

This is the second monthly bulletin for GP's and primary care staff. Thanks to those who offered comments and suggestions – positive or otherwise – on the first edition; we intend to improve the format continuously to ensure that it continues to offer useful and practical information. Your views on individual developments are also welcome.

Of this month's items, I am particularly heartened by the recruitment and retention and incentives package for GP's unveiled this week. On a service front, I also welcome the support tool that has been developed for appraisal, given my policy interest in the issue. It is a forward-looking IT project which will help to produce good information for GP's in support of the appraisal process.

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Headlines

- Measures to improve recruitment and retention
- New kit launched to support GP appraisal
- GP expenses explained
- Locums to get NHS pensions
- Out-of-hours partnerships with NHS Direct get underway – new resources back quality
- NPCDT workshops in advanced access
- Big interest in latest wave of PMS
- PMS pensions clarified
- First NHS LIFT sites announced

Stop press

The Prime Minister announced today a £100 million fund to be given directly to primary care organisations to promote new ways of working and to reward ideas that improve services - an average of £10,000 per GP practice. The money, including £45 million from extra investment announced in the Budget, will be allocated as follows:

A lump sum of approximately £5,000 will be paid up-front to help practices provide improved services - such as extra clinics, extended opening hours, training GP specialists and better heart and cancer services. Primary Care Groups (PCG's) and Primary Care Trusts (PCT's) will draw up with practices their own incentive schemes which will deliver local improvements to reflect NHS priorities.

The second tranche of cash will be paid out at the end of the financial year provided that the practice hits its local incentive targets. Practices hitting the targets will have complete freedom to spend the subsequent bonus. GP's can take it as a cash sum for themselves, reward practice staff or put the money back into patient services.

A copy of the Prime Minister's speech is available at www.number-10.gov.uk Further details on the schemes will be forthcoming.

GP Recruitment and Retention

On 13 March, the Secretary of State announced a number of recruitment and retention initiatives for GP's.

They include:

- a £5,000 'golden hello' to every new GP who joins the NHS
- A payment of up to £5,000 to every GP on the retainer scheme who returns to NHS work, either part time or full time
- a £10,000 investment bond or 'golden goodbye' to GP's who wait until their 65th birthday to retire from the NHS
- an additional £5,000 for newly qualified GP's who go to work in deprived areas and those where there are few doctors per head of population (on top of the £5,000 for every new GP)

Further details will be available shortly.

On-line appraisal support for GP's

Negotiations on appraisal between the profession and the Department of Health are continuing. Both sides support the principles of appraisal and are working constructively to develop the right framework, and research has found a good number of examples of good practice in appraisal, although many are informal.

All GP's will be expected to take part in their first appraisal during the year starting April 1. To support the process, the Department of Health has commissioned the Sowerby Centre for Health Informatics at Newcastle University (SCHIN) to develop an on-line resource. The Internet-based toolkit, due to be launched in the spring, will form a central resource to support both appraisers and appraisees in the future.

The tool-kit will be launched in two parts – an information directory giving guidance on the role and art of appraisal, followed by the launch of a decision-support tool to guide and support GP's and their appraisers through the process in a practical way. As well as providing guidance to appraisers and appraisees, the toolkit aims to help assure appraisers' skills and to support personal development, through a wealth of theoretical and practical advice, guidance and best practice. For more information, contact enquiries@schin.ncl.ac.uk

- The toolkit is at www.appraisals.nhs.uk

Out-of-hours services

The NAGPC and NHS Direct have announced a new partnership to help successfully implement the recommendations of the independent review of GP out-of-hours services.

The review recommended that patients should be able to access the service with a single call. Where integrated services with GP Coops have already been piloted, nurse triage provided through NHS Direct has demonstrated that GP's out-of-hours workloads can be reduced by up to 50%, at no extra cost to the GP. An exemplar programme is to be led by Stephen Shortt, a GP who is a member of the out-of-hours review team and the Medical Director of East Midlands NHS Direct.

There will be at least one exemplar per NHS Direct call centre area. A range of providers, covering all types and sizes of communities, will be included.

We have allocated £28m to support the development of the exemplar program and investment in GP services to allow them to take advantage of NHS Direct call handling and nurse assessment in the next phase of implementation.

We are currently undertaking a series of road shows with NHS regions. We are asking all the GP's PCT's Health Authorities and OOH providers to start the process of discussion that will lead to the development of plans within their areas to implement the recommendations of the review for their populations. More detailed plans will be sought later in the year from PCT/G's and HA's.

