegates.

This event which will be delivered by the CQC will focus on the registration process, what you are required to provide in the way of information and your legal responsibilities.

The event will also provide an opportunity to put questions to the CQC on the [Essential Standards](#) which is also available on the LMC website.

The CQC has published its new [Overview of Registration](#) guidance, providing general information about how the registration process will work.

*Lincolnshire LMC March 2012*

#### **CQC REGISTRATION JOINT STATEMENT FROM GPC AND CQC**

Under the Health and Social Care Act 2008, all providers of primary medical services will be required to be registered with the CQC by 1 April 2013. The process leading to registration will begin in July 2012. As part of registration, practices will have to tell the Care Quality Commission (CQC) whether they are meeting the essential standards of quality and safety, which are derived from regulations governing the CQC's work.

The essential standards are based on legislation and cannot be altered. However, the British Medical Association's General Practitioners Committee (GPC) and CQC are currently discussing how the standards will apply to primary care providers. Work carried out by the CQC, during the delay to the registration of most providers of primary care, has focused on the need to be proportionate and appropriate, reducing bureaucracy to a minimum. The CQC and the GPC have been working together to achieve this and to ensure that the registration requirements are understood across the primary care sector.

To that end, the CQC is working with stakeholders to improve the logistics of its registration process. This is partly taking place through the CQC's Stakeholder Advisory Group, on which the GPC is represented.

Discussions are also taking place between the CQC and GPC about how compliance will be demonstrated and monitored following registration. The CQC is working to ensure that the compliance monitoring process is proportionate and appropriate. As part of this, the CQC will be carrying out a pilot in the summer, to test how its model of compliance monitoring will work in primary care.

There is no need for practices to purchase expensive software or consultancy services in order to register with the CQC. Most practices delivering good quality care will already be meeting the majority, if not all, of the essential standards.

The GPC and CQC will continue to issue updates in the coming months, including further detailed guidance on registration.

*GPC March 2012*

## **QOF UPDATE AND GUIDANCE 2012-13**

The QOF Indicators for 2012/13 have been published and can be found on the [Lincolnshire LMC website](#) or on the [BMA website](#).

The GPC and NHS Employers have published [joint supplementary guidance](#) and FAQs for the 2012-2013 QOF quality and productivity (QP) indicators. This guidance applies across the UK and is intended to assist practices and primary care organisations (PCOs) in understanding and working through the new QP indicators. This supplementary guidance is in addition to the guidance contained within the UK wide QOF, due to be published next week.

Version 22 of the business rules, which supports QOF 2012-13, [has been published](#).

The **Average Contract Register Population (CRP) value has been updated on QMAS** from 5891 to 6775 (in England). The 6775 figure was calculated using the list sizes from Exeter as at 1 January 2012. The updated figure will now be used going forwards in all additional services calculations. The change went in on 18 February 2012 and will result in an increase in achievement for all practices in the additional services domain.

### **Directed enhanced services (DES) 2012/13**

The [Clinical DES guidance for 2012/13](#) has now been published. The alcohol and learning disabilities DESs will continue until 31 March 2013. The osteoporosis DES will no longer be available from 1 April 2012.

The [extended hours access DES \(England\)](#) has been extended by one year to 31 March 2013, and the requirements that will apply for 2012/13 will be the same as those in 2011/12. The [patient participation DES](#), which was agreed in April 2011, will continue until April 2013.

### **Osteoporosis QOF indicators and availability of DEXA scans**

Two of the new osteoporosis indicators (OST1 and OST2) in the Quality and Outcomes Framework (QOF) for 2012/13 require that patients with a fragility fracture have a diagnosis of osteoporosis confirmed by a DEXA scan before the patient is included in the register. Following the conclusion of the negotiations, there have been reports of long waiting times for DEXA scans for younger patients in some areas, and we are particularly concerned about the effect the long waiting times might have on the ability for small practices

to achieve these new indicators. We have therefore written to the UK Health Departments asking for the availability of DEXA scans for younger patients to be prioritised.

*GPC March 2012*

### **PRACTICE MANAGERS CONFERENCE**

The annual Lincolnshire Practice Managers Conference is to be held on the 4<sup>th</sup> and 5<sup>th</sup> October 2012 at the De Vere Belton Woods Hotel and Conference Centre nr Grantham.

To book places please complete the [booking form](#) and return to Bronya Glet, Practice Manager at Westside Surgery, Boston.

This successful conference is again being chaired for the two days by Dr Phil Hammond, GP, Writer, Comic and Broadcaster – great value on its own – but again the committee are endeavouring to ensure the event and agenda is packed with excellent, innovative and national speakers!

