

LMC UPDATE

Dr Julius Parker
Chief Executive
Surrey and Sussex LMCs

Local Medical Committees I

- Existed since 1911
- Funded by practice levy (33p/patient/year)
- Provide advice and support to all local NHS GPs and practices
- Represent GPs with external organisations, including PCTs, and Consortia
- Negotiate local contractual issues

Local Medical Committees II

- Link between GPs and the General Practitioners Committee of the BMA
- Elected Committee based on constituency system
- Promotes high standard of medical and professional practice

Local Medical Committees III

- Advice
- Support
- Promotion
- Information
- Representation
- Education

Current Hotspots

- CQC
- GP Contract
- Re-accreditation
- Finances
- Commissioning
- Pensions

CQC I

- Registration and inspection process
- Required by law in order to provide defined services, including primary care
- Registration process was due to commence for GP practices in October 2011, and be complete by April 2012
- Annual registration fee payable
- The CQC has proposed changes to its plans for registration of GP practices

CQC II

- Registration is likely to be deferred
- BMA Toolkit indicates scale of the task
- Further information will be available, an announcement from the DH later in June
- LMC will arrange Roadshows
- Don't make any financial commitments yet
- This is an opportunity for further negotiation and common sense

Pensions I

- Independent Public Service Pension Commission (Hutton Report)
- Most significant proposals for changing NHS Pension Scheme ever put forward
- Current accrued benefits and terms and conditions will be honoured
- Final Salary schemes altered to a CARE (Career Average Revalued Earnings Scheme)
- Tiered Pension contribution rates
- Pension Age linked to State Pension

Pension II

- Government will consult this Autumn
- Pension indexation already switched from RPI to CPI
- State Pension Age will rise to 66 by 2020
- Aim is to reduce size of public sector pension commitment
- Affecting millions of public sector employees
- HMG: new = worse than you had before
- LMC Conference 2011 – GPs will not strike over pensions

GP Contract I

- Contract Negotiations 2011/12
- 0.5% increase in contract value via a 2.53% in QOF points
- DES:
 - Extended Hours continues at a reduced fee
 - Patient Participation
 - Ethnicity DES discontinued but Alcohol/Learning Disabilities/Osteoporosis retained

GP Contract II

- QOF: substantial changes
 - 116.5 points redistributed
 - PE7 and PE8 removed
 - Quality and Productivity Indicators (96.5 points)
 - ❖ Prescribing (QP1-5)
 - ❖ Outpatient referrals and Emergency Admissions (QP6 – 11)
- Evidence based quality framework or QIPP
Agenda Trojan horse

GP Contract III

- Where next?
- National contract negotiations not on horizon
- Retention of UK contract
- Future for Enhanced Services
- Future of Seniority payments
- Local agreements for some QOF points and contractual issues such as maternity locums
- Practice boundaries may go

Revalidation

- Finally seems to be moving beyond discussion
- “Definite” starting date of late 2012
- Five year cycle based around annual appraisals
- Increasing amount of documentary evidence will be required
- Role of Responsible Officer in primary care is still unclear

Practice Finance I

“Partnership is the relation which subsists between persons carrying on a business in common with a view of profit”

