

Stockport Local Medical Committee

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Summer newsletter

Changes within General practice are now moving at increasing pace that is hard to keep abreast even for those colleagues who are in the vanguard of change but I thought it appropriate in this news letter to try an update where we are at present in Stockport.

Since my last newsletter Ranjit, Abdul, Paul and I attended the National Conference of LMCs in London. Hamish Meldrum, Chairman of GPC and the national negotiating committee, delivered a defiant speech outlining the necessity to defend the new GMS contract through all channels and not allow extra work to be imposed on us. The contract is designed for us to say no, however this does not prevent the government commissioning services from other providers. He went on to reassure the conference that there will be no new work within the QoF without more money. There was much discontent amongst delegates about the chronic renal failure and mental health additions which has added to workload. He also went on to demand inflation linked uplifts to our global sums and MPIGs. Unfortunately it appears MPIG is here to stay for the foreseeable future and, practices should be aware that it relates specifically to the current practice contract. Therefore, if for example a single handed practitioner retired, the MPIG would be lost and the hence the monies lost forever to General Practice. A potential solution to retain the monies for General Practice is for the retiring single handed GP to make provision for succession in the practice. Advice in this respect should be sought from your LMC office.

Choose and book implementation was seen as a total mess nationwide, I am sure most of us endorse that view locally; nevertheless we keep on trying to use the system. My main criticism is of the repeated updates which then require us all to relearn the data input pathway.

Practice based commissioning was mentioned and the lack of GP engagement nationwide, targets for implementation 100% of all practices by December 2006 seems a pipe dream but nevertheless this is what Lord Warner stated in his speech to conference. Locally we appear to be ahead of most areas in the development of PBC and by now we will all be looking at our referrals to out patients and for emergency care. I don't deny this is a hard laborious process as it requires GPs to sift through all their referrals to secondary care but the benefits in retaining control of our budgets and how the finite pot of money is spent, is enormous and will hold well for the future of General Practice in Stockport. We must remain vigilant however, that in undertaking this massive task we are not hoodwinked into paying off PCT deficits and still controlled by the PCT. The message is clear; if we do the work we want control of the budgets.

As a consequence the PBC board is keen to establish a GP run company for both premises and commissioning, similar in format to Mastercall which will be independent from Stockport PCT. It is felt such a company will enable us to compete with the large private providers which are a threat to our future existence if allowed to gain a foothold in Stockport. We should be aware that other areas throughout the country are already experiencing an influx of private providers. Furthermore it is not only provision of services which this Labour Government run NHS is keen to dismantle, but also commissioning services. Front page of *The Times* last week stated private providers with experience of managing health care for budgets in excess of £300 million have been asked to bid to run PCT commissioning. This could easily happen if PBC engagement by practices is slow or none existent, although government presently denies this will happen, too politically sensitive I feel, for now at least.

On a more local issue I am pleased to report that we have made progress on the issue of payments for minor surgery procedures as an enhanced service. I hope to have full details in September but we anticipate all outstanding claims will be re-examined and where appropriate payment made to practices.

The PCT has recently voiced its concern with respect to CRB, Criminal Record checks for our staff, they are would you believe prepared to undertake these administrative checks on our behalf for the sum of £50.00, we are able to undertake them ourselves, if required for £36.00.

I hope you all have a good summer and I will return in September with a report which no doubt full of even more changes to General Practice.

David Gilbert
Chairman