ROTHERHAM LOCAL MEDICAL COMMITTEE

NEWSLETTER OCTOBER 2010

THE LMC INVITE ALL ROTHERHAM GPs AND PRACTICE MANAGERS TO A MEETING: -

'THE FUTURE OF GP COMMISSIONING IN ROTHERHAM'

7.30pm-9.30pm Tuesday 2nd November 2010 'Birch' & 'Elm' Meeting Room, NHS Rotherham, Oak House, Moorhead Way, Bramley, Rotherham

The LMC wish to hear your views, and debate how a body of GPs should be selected and constituted to take on the commissioning responsibilities from the PCT. This is in response to the proposals outlined in the NHS white paper.

At our last meeting we discussed the possible shape of the GP commissioning arrangements in Rotherham. The PCT have suggested that GPs, in order to become familiar with the process, become involved in this year's commissioning round. To support this they have suggested that a number of GPs be appointed as GP executives. With some caution the LMC has supported this approach whilst being mindful of the risk of a future consortium losing its frontline GP focus.

Until the consultation results are published, exactly what is needed will remain unclear, but already we know that membership of a consortium will be compulsory for all NHS listholding practices. As such, the constitution of a future is of critical consortium importance to all local GPs. There would appear to be two tasks facing the GP community in Rotherham:-

1) Develop familiarity and expertise in the process of commissioning within today's NHS. 2) Form a consortium (or consortia) constituted in a way that is acceptable to local frontline GPs.

Two groups could move forward with these tasks:

a Commissioning Executive
aCommissioning Reference
Group

Considering the reference group first; it is proposed that this group will be mandated by local practices to move forward with constituting a local consortium - as details of the required structures become clear. Nationally the GPC has suggested our first step ought to be to nominate a group with the authority to appoint to key positions within a future consortium this aroup would and naturally fit that role. How members are chosen is to the GP largely up community: а simple election, guaranteed locality representation and evolution from the current commissioning scrutiny group or other local GP body have all been the suggested.

The executive group is more complex. The PCT will be funding their time and during the transition period this group will be taking on tasks the PCT remains statutorily responsible for. The upshot is that the executive must remain accountable to the PCT board until a consortium formally takes over and the PCT wishes to be involved in their appointment; we have agreed on an appointment panel constituting 2 PCT officers and 3 members of the reference group.

The 'two group' approach does seem complex but was arrived upon as the best way of ensuring continued front line GP influence whilst allowing the PCT to be reassured about accountability during the transition phase. The two have groups also the advantage of allowing different levels of involvement. Those GPs unable to free themselves for an executive role are still able to be actively involved through the reference group. The interaction between the groups will need to remain

flexible as government intentions become clearer, but the LMC does not feel that membership of one should prevent membership of the other

Commissioning consortia – GPC roundtable report

The GPC has published the round-table report of а meeting, hosted by the GPC and attended by a range of national health organisations and commissioning local groups, to discuss the White commissioning Paper proposals. The report is available here:

http://www.bma.org.uk/image s/wpgpccommissroundtabler eportoct2010 tcm41-200443.pdf

NHS White Paper – BMA Response

The BMA has now published its response to the NHS White Paper '*Equity and Excellence: Liberating the NHS'*. This response sets out the BMA's position on the key themes and overall direction of travel for the NHS described in the White Paper, as well as its views on specific reforms and initiatives. The full response is available here:

http://www.bma.org.uk/image s/whitepaperbmaresponsefull version29sept2010 tcm41-200411.pdf

A briefing paper summarising the response is here:

http://www.bma.org.uk/health care policy/nhs white paper /whitepaperbmabriefingpaper .jsp

Dispensing Doctors' Feescale

Changes to the dispensing doctors' feescale for 2010/11

were effective from 1 October 2010.

The GPC has produced guidance outlining the changes, which can be downloaded from the *'Publications'* section of the LMC website.

Cytology Training Centre Updates

The proposed sample-taker update session to take place at the PLT event on the 10th and 17th March 2011 will now not take place due to low numbers of interested parties.

The commissioning new arrangements will be in operation from April 2011 which will include an elearning package that clinicians can access. In the interim period the Cytology Training Centre will continue to deliver updates sessions until March 2011. The providers will universitv continue to provide Basic training courses.

NHS General Practice Workforce Census

The GPC has asked LMCs to ensure that practices are aware of the background to this census and the GPC's support for it.

The GPC generally supports this as a means of getting accurate information on both sides, to support negotiations in the coming year. This census (as at 30 September each year) is one of three which together deliver statistics on the total NHS workforce. The other two censuses relate to hospital community health and service staff in medical and non-medical roles.

The GPC encourages practices to participate,

particularly this year as it is important that accurate and complete information is available to inform the discussions on the implementation of the NHS White Paper and particularly GP led commissioning.

Attendance at Meetings

Constituents are reminded that they are always welcome to attend meetings of the LMC as observers.

The Committee meets on the second Monday of every month in the Board Room at Rotherham General Hospital

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