Partnership Act 1890 Section 1

Practice Finances II

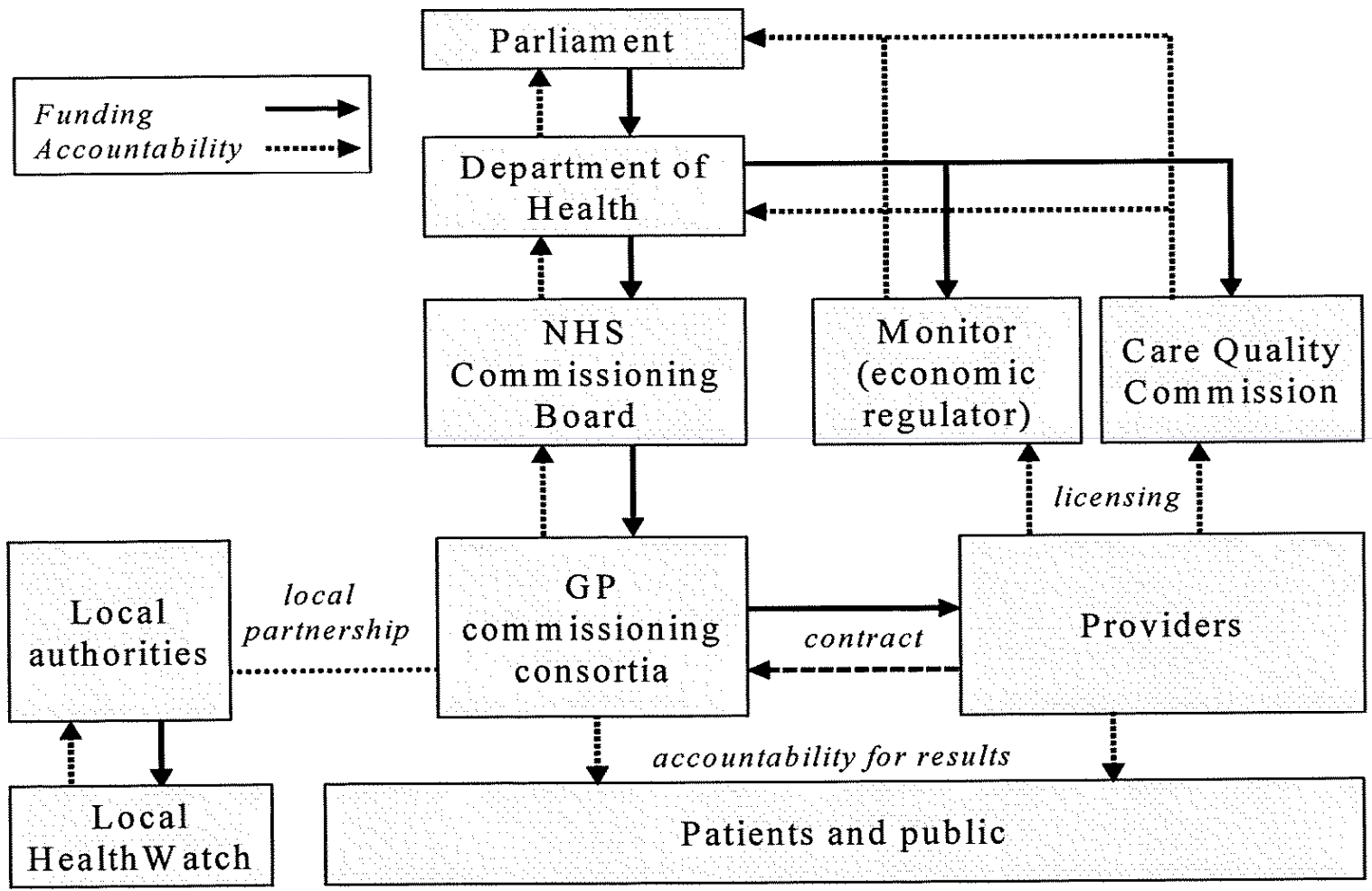
- Practice expenses continue to rise, the expenses to earnings ratio was 58.6% in England in 2007/8
- Partnership pre-tax income is falling
- Tax take and inflation are rising
- Discretionary spend by PCTs is being reduced

Practice Expenses III

- The situation is going to get worse
- There is no public sympathy for GPs "predicament"
- Every item of expenditure should be scrutinised, on a proportionate time basis
- Do not undertake work unless it is resourced
- Is the work you do making your practice a profit

GP Commissioning: where next

- Future Forum has suggested significant changes to Health and Social Care Bill
- Government's words seem to indicate support for altering the Bill
- Political expediency or genuine willingness to listen and change
- Royal Assent now likely in Autumn



Years of transition

- Abolition of PCTs and formation of PCT Clusters
- Creation of National Commissioning Board during 2011
- Continuing development of Pathfinder and Shadow GPCC (GP Commissioning Consortia)
- Eventual roles of CQC and Monitor
- Formation of Health and Wellbeing Boards
- Move towards Foundation trust status for all

Financial Imperatives

- 50% reduction in PCT “running costs”
- £20 Billion QIPP efficiency savings
- Health budget will fall when NHS inflation is taken into account
- Audit Commission reports few discernable efficiency gains in past decade
- Demographic change
- Costs of medicines, new technology, workforce and governance compliance

What will it mean for Practices I

- Increased comparison with peers, sharing of good clinical and managerial practise
- Pressure on “outliers”
- Possible opportunities for new contracts to provide services
- Increased demands on GPs and other staff
- Pressure to participate in Consortia developments and initiatives

What will it mean for Practices II

- Consortia: practice Agreements; be cautious in terms of making commitments
- Don't accept practice financial targets which have no Regulatory basis
- Don't accept financial incentives to provide a worse service to your patients
- Don't accept Consortia that have no democratic mandate --- get involved