After five years in which the LMC levy has remained unchanged, it will rise from April 09 to 33p per patient. Practices need take no action as in the majority of cases the PCSS deducts the (tax-deductible) Levy at source; if not, the LMC Office will contact practices directly. The Voluntary Levy, paid to support the national negotiating body, the GPDF, remains unchanged at 8p per patient. Surrey and Sussex LMCs Levy remains significantly lower than other LMC Confederations and I hope practices feel the LMC Secretariat provides good value for money, given the wide range of support the LMC provides to both Practices and individual General Practitioners. Providing that support, and ensuring GPs are properly represented at a local level when meeting and negotiating with Primary Care Trusts, remain the LMCs key priorities. I am keen that we do more, and am particularly pleased with the recent introduction of the LMC Buying Group as an opportunity for Practices. The LMC is also developing a new post to improve and expand our relationship with Practice Managers, and will be redeveloping our website to provide a better source of both local and national information. If you would like to suggest ways to improve what the LMC can do, are interested in joining your local Committee, or in fact have any comments or suggestions, please do not hesitate to contact Dr Julius Parker directly at the Office.

Surrey and Sussex LMCs 2009 Conference – 12th May 2009
We are delighted to invite GPs and practice managers to the Surrey and Sussex LMCs 2009 Conference to be held at the Arora Hotel, Crawley on Tuesday, 12th May 2009. Speakers include Dr Laurence Buckman, Chairman of the GPC, who will provide the keynote speech and Professor Steve Field, Chairman of Council, RCGP who will provide presentations on federated models in the morning and recertification and revalidation in the afternoon session alongside Dr Malcolm Lewis from the GMC and Dr Kevin Hurrell of the KSS Deanery. Other speakers include Dr Andrew Dearden, to provide another amusing yet informative Pensions Update, and Dr Nigel Watson of Wessex LMCs on Commissioning. The cost of the conference is £75.00 per person or £65.00 per person for two or more from the same practice.

Full details of the programme have now been sent to practices and, as places are limited; if you haven’t already booked your place you’d better do so quickly.

Election of GPC Regional Representative 2009-2010
Dr Julius Parker, Surrey and Sussex LMCs Chief Executive, has been elected unopposed to the GPC to represent the Surrey and Croydon constituency for 2009/2010.

DDRB report
The DDRB has recommended an increase of 1.5% to national salary scales for doctors, including employed GPs using the BMA Model Contract. The overall gross uplift to the GMS Contract for 2009/10 is to be 2.29% but the application of the ratio formula means that the actual amount of net uplift will vary between practices with some receiving more and others less than the headline figure.
All practices will receive an increase in QOF and DES funding estimated at approximately 1.7%. LES payments, being locally negotiated, have no designated central fund so are not included in the nationally negotiated enhanced services uplift.

Practices that currently have no correction factor will receive global sum increases of up to, it is estimated, 9%. Approximately 12% of practices will now receive an uplift which will remove them from reliance on any correction factor. Practices that have a higher reliance on correction formula (as a proportion of global sum and correction factor combined) will receive a lower increase, down to 0.7%, although, of course, they will still benefit from the QOF and DES uplift. The final increase for each practice will only be known following completion of a complex set of calculations to work out the differential increase in each of the four affected funding streams (global sum, correction formula [MPIG], QOF and enhanced services) based on a 2.29% uplift and incorporation of recycled correction factor money, which may not be known for another month.

For the fourth consecutive year, the GP Registrar supplement has reduced and will now be 45%. The Review Body has recommended a 1.5% uplift to the GP trainers’ grant for 2009/10, which is in addition to the £750 per annum continuing professional development supplement due to trainers other than those who will have been without a trainee for two complete years since and including 2005/06.

As regards PMS practices, the DH has recommended that PCTs consider the implications of the DDRBs award for PMS practices on a case-by-case basis. It suggests that applying the DDRB recommendation to PMS practices may result in PMS practices typically receiving a percentage uplift to their core funding comparable to the minimum uplift for GMS practices (0.7%), as opposed to the higher uplift received by GMS practices with no MPIG or low levels of MPIG. The Department recommends that, to help make this decision, PCTs may wish to compare the funding of local PMS practices with the equivalent GMS funding for delivering the same services. And in some areas a PMS Review is planned or on-going. It is expected that PMS practices will receive a minimum uplift to core funding of 0.7%, plus the standard uplift to QOF and enhanced services funding.