*Lincolnshire LMC March 2012*

### **PENSIONS AND INDUSTRIAL ACTION**

On 25 February BMA Council decided it will hold a ballot on industrial action over pensions. Strike action has been ruled out as part of a unanimous commitment to ensuring that no harm is caused to patients. Detailed plans are now being drawn up on the timing of the ballot and the nature of any industrial action that will take place in the event of a 'yes' vote.

46,000 members responded to a BMA survey on the government's proposed changes to the NHS Pensions Scheme with over 80 per cent calling for the plans to be rejected and almost two thirds saying they would be prepared to take some form of industrial action. Since the 1970s, no dispute with government has reached the point where a ballot on industrial action was considered necessary, which demonstrates an unprecedented level of discontent. The government needs to understand the huge significance of this response and to work with the BMA and other NHS unions to agree fairer changes as a matter of urgency. All GPs are reminded to keep the BMA updated on their details in order to be able to participate in the ballot.

*GPC News March 2012*

### **CONTRACTOR PENSION PAYMENTS**

The LMC have been advised that contractor Pensions cheques are still being received addressed to Tony Denton – Contractor Payments NHS Lincolnshire, could we please remind all practices that they should be sent to:-

Charlotte Hill  
NHS SBS Contractor Payments (Pensions)  
Third Floor, East Wing  
Cardinal Square  
10 Nottingham Road  
Derby  
DE1 3QT

## USE OF 0844 TELEPHONE NUMBERS BY PRIMARY CARE CONTRACTORS AND COMPLIANCE WITH REGULATIONS

The GPC negotiators updated their advice following the [publication of new guidance](#) on the [Directions to NHS bodies concerning the cost of telephone calls 2009](#) by the Department of Health (DH) on 23 February this week. The DH position has not changed and the regulations remain the same. Consequently, the legal advice the GPC has obtained also remains the same.

The issue revolves around the word 'reasonable' within the regulations. All the suggestions about termination or varying the terms of the contract are always going to be based on 'reasonable steps'. Any practice would have a very strong arguable case to say that, albeit all 'reasonable steps' had been taken to try and cancel the contract or vary it, to do so would mean the practice would be subject to a financial penalty.

The regulations do not say the practice must cancel or vary the existing contract. If this was the case, 'reasonable steps' would be replaced with 'best endeavours'. Subsequently, it would not be possible to argue that the acceptance of a financial penalty is reasonable.

If practices ensure they have on record correspondence from their telephony provider stating that they will be financially penalised if they vary or cancel the contract, this should be enough to satisfy that 'reasonable steps' had been taken.

All practices will be expected to become fully compliant with regulations once their existing contracts are up for renewal or they wish to contract with a different provider. At this point, practices will be expected to ensure they contract with a provider who is compliant with regulations.

Practices are advised to obtain a copy of the statement of compliance with NHS regulations from their telephony provider when entering into new or renewing contract arrangements.

*GPC March 2012*

## Commissioning

The GPC is concerned that due to the fast pace of developments, many GPs are not aware of the decisions being made on their behalf by developing CCGs, which will impact on them and their practice in the future. To hold your CCG to account, we would urge you to [ask these questions of your CCG and LMC](#).

### Commissioning Support

In January Laurence Buckman wrote to all LMC secretaries, outlining the GPC's concerns about the commissioning support proposals and providing a template letter for LMCs to send to PCT Clusters. The GPC has since published [more detailed guidance on commissioning support](#), stating the view that CCGs should not be pressured to make decisions about their support arrangements before they are ready, and should be supported to host or share their own commissioning support services if they wish.

### **Commissioning Outcomes Framework**

The BMA has submitted a response to the NICE consultation on the proposed Commissioning Outcomes Framework. It is proposed that the Commissioning Outcomes Framework (COF) will be used by the NHS Commissioning Board (NHSCB) to measure the performance of CCGs in relation to the NHS Outcomes Framework. Indicators will be developed from NICE quality standards, the NHS Outcomes Framework and existing indicator collections.

The BMA response has stressed the need to ensure that outcomes measures are achievable and within the influence of CCGs, and that CCGs and practices are not overburdened with bureaucracy. More widely, we have restated our opposition to proposals for a 'quality reward' for commissioning. It is vital that CCGs are fully resourced from the outset in order to commission effectively. Any financial incentive for commissioning raises serious ethical concerns about the doctor-patient relationship and risks cultivating compliance with central direction, as opposed to promoting a locally-focussed and truly clinician-led commissioning system.

*GPC News March 2012*

### **PIP BREAST IMPLANTS**

The GPC has written to the Chief Medical Officer (England) highlighting our concerns about the advice given in the recent [letter about PIP breast implants](#), which advises that NHS patients who have decided against having an explanation, should have an annual follow up by their GP. In our letter we highlighted that such a review would not be part of the GMS contract and that GPs are not trained to assess breast implants, and therefore should not be asked to do so. We have asked for this letter to be retracted and for further guidance to be published recommending GPs to refer such patients to breast clinics.

