

Introduction

Welcome to the eighth edition of the GP Bulletin, aiming to keep you up to date with useful information for your daily work.

I may not personally be able to respond to all your comments due to pressure of time. I do, however, read them all and take your concerns on board.

Please send feedback or views on the GP Bulletin to me at sonny.dutta@doh.gsi.gov.uk

We use *DOCTORS.net.uk* to e-mail you this bulletin and have been sending paper copies to those GPs not covered by them. However, the GP bulletin will be sent only by e-mail from April 2002. If you currently receive a paper copy and in future would like to receive the bulletin by e-mail whether at a work or private address, please forward your e-mail address details to drs@thedmb.co.uk giving your name, practice name and G.M.C. number. Alternatively you can also refer to Primary Care magazine from April. This is distributed by practice managers. To be added to the mailing list for the magazine contact Neil Cussons at neil.cussons@doh.gsi.gov.uk

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Headlines

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GP Out-of-hours services

Twenty-two exemplar programmes for integration between NHS Direct and out-of-hours providers started in November 2001. A further 12 will begin in March/April 2002.

These sites will allow NHS Direct and out-of-hours providers to build up experience of developing integrated services and the benefits of partnership working - in line with the Department of Health's report "Raising standards for patients - new partnerships in out of hours care", published in October 2000 (www.doh.gov.uk/pricare/oohreport.htm).

Planning guidance for PCTs was issued in November and is available at www.doh.gov.uk/pricare/implementoohplanguid.htm. An 'out of hours' handbook, providing information on best practice and contact details, is also planned. Regular out-of-hours updates will be issued.

Two out-of-hours planning workshops have been held to support PCTs with the development of

their three-year implementation plans, which are due by 28 February 2002. Both workshops have been well received. They were organised by the department in partnership with NHS Alliance, National Association of Primary Care and the National Association of GP Co-operatives.

The department is currently consulting with the GPC and other professional organisations on the changes to regulations required to implement the out-of-hours review recommendations. Advice will also be published on what the service needs to do to deliver accreditation and meet new regulation.

For further information please contact Carole Griffiths at carole.griffiths@doh.gsi.gov.uk

Supplementary lists of non-principals

From 1 June this year GMS GP principals in England will be responsible under their terms of service for ensuring that any assistant or deputy they employ is on a PCT or health authority supplementary list.

These new lists are intended to ensure that a minimum number of essential checks are made before a doctor is allowed to treat patients. But they do not take away the responsibility of a GP principal to ensure that the doctor they employ as an assistant or deputy is appropriately experienced.

Health authorities are now setting up local supplementary lists of doctors who work as

deputies or assistants in GMS. This includes associates, assistants, salaried GMS doctors, retrainees, locums and GP Registrars. PCTs will from April onwards progressively take over management of these lists.

To continue to support GP principals in the provision of GMS after 1 April, non-principals must apply to join a health authority supplementary list before 28 February. Once the application has been submitted the non-principal is free to continue to work whilst their application is decided. PCTs and health authorities have until 31 May to complete this process. This phased process will ensure both continuity of support for GP practices and employment for non-principals.

Non-principals who apply after 28 February will not be entitled to work in GMS, and must not be engaged by a GP principal after 1 April, until their application has decided by the PCT or health authority.

Health authorities are sending application details to known locums, and other non-principals, in their areas. GP principals can help their health authority by asking locums and any other non-principals linked to their practice if they have applied. If they have not, they should be encouraged to do so straight away.

Lists of doctors working in PMS will be introduced later this year. Until these lists are introduced, any doctor who is named in a PMS contract does not need to apply to join a supplementary list. Any doctor wishing to work as a locum exclusively in PMS does not need to join a

supplementary list. However, these doctors will wish to seriously consider joining the supplementary list so that they can work as a locum in both PMS and GMS.

Once the PMS lists are introduced, any doctor working in PMS - whether named in a contract or not - will be required to be on a PCT/strategic health authority list.

Any queries can be addressed to Jenny Smith on 0113 2545825 or email at jenny.smith@doh.gsi.gov.uk providing contact details and stating which health authority has been approached.

New GP contract negotiations

Work on developing the new GMS contract is now under way. The NHS Confederation's core negotiating team has been meeting monthly with the BMA's General Practitioners' Committee (GPC) since last October. So far it is reported that the work has progressed constructively. The two negotiating teams are in agreement that the new contract must:

- meet patients' needs;
- recognises appropriately GP' contributions to health and health care;
- addresses issues of recruitment and retention in the profession;
- can be implemented flexibly to suit local circumstances.