Detailed information on how to join the exemplar programme will be available shortly. The organisations considering participating should discuss the following criteria with their local PCT/G, their local HA and their local NHS Direct site:

- Electronic communication possible with NHSDirect.
- Capacity to handle the calls within local NHSD
- The proposal must have the support of the local GP's, Out of Hours Providers, PCT/G and Health Authority.

Both the report of the independent review of GP out-of-hours services and the Department of Health's response is available at www.doh.gov.uk/pricare/oohreport.htm

GP pay

The last bulletin gave details of the DDRB recommendations for GP pay. There has been a lot of discussion about why GMS expenses provision for 2001/02 will be lower than for 2000/01. Many GP's would find it difficult to reconcile a "reduction" in expenses provision with the experience of their own rising practice expenses.

A point not always understood is that the expenses provision, which is recommended by DDRB, is only for those expenses that are not directly reimbursed. Total GMS expenses have in fact been rising steadily, and are always reimbursed in full under the cost-plus contract. But a higher proportion of those expenses – including premises costs and the bulk of staff costs – is being directly

reimbursed to the practices that incur them. This leaves less to be reimbursed indirectly through the expenses provision built into the fee-scale. Both the BMA and the Department of Health have recognised this shift which has led to over-provision of expenses in the DDRB recommendations.

This movement in expenses is shown in the table and graph up to 1998/99, the latest year for which

data is available. DDRB uses this past data in estimating the likely future level of expenses not directly reimbursed.

As mentioned in the last bulletin the Government has asked the BMA and Department of Health to undertake an urgent review of forecasting expenses and handling of cumulative debt of the profession arising from over-provision of indirect expenses.

NHS PENSIONS FOR LOCUMS

In the February Bulletin it was reported that GP locums were to be allowed to join the NHS pension scheme. Further details of the proposal and what it will mean for GP Locums were announced by John Denham on 13 March.

The new health authority register of local doctors (Supplementary Lists) is not expected to be in place before the Autumn and, although GP locums will not be able to contribute to the pension scheme before then, they will be able to register their NHS work from April 2001 and the Pensions Agency will make arrangements to record their pensionable earnings and contributions. Entry to the NHS pension scheme will be backdated to April 2001.

In outline, the government intends that GP locums will register and pay their pension scheme contributions to a single health authority and that health authority will pay the employer NHS pension contributions.

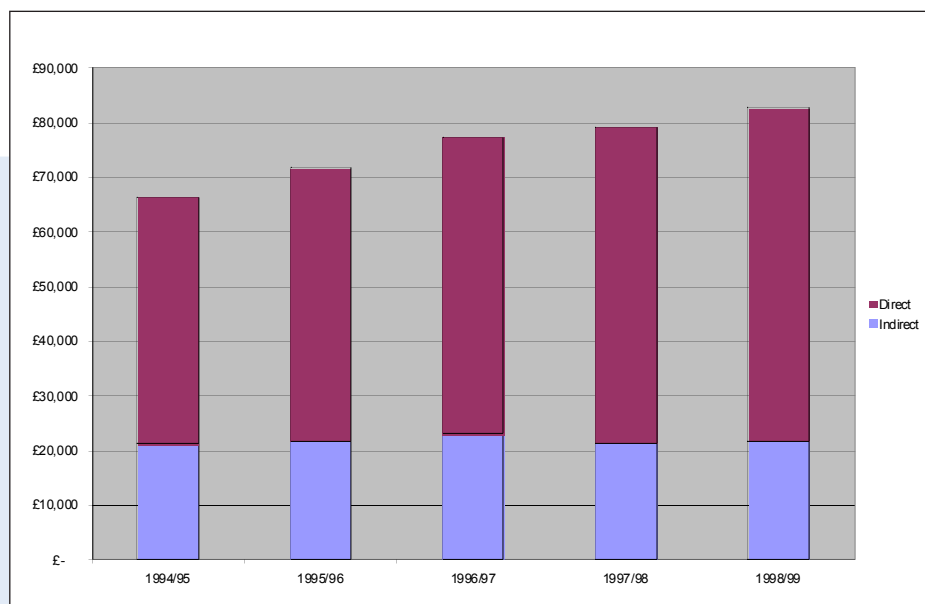
Some of the arrangements for NHS Scheme membership for GP locums remain to be clarified but full details will be issued in due course. In the meantime new forms GP Locum A and GP Locum B that will be supplied for GP Locums to record their NHS work.