*GPC March 2012*

### **VITAMIN D ADVICE ON SUPPLEMENTS FOR AT RISK GROUPS**

On 2 February the UK Chief Medical Officers (CMOs) published a [letter](#) to health professionals recommending that a large proportion of the population should be receiving Vitamin D supplements. This letter was not sufficiently clear on the implications this will have on general practice and what GPs are expected to do, nor was the GPC consulted prior to publication of this letter. The GPC has therefore written to the CMOs asking for urgent clarification on the following points:

1. Is it expected that all people in at-risk groups are to receive Vitamin D supplements, or is a screening programme to be set up?
2. If screening is to be set up:
  - Has this been approved by the UK National Screening Committee?
  - How it to be commissioned and what is are the estimated costs?
3. If routine Vitamin D supplementation without screening is advised, what arrangements are to be used for the supply of supplements?
4. If Vitamin D supplements are to be prescribed:
  - What are the cost implications?
  - What formulation should be used (e.g. there is no plain vitamin D tablet available for treating simple deficiency)?
5. If Vitamin D supplements are to be recommended, but not prescribed, how does this fit in with the obligation that GPs have to offer recommended treatment on an FP10?

*GPC News March 2012*

## PRACTICE LEASE ARRANGEMENTS

Following the implementation of the Department of Health's *Stock take and Stabilise Project*, an auditing initiative designed to ensure PCT documentation is in order prior to handing over responsibilities to the NCB and CCG's, it has come to the GPC's attention that, in many cases, practices do not have premises leases, but licences to occupy. These licences carry fewer liabilities, but are weaker to defend legally. If they have not already, PCT's will be asking practices to sign formal leases. LMC's are asked to ensure that practices are advised not to sign leases that make them responsible for any unnecessary liabilities.

The BMA is not permitted to give property advice, but if practices have any uncertainty regarding this matter, they are advised to contact BMA Law ([info.bmalaw@bma.org.uk](mailto:info.bmalaw@bma.org.uk)) who have an arrangement with HBJ Gateley Waring that any BMA member seeking property advice would be given preferential rates.

## EXTENDED GP TRAINING

In January, the GPC wrote to the RCGP and COGPED regarding concerns with proposals to implement an extension to GP training. The GPC maintains that any extension to training must be educationally focused and be sufficiently funded, and we have been clear with COGPED and the RCGP that we cannot support any proposal that appears to be designed to tackle workforce issues. The GPC will be continuing to discuss these issues with the RCGP and COGPED in the attempt to establish a mutually acceptable way forward and will inform the profession of any developments.

## SESSIONAL GPs – ALL YOU WANT TO KNOW, ALL YOU WANT TO ASK

Registration is now open for the BMA Sessional GP Conference to be held on Friday 23 March 2012 in BMA House.

Working as a sessional GP has its particular challenges, and this one-day conference aims to offer expert advice, practical information and guidance to support all sessional GPs in making the most of their careers. The conference will address the issues that matter to you, including:

- employment rights
- pensions
- appraisal and revalidation
- making successful career choices

You will also be able to personalise the programme by selecting from a choice of breakout groups and have the chance to meet colleagues from around the country, discuss shared issues and concerns, develop networks and cascade information.

Be sure to secure your place now by registering on the [BMA website](#).

## WEBSITE COOKIES

If your practice website uses cookies you may need to be aware of recent changes to the law, outlined in [guidance from the Information Commissioners Office](#).

Cookies are small files of letters and numbers downloaded to a user's computer when they access certain websites. They allow a website to recognise the user's device. The previous rules on cookies said that websites had to inform users how they use cookies and that they could 'opt out' if they wished. Most websites did this through their privacy policies.

In 2011 the laws on cookies were extended. Cookies can now only be placed on machines where the user or subscriber has given their consent, although this does not apply to cookies that are 'strictly necessary' for a service requested by a user. An example of a 'strictly necessary' cookie would be when a user chooses goods they wish to buy from a website, clicks 'add to basket' and then proceeds to the next page - the site 'remembers' what they chose on a previous page using a cookie. User consent would not be needed for this type of cookie.

The ICO does not produce a definitive list of 'strictly necessary' cookies. In the context of GP practice websites, cookies might be used to allow users to request a repeat prescription, or book appointments. If the cookie is strictly necessary for the service requested by the user, then explicit user consent is not required. Other cookies, such as those used to collect statistical information on usage of the site, are not strictly necessary and user consent is needed.

Each organisation has to decide whether user consent is needed for each cookie they use. We recommend that practices read the ICO guidance, which includes practical advice on types of cookies and how to comply with the regulations.

*GPC March 2012*

## THE INFORMATION GOVERNANCE TOOLKIT

Version 9 of the Information Governance Toolkit for general practice went live in June 2011 and the deadline for final submission is **31 March 2012**. The toolkit encompasses 13 requirements for general practice to self assess against. Connecting for Health (CfH) state that completion of the toolkit is necessary in order for practices to ensure that their CfH services continue to be provided.