In seeking to achieve this they will:

- emphasise and reward quality and appropriate responsiveness to patients, needs;
- recognise the roles of other members of the extended primary care team and colleagues working in the secondary, social and voluntary sectors;
- recognise the contribution that can be made by an extended range of services;
- promote the culture of clinical governance and service improvement.

To promote recruitment, retention and professional morale. They will:

- address issues of workload and capacity in primary care;
- encourage more flexible employment arrangements and career option;
- promote lifelong learning and opportunities for continuing professional development.

They will also identify the balance between the elements that will be set nationally and those that can be determined locally.

In open letters to their respective members, NHS Confederation and the GPC outlined that the new contract will provide a variety of contractual options, given the "one size fits all" solution is no longer practicable. Creating a flexible contract is likely to rely on a greater role for other primary care members.

Both teams still have much detailed work to complete before they are able to agree

meaningful proposals for a contractual framework, which the BMA can put to the profession. If the decision of the profession is positive, detailed pricing will then be required, followed by a period of implementation and transition. Some changes may also require primary legislation and will, therefore, require suitable parliamentary time.

Any queries can be addressed to Mark Smith on 0113 2546385 or alternatively email him at: mark.smith@doh.gsi.gov.uk

Further updates are available from the NHS Confederation website at: www.nhsconfed.net/priorities/gpcontract and any views or comments can be e-mailed to gpcontract@nhsconfed.co.uk.

NHS LIFT Schemes

NHS LIFT is a public-private partnership (PPP) designed to help develop and improve primary care premises. Its aim is to help meet the NHS Plan targets of 500 new one-stop primary care centres and improvement or refurbishment of up to 3000 GP premises by 2004.

In the model proposed by NHS LIFT it is possible to buy out some GPs from their existing premises in negative equity. Those who want to put in capital investment can sell to LIFT and make a general return.

The first wave of six LIFT schemes were launched in February 2001, followed by the announcement of a further 12 schemes in the second wave. A third wave of

LIFT schemes is expected later this year. A number of inner city and rural areas will be encouraged to consider putting forward plans.

Further information about NHS LIFT is available at www.doh.gov.uk/lpfi.htm

For enquiries, please contact Liz Kidd at the Department at: liz.kidd@doh.gsi.gov.uk

Performance Analysis Toolkit

In response to a demand from healthcare professionals, the Department of Health has recently issued the latest version of the Performance Analysis Toolkit (PAT) to Primary Care organisations, NHS Trusts and Health Authorities.

Version 2.0 of PAT is available on CD-ROM and holds anonymised practice level data on separate diskette.

PAT is a benchmarking tool that provides analysis of national inpatient data and has been designed to support primary care organisations in the commissioning of secondary care services.

The toolkit provides geographical representations of admission rates to hospitals for PCG/Ts and health authorities, as well as provider performance such as length of stay, readmission rates, waiting times and treatment costs. It allows PCG/Ts to judge how their organisations are performing in these areas compared to other PCG/Ts, and whether their provider's performance is as would be

expected. Knowing how well the system is working today can help shape better patient services.

The Department of Health has involved various healthcare professionals in the development stages of PAT. This input has been essential in ensuring that the next version of the toolkit is user-friendly and easily accessible. The feedback received so far indicates that healthcare professionals have been impressed with the toolkit and the analysis it offers. Work is currently in hand to develop a web-based version of the toolkit, to provide Primary Care Professionals with more accurate and timely data.

For further information on the toolkit, please contact Dr Shaleel Kesavan on 0113 2545954, email: shaleel.kesavan@doh.gsi.gov.uk

To obtain a copy of the latest version, please contact Tamara Newton by email at: tamara.newton@doh.gsi.gov.uk

September 2001 GP Census - Results

The results of the September 2001 GP census can be found at www.doh.gov.uk/public/nhsworkforce.htm

Revised PMS Agreement Framework

A revised PMS Agreement Framework, which was announced on 17 January, has been widely welcomed. The agreement replaces the previous "core contract", following widespread consultation with

interested parties, and after listening carefully to the concerns of GPs.

The main points of change keep bureaucracy to a minimum and make sure that targets are achievable. They are:

- a smaller set of minimum national requirements;
- simpler and clearer definitions - in particular, the access targets of 24/48 hours have been clearly defined;
- clarification that the requirement for 30 hours' continuing personal and professional development may include what is already taking place - it is not an additional requirement;
- the dropping of the requirement for an annual report. It became clear that this would be an unnecessary burden on staff. In addition, the annual report is no longer a requirement in General Medical Services.

For further information, please contact Sarah Bird on 0113 2545010 or email: sarah.bird@doh.gsi.gov.uk