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QoF Changes

You will be aware that a number of significant changes will be made to the Quality and Outcomes Framework from 1st April 2009. A number of indicators are to be removed and new ones added over various domains, namely heart failure, chronic kidney disease, sexual health, anxiety and depression, cardiovascular disease primary prevention, diabetes and COPD. Full details can be accessed via the LMC or BMA websites.

Major changes to payments related to disease prevalence will also be brought in over the next two years. From first of April 2009 the "square rooting" formula will be abolished. This will be followed the following year by the abolition of the "5% cut off" at the lower end of prevalence. The result of these changes means that QoF payments will in future be directly proportional to disease prevalence. Whilst this is a fairer system all round, and in line with LMC Conference policy, needless to say some practices will gain financially whilst others will lose. Practice with very low disease prevalences are likely to lose substantially. Negotiations between the GPC and NHS employers have produced an expectation that PCTs will work with such badly affected practices to explore arrangements for them to provide other agreed services for their patients in order to help maintain practice incomes. Any practice which feels it will be significantly affected should contact the LMC for advice.

Further significant changes to the QoF are anticipated in the future as the government is currently consulting on proposals in respect of these. The process of assessing clinical indicators will be handed over to NICE and there are very serious concerns over this and many other planned changes. Birmingham LMC has responded to this consultation and a copy of the response can be found on the LMC website. Practices are encouraged to send in their own responses to the consultation which can be accessed at http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_089778. The closing date for response is the 2nd February 2009.

Patient Experience Survey

The 2009 National Patient Experience Survey has just been launched by the government. This new postal survey is significant longer than in previous years and

contains 44 questions. The achievement of 58.5 QoF points related to patient access to will now be dependent entirely on the results of your patients' responses to this survey rather than on the now defunct Access DES. The GPC has expressed its concern over the survey; as expected, many of the questions are considered to be unhelpful, inappropriate or misleading, and clearly stem from the underlying political agenda. The likely consequences are predictable. Furthermore from April 2009 funding through QoF for your own practice patients' survey will cease. This is clearly a sign of things to come with a higher and higher proportion of practice income becoming dependant on "patient-reported outcomes."

DDRB

The GPC and the NHSE have reached agreement that any increase in resources to general practice awarded as a result of the 2009-10 DDRB recommendation should be allocated differentially across the four main funding streams (global sum, QoF, Enhanced Services and Correction Factor) by means of a funding formula with a 7:5:5:2 ratio. The intended outcome of this would be to remove a number of practices from MPIG although obviously the exact result would be dependant on the size of the award. The government accepted this agreement and we now await the DDRB recommendations and the news as to whether or not it will be accepted by the prime minister. The GPC, in its evidence to the review body, has asked for a 4% rise in practice funding; NHSE suggested a 1.5% increase.

Child Protection Reports to Social Services

The LMC continues to receive queries from practices related to requests from social workers for child protection reports; in particular with issues related to consent/confidentiality and payment of fees. The principles underlying this remain unchanged, and recently the LMC had an extremely fruitful meeting with senior child protection and legal officers from Birmingham Social Services at which these principles were confirmed and agreed. We are hoping to issue updated definitive joint guidance as soon as possible but in the meantime GPs are reminded of the following points:

Our overriding professional obligation is to protect the health and safety of any child whom we believe

is at risk and in these circumstances we should provide information to social workers and on some occasions GPs might feel it necessary to do so without obtaining parental consent.

However GPs should only release information without consent where they have been provided with adequate information in order for them to be in a position to make a decision that breach of confidentiality is necessary to protect a child at risk. Social workers requesting information without consent should be providing this information and GPs should ensure they make all appropriate enquires of them before releasing information. If in any doubt GPs should seek the advice of their medico-legal advisers.

A fee is payable for Child Protection Reports to Social Services under the Collaborative arrangements but clearly providing a report in cases where a child may be at risk must take precedent over any discussion over fees.

New Darzi Health Centres and Surgeries

The three Birmingham Primary Care Trusts have now made their decisions over the awarding of APMS contracts for three new health centres and six new GP surgeries across the city. A public announcement over the award of these contracts is imminent. Clearly we are now well and truly in the new era of commercialisation, competition and fragmentation of general practice with the profession facing huge new challenges. Birmingham LMC has absolutely no doubt that GPs in Birmingham will, as they have always done, rise to overcome these challenges and the LMC will continue to be a source of support, advice and help.

Proposed Changes to Complaints Legislation

The Government is "consulting" on proposed changes to the legislative framework governing health and social care complaints. Like all such government consultations the result will be a *fait accompli*. As well as doubling the timescale within which complaints can be made from six to twelve months, the proposed changes from 1st April 2009 will give PCTs *carte blanche* more or less to devise their own complaints processes. In fact in Birmingham we are already having a foretaste of things to come as the Birmingham PCTs are "early adopters" for the new processes although how this can be possible prior to the relevant statutory changes defies our understanding. One change that has already been made is that responsibility for the complaint handling process has been passed from the Birmingham Shared Services Agency directly to the PCTs, following which the LMC has been asked for advice on a number of issues that have since come to light; in particular these involve inappropriate handling of the conciliation procedure and inappropriate use of the complaints process to initiate performance investigation.

Unfortunately we can only anticipate even more problems arising in the future. If you have any concerns or require any advice in respect of this issue please do not hesitate to contact the LMC.

IT Service Level Agreements

You will probably have received two documents from your PCT. One of these is the nationally agreed GPSoC agreement, the second one is your PCT's local service level agreement which serves as appendix two of the national document. Whilst nearly all of this document is entirely satisfactory, there are still one or two issues on which the LMC is seeking clarification with the PCTs-these concern use of certain items of additional hardware and use of remote access clinical software.

If you have delayed signing these documents whilst awaiting further advice, please be reassured that you are still entitled to all necessary IT equipment, resources and support from your PCT.

Preparing for Pandemic Influenza

You will recently have received from the LMC the joint GPC/RCGP guidance document "Preparing for Pandemic Influenza" together with a covering letter. As indicated in this letter, please read the document very carefully, discuss it within your practice and start to give some thought as to how you might wish to approach carrying out the recommendations in the guidance. The LMC's view is that influenza pandemic planning should be done on a pan-Birmingham basis and has written to the Chief Executives of the three Birmingham PCTs in order to discuss this.

LMC Levies and Annual Report

We are happy to announce that for the 4th year running the LMC statutory/administrative Levy was frozen in 2008 at approximately 26pence per patient and the intention is to aim to achieve this again in 2009. Further details on this and other matters will be given in the LMC Annual Report for 2008 which we hope to finalise and issue shortly.

Despite all the many pressing issues now facing the profession we have no doubt you will all, as ever, continue to provide magnificent care for your patients and we wish you a happy, successful and prosperous 2009.

STOP PRESS- PMS CONTRACTS

The Government has lost its appeal against a judicial review decision that the "unconditional" termination clause within the Personal Dental Services contract is invalid. As PMS contracts operate with the same kind of clause, this ruling is extremely significant for PMS contracts indicating that these too cannot be terminated except on specific grounds which are specified elsewhere in the contract. We shall provide further information on this very significant development as soon as we have it.