One person from a practice will have been nominated as the IT lead and they will register for a user account and complete the online self-assessments on behalf of the practice. A link to the toolkit is available on the [Connecting for Health website](#).

We recommend that practices submit their 2011/12 self assessments by the deadline. Further information on information governance for GPs, and what is and is not mandatory, is [available on the BMA website](#).

PCTs have traditionally provided support to practices in regards to their information governance arrangements. If practices require assistance with completion of the online toolkit, the national information governance team can also be contacted via the 'help' section of the toolkit.

*GPC March 2012*

## TRANSPARENCY AGENDA

In May 2010 the Government made commitments as part of a 'Transparency Agenda' which came into force from November 2010 stating that all new contracts agreed by NHS bodies should be published. We have received confirmation from DH Procurement, Investment and Commercial Division that this applies to private sector providers and will include all contracts for goods and services.

If the contractor wishes to state that something is commercially sensitive that they do not want to publish as part of the contract this could be communicated to the authority in a separate letter. However, any commercially sensitive information is subject to the Freedom of Information Act as is the rest of the contract.

The Transparency Agenda additionally made the following commitments which are now reflected in the NHS procurement policy:

- "All new Information and Communication Technology (ICT) contracts over the value of £10,000 to be published in full online from July 2010.
- All new tender documents for contracts over £10,000 to be published on a single website from September 2010, with this information to be made available to the public free of charge.
- New items of spending over £25,000 to be published online from November 2010.
- All new contracts to be published in full from January 2011."

The Cabinet Office [published guidance](#) on publication of new contracts, which applies to all NHS bodies. See section 2.16 on Contract Extensions (for renewal of contracts) and 2.17 on Re-tendering a contract (for new contracts).

The guidance states that departments are recommended to publish, where relevant, the following, or the nearest equivalent, as a minimum:

- Advertisement of the requirement (e.g. Prior Indicative Notice, OJEU notice)
- Estimated procurement timescales
- Pre-Qualification Questionnaire (PQQ)
- Invitation to Tender (ITT) – includes requirement and Terms and conditions.

*GPC News – March 2012*

## PHSO REPORT

The Parliamentary and Health Service Ombudsman (PHSO) recently published its "Listening and Learning" report on complaint handling by the NHS, focusing on unfair patient removals.

The report shows that complaints about GPs accounted for 2,581 (17 per cent) of the 15,066 complaints received by the Ombudsman in 2010-11. The report also highlighted a 6 percentage point increase from 2009-10 to 2010-11 in the proportion of investigated complaints about GPs relating to patient de-registration.

GP practices are reminded about the BMA guidance on this issue, [available on the BMA website](#). Other than in exceptional circumstances, patients must be warned that they are at risk of removal from the patient list within the period of 12 months before removal. It is also recommended that the decision to remove a patient from the list should only be made after careful consideration of alternatives. Practices should also have in place adequate procedures for dealing with complaints.

[You can access the PHSO report on the their website.](#)

*GPC News - November 2011*

## ANTIPSYCHOTIC DRUGS

The Right Prescription is a call to action on the inappropriate use of antipsychotic medication for people with dementia, which seeks to ensure all people with dementia receiving antipsychotic medication have their treatment reviewed by March 2012.

180,000 people with dementia are on antipsychotic medication, however a review in 2009 by Sube Banerjee, Professor of Mental Health and Ageing at King's College London, found two thirds of these prescriptions are inappropriate. Professor Banerjee's review found use of antipsychotics resulted in increased rates of stroke, and caused an estimated 1800 deaths a year.

90% of people with dementia will experience behavioural and psychological symptoms of dementia (BPSD). Appropriate person-centred care and non-pharmacological interventions can usually help alleviate these symptoms without the need for use of antipsychotic medication. While antipsychotic medication may be appropriate in some cases, they are too often used as a first line response to BPSD.

The Right Prescription is a key aspect of the QIPP programme and is being coordinated by the Dementia Action Alliance, a coalition of over 60 national organisations who have committed to improving the care of people with dementia, and is supported by the NHS Institute for Innovation and Improvement. Rather than focusing on compliance, the Right Prescription sets commitments and actions individuals from across health and social care can take to ensure reviews happen.

To support The Right Prescription, the NHS Institute have set up a social networking and information sharing platform; National Field. This platform enables close working in local areas and across sectors. This platform and more [information on the call to action can be accessed online](#).

In addition, the charity Alzheimer's Society, working with the Royal College of General Practice and others have developed guides on appropriate use of antipsychotics and best practice in responding to BPSD for health and social care professionals and for patients. These materials can be accessed at on the [Alzheimer Society's website](#).