GP locums who wish to maintain the necessary records will be able to:

- download copies of forms GP Locum A and GP Locum B, and their completion notes, from the NHS Pensions Agency internet website at www.nhspa.gov.uk
- from April 2001 get copies via NHS Scheme Pensions Officers in Health Authorities and GP Practices.

From the same date, supplies of the forms will be available through the NHS Pensions Agency Distribution

Year	Total		Directly Reimbursed		Indirectly Reimbursed	
	£%	Change	£%	Change	£%	Change
1994/95	66,361	-	45,219	-	21,142	-
1995/96	71,632	7.4	49,932	9.4	21,700	2.5
1996/97	77,239	7.3	54,321	8.0	22,918	5.3
1997/98	79,036	2.3	57,692	5.8	21,344	-7.4
1998/99	82,562	4.3	61,062	5.5	21,500	0.7



Centre, phone 0541 555455, quoting form names GP Locum A and GP Locum B.

A GP Locum Helpline, for any enquiries about forms GP Locum A & B completion, is available at the Pensions Agency on 01253 774678.

Workshops in Advanced Access

The National Primary Care Development Team, led by Dr John Oldham, is working with Primary Care Groups on three areas, one of which is Advanced Access. More than 3 million patients are currently benefiting from the work PCT's and PCG's are doing on improving local services as part of the Primary Care Collaborative. The NPCDT are now holding days for practices not in the Collaborative specifically on access and the "Advanced Access in Primary Care" model that has been developed with first and second wave practices. This system is moving towards the principle of "doing today's work today". The first of these events was held on 15 February and had an excellent response - 91% of participants reported the day as very good or excellent. The NPCDT are organising further days on "Advanced Access" and further details may be obtained from the NPCDT at npcdt@manchester.nwest.nhs.uk

Performance Analysis Toolkit

The Performance Analysis Toolkit was prepared by the NHS Information Authority in collaboration with Southampton University Hospitals Trust and distributed by the Department of Health, to support PCT/G's in the commissioning of secondary care services. First launched in December 2000, it will shortly be followed by an updated version.

The Performance Analysis Toolkit (PAT) is an information support that allows PCT/G's to compare their referral behaviours with their peers and to benchmark the performance

of their relevant secondary care provider against national standards. It presents efficiency and access comparisons in easy to use interactive graphical packages. Information of this nature is vital to inform the commissioning process at local level.

- Copies of the toolkit and registration forms are available from local PCG's or PCT's. For further details contact Paul Yeadon on 0113 254 6351.

PMS update

Some 500 practices have expressed an interest in the latest wave of Personal Medical Service contracts. These are in addition to the 3rd wave pilots going live from 1 April that will see around 20% of GP's in PMS.

In the first three waves, between 60% and 70% evolved into firm proposals; the same kind of uptake this time would see more than 300 firm proposals come out of this wave. The new pilots will go live on October 1 2001.

There has been some confusion over pension arrangements for PMS doctors. The Department of Health is committed to consistency of pension arrangements across both types of contract, so that GMS and PMS GP's in the NHS superannuation scheme will continue to secure equal benefits for equal contributions.

- Further details on PMS, including clarification of the Department's position on pensions, is available at www.doh.gov.uk/pricare

Primary Care Workforce Review

The review of the primary care workforce is well under way, with every NHS Region contributing via a local workshop and submissions to the review team. Primary care professionals and key stakeholders are represented on the review's reference group.

The review is designed to identify the implications for the primary care workforce of implementing the vision for primary care in the NHS Plan. It will report to ministers at the end of March.

For further details, or to contribute examples of innovative, evidence-based practice, contact kathy.powis@doh.gsi.gov.uk

Local Development Schemes

Health Authority and PCG/T chief executives have been asked to take every opportunity to encourage and fund Local Development Schemes (LDS).

Funding is available for GMS schemes from health authorities' unified budget. LDS aims to improve primary care services by allowing for enhanced fees to GP practices, where provision of services to a specified standard or in a certain way can be demonstrated. The scheme can be used to enable GP practices to improve access – for example, by rearranging opening hours, or addressing skill-mix issues.

To support enhanced services, LDS payments can be made to augment infrastructure payments – for example, for staff, premises and computers. However, payments must not duplicate existing arrangements provided for in the Statement of Fees and Allowances.

