

Stockport Local Medical Committee

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May newsletter

GP colleagues, this month I would like to update you on developments that are locally affecting our contract for services with Stockport PCT.

The first issue is payments for minor surgery procedures. Many of you have been concerned about a recent letter circulated by Stockport PCT excluding payment if an excision does not include sutures. This was a unilateral decision by the PCT which to date has not been rescinded. You will be aware that payments for minor surgery are defined in the blue book as £80.00 for an excision or incision and £40.00 for an injection. The problem has arisen now that Stockport PCT has attempted to define *excision*, should it include excising skin tags as well as sebaceous cysts? We are looking for further guidance on this from our national body, GPC, and also asking whether other LMCs across the country have found the need to interpret the national guidance.

Hopefully we will be able to resolve this issue amicably. I will keep you informed of further developments in future news letters. We have a meeting on the 14th June 2006 with Stockport PCT management and medical advisers to try and resolve this issue. Paul has also sent a letter to each practice outlining Stockport LMC's position on this issue.

The second issue relates to the new targets within the QoF relating to the recording of chronic kidney disease. This potentially could involve an enormous amount of work as we will be required to undertake a new test, eGFR, instead of serum creatinine. This test has been available for the last 5 months through chemical pathology at Stockport Foundation Trust. However, unfortunately a protocol has yet to be established to determine what we do with abnormal results. Whilst, I understand Dr Hutchinson, Consultant Nephrologist, is the regional lead, I believe there is also national guidance advising when referral to the nephrology clinic is appropriate based on the eGFR.

Practice based commissioning (PBC), continues to be high on our agenda, and by now you will have received information packs outlining targets for referrals, elective and non elective admissions along with outpatient appointments.

Understandably many of you will feel daunted and possibly demotivated. My own thoughts are that we should endeavour to work collectively in Stockport for a finite period (6- 9 months) and then re examine where we are, bearing in mind that PBC is probably the only avenue for attracting new monies into our practices in this and future financial years.

The alternative scenario of increasing numbers of elective and non elective admissions to secondary care, thereby reducing the monies available for investment in primary care; there is only one pot of money! The financial implication of overspends will be cuts in services to our patients and possible threats to our income orchestrated by external management accountants, as well as outside providers of health care competing with our practices to provide primary care services. Believe me there are private providers out there wanting to cherry pick primary care services. Furthermore, only yesterday, I received details of a PCT in the Midlands who have indicated that GPs must share the pain of the £13m savings they have to make, so they are to look at cutting expenditure on discretionary payments, rents, rates and will stop funding appraisal! Another PCT has decided that it does not believe that GPs earned their 1000+ QoF points so will be auditing all practices.

We still have the opportunity to control our own destiny through PBC so let's give it our best shot.

Lastly, I am pleased to announce that Stockport PCT have raised maternity payments from £978.00 to £1500.00 per week for whole time equivalent from week 3 of maternity leave up to the standard 26 week period. This is line with the recently announced amended national contract

Dr David Gilbert
Chairman
Stockport LMC