The full report can be found at [http://www.ome.uk.com/downloads/DDRB%20report.pdf](http://www.ome.uk.com/downloads/DDRB%20report.pdf), but be aware that it is a large file and may take some time to download.

**GP Registrars Supplement**

The GP Registrars supplement is paid to all GP registrars who are in a GP practice placement, regardless of whether they are in year ST1, ST2 or ST3. This supplement is added to each GP Registrar’s basic salary. As mentioned previously, GP Registrars beginning a General Practice placement from 1st April 2009 will receive a supplement of 45%.

The GP Registrars supplement used to be called the Out of Hours Supplement and was paid to reflect the out of hours work undertaken by GP Registrars. However, with the introduction of practice-based GMS/PMS contracts and the decision by many practices to opt out of providing out of hours services, GP Registrars’ working patterns changed. The GP Registrars Supplement is now paid to GP registrars in order to assist parity between GP registrars and hospital junior doctors’ salaries.

**QOF Changes and New Indicators for 2009/10**

Last least year, the GPC and NHS Employers agreed a number of updates to the QOF but details of the agreement have only recently been published. Some 72 points have been re-allocated, some to boost current indicators point’s allocations and some to produce new indicators. Full details are provided on an advice sheet available from the LMC website.

**Revalidation**

The RCGP has produced a guide to the revalidation of general practitioners. The guide sets out the RCGP’s proposals for the processes and the evidence that will be required in order for GPs to be revalidated. Colleagues should note the RCGP that the timescales referred to were provisional when the document was drafted and the BMA has now confirmed that there will be a phased roll-out of revalidation only once the pilots have been evaluated and there is a robust network of responsible officers in post. Given that the revalidation pilots will run until late 2010, and that there will also be second and third wave pilots, it is unlikely that revalidation will be commencing in 2010. A final decision on the form revalidation will take will be made following completion and assessment of the pilot schemes. The 52-page guide can be downloaded from [http://www.rcgp.org.uk/revalidation.aspx](http://www.rcgp.org.uk/revalidation.aspx) where you will also find links to resources that will assist GPs in preparing for revalidation and developing their portfolio of evidence.
**Business Continuity Plan**

Having heard so many scare stories re impending flu pandemics, we are now facing a real possibility of such a pandemic and practices need to ensure that their business continuity plans are robust. Although it is not a contractual obligation for GMS practices, it is sound business sense to have such a plan, and will ensure continuing GS/CF/DES and QOF payments if the practice participates in the PCTs planning process. Information regarding GMS practice payments in the event of a pandemic outbreak can be found at http://www.bma.org.uk/images/Pandemicflu_negotiations_May2008_tcm41-173415.pdf

**Over-40 health checks**

On 29th March, Alan Johnson announced the launch from April 2009 of NHS Health Checks which will involve everyone aged between 40-74 in England being invited for a free check as part of a national programme to identify their risk of diseases such as coronary heart disease, stroke and diabetes, etc. The programme has been designed on the basis of a five year call and recall. When fully implemented, it is expected that in England around 3 million people a year will be invited to checks and the DH has modelled an uptake of 75% (based on uptake rates for breast cancer screening). This would lead to around 2.25 million people receiving checks each year. The Government recognises that this is an ambitious programme, covering some 15 million people, so delivery of this programme will have to be staggered. The NHS has been asked to aim for full implementation by the year 2012/13. In the first year 2009/10 all PCTs are expected to begin to offer checks. If the number of these health checks is leading to problems within your practice, please let the LMC office know.

**Registration with Care Quality Commission**

The Care Quality Commission, which replaced the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission in April 2009, regulates health services in England to make sure that essential common quality standards are being met. In April 2010, the Government will introduce some new regulations, which will bring the registration of the NHS, independent healthcare and adult social care into one system. These regulations will cover other areas of practice. Currently only a number of practices will need to register with the CQC in order to comply with the Care Standards Act 2000. The types of independent healthcare establishments which need to register in 2009/10 are listed at http://www.cqc.org.uk/guidanceforprofessionals/registration/healthcare/independenthealthcareregistration/whoneedstoregister.cfm. Individually, GPs need to be registered with the GMC to practice and, from Autumn 2009, will need to be registered and hold a licence to practice.