- A joint statement on LDS issued to all chief executives and Local Medical Committees by Neil McKay, the Department of Health's Chief Operating Officer, and John Chisholm, chairman of the BMA's General Practitioners Committee, is at www.doh.gov.ukcebulletin22feb.htm
- Examples of LDS models are included in HSC 1999/107 and HSC 2000/001, available at www.doh.gov.uk/publications/coinh.html

Psychological therapies

New clinical practice guidance has been produced to aid decisions about the appropriate use of different psychological therapies, and the factors to be considered.

The evidence-based guidance, "Treatment Choice in Psychological Therapies and Counselling", was produced by a multi-disciplinary group led by the British Psychological Society.

The main guideline and an accompanying leaflet are available at www.doh.gov.uk/mentalhealth/treatmentguideline. Free copies of the leaflet can be ordered via fax number 01623 724524 or email address doh@prolog.uk.com – please quote reference 23044 for main guidance, 23454 for leaflets.

Modernising primary care premises

The first issue of the bulletin described the NHS LIFT initiative. NHS LIFT aims to deliver improved primary care facilities, by "batching" together a number of primary care developments within an area. The Department of Health has earmarked £175 million for investment in the initiative in the period up to 2003/4. NHS LIFT will be established as a public-private partnership with the private sector providing additional funding.

The first six schemes to benefit from the NHS LIFT approach have been agreed by Ministers. The NHS LIFT approach to improving primary care facilities will initially be taken forward in the following areas: Newcastle, Manchester, Salford & Trafford, Sandwell, Barnsley, Camden & Islington and East London. Already, enabling work is taking place at ten sites in Newcastle. Additional localities will be selected to take forward the NHS LIFT approach later this year.

NHS LIFT will not be the only vehicle for premises modernisation. The need to improve provision of, and

access to, primary care premises is central to the NHS Plan. A strategy implemented by Walsall Health Authority provides a model for improving services.

The area has many premises which fall below the standards required by modern healthcare delivery. Central to the authority's primary care premises strategy is the aim of bringing together small GP practices into Primary Health Centres, within a community-based infrastructure.

Willenhall Health Centre provides an example of how this works in practice. It brings together a six-partner practice with four single-handed practices and a double-handed practice, all under one roof. Due to open in mid-2001, the centre is innovative in the way that local people have been able to make decisions about its provision.

The health element is only the first of three phases of the building – the others will include a multi-purpose community centre with a youth club and sports hall, where GP's will be able to prescribe exercise for their practice population. There will also be space for a Citizens Advice Bureau, internet café and a counselling room for teenagers.

- Further details on the Walsall strategy: Jane Evans, 01922 720255.
- Further information about primary care and other NHS premises can be found at www.nhsestates.co.uk

Rights and responsibilities

Patients' responsibilities as well as their rights are spelled out in "Your Guide to the NHS", the replacement for the old Patients' Charter.

The new guide responds to requests from professionals for a more balanced explanation of the NHS/patient relationship. As well as restating the NHS core principles, the guide sets out what is expected from patients, under a section titled "Your Commitment to the NHS".

This includes guidance on self-care, using the NHS responsibly, and treating NHS staff and fellow patients with respect.

- The full guide is available at www.nhs.uk/nhsguide
- For single copies, call the Health Literature Line on Freephone 0800 555777, 8am to 6pm. For bulk orders call the NHS Responseline on 0541 555 455. 'Your Guide to the NHS' is published in English, Arabic, Bengali, Cantonese, French, Greek, Gujerati, Hindi, Polish, Turkish, Urdu and Vietnamese. You may also order a guide for people with learning disabilities or an audio cassette recording or a Braille version of the text for blind or visually impaired people.

Catgut sutures withdrawn

The manufacturers of catgut sutures (made from bovine intestines) have ceased supplying these to the UK market, following action taken in other European Countries. The Medical Devices Agency (MDA) is aware of and supports this action but stresses that there is no evidence of any health risk associated with catgut sutures. The decision to cease supply of catgut sutures in the UK resulted from precautionary measures taken because acceptable alternative synthetic sutures are available. Using up any existing stock of catgut sutures poses no safety concerns.

An Expert Committee review of the safety and performance of surgical catgut sutures and synthetic alternatives is available at http://europa.eu.int/comm/food/fs/sc/scmp/out05_en.html

Further information can be obtained from:
www.medical-devices.gov.uk/catgutsutures