**KSS Post-Certification GP School**

The KSS Deanery is the first in the country to develop a Post-Certification School for GPs. GPs in training will be looked after by the Pre-Certification half of the GP School, whilst all independent GPs will be looked after by the Post-Certification half of the School. Although KSS Deanery has always promoted good quality continuing professional development for GPs in Kent, Surrey and Sussex the arrival of revalidation has made the Deanery even more aware of the need to support all GPs and to improve the quality of the current GP appraisal system. The Post-Certification GP School will be fully operational by April 2009 and will work in collaboration with the PCTs in KSS to prepare GPs for revalidation and to encourage high quality professional development. The Post-Certification GP School will develop the following services:

- **Enhanced appraisal service** - Working in partnership with PCTs the School is developing Appraisal Development Centres which will provide training and updating for new and existing appraisers and PCT personnel, preparing them for the changes required for revalidation.
- **Support for appraisers** - In addition to the Appraisal Development Centres the School will use the GP tutor network to provide learning sets for the appraiser network and will train lead appraisers to support their colleagues.

GP tutors will also help their PCTs organise protected learning time for GPs and practice staff and will ensure GPs in their area are fully informed about the revalidation process. They will continue to act as a focus for educational activity and support in their localities, including support for local commissioning initiatives. The School will also collaborate with PCTs on the development of local support and performance improvement training for GPs identified through the appraisal system as needing local remediation or rehabilitation. The School will be responsible for the further development of the KSS Mentoring programme which offers additional support for GPs through a one to one, confidential relationship with a respected GP peer. This service is available to all GPs in KSS and can help with career planning and personal development as well as supporting GPs with individual or practice-based concerns. The School will also support GP refreshers, those returning to general practice after a career break and will try to support GPs through the transition from trainee to independent GP by encouraging learning sets for salaried doctors. The Post-Certification School will develop its own management structure. Gill Carter is already in post as CPD Manager (including Mentoring) and Steve Scudder, Lifelong Learning Advisor, will...
be heavily involved with School activities. A Post-Certification School Board will convene for the first time in May 2009 with representation from a wide range of stakeholders, including PCTs, Tutors, Mentors, LMCs, RCGP Faculties, Lay Representation and De anery members. This innovative and unique development will ensure that GPs in KSS experience high quality appraisals, relevant to their needs, and the needs of their patients and their locality. It will prepare them for revalidation and will support them if difficulties emerge.

The KSS Mentoring Programme needs to be aware of the possible increased demand for mentoring due to enhanced appraisal and revalidation. The Deanery hopes that as many mentors as possible will be able to attend its spring workshop where some of these issues will be explored further. The Post-Certification GP School will host the KSS Mentoring Programme. Mentors help both established and new GPs to reflect upon their current professional practice and help them develop professionally. This may help mentees resolve issues within their practice or help them manage change or take a new career pathway. The mentoring relationship is a confidential and supportive dialogue between the mentee and the mentor which can last anything between a single meeting and a year or more. KSS Deanery believes that many more GPs could be supported through mentoring but fail to come forward due to a lack of knowledge about the service offered. The Deanery does have a mentee information pack accessible through the website and also a mentor pack which may also be of interest. Everyone within the KSS Educational network should be aware of the mentoring scheme and able to promote it to the wider GP grass roots. See www.gpkss.ac.uk

Repeated Requests for Patient Records
There seems to be a growing problem with repeated requests from patients, or their representatives, for records, especially in cases involving insurance companies. We’d recommend that, when providing a copy of a record to a patient or the representative, you point out that they are responsible for making further copies for others connected with their original request.

GPC Guidance
The following items have been published since the last edition of the LMC Line and are available from the LMCs office or website, or on the BMA website as indicated:

What will this year’s DDRB report mean for your practice – provides background to the DDRB report, arrangements for this year, advantages & disadvantages and summarises implications for practices. Associated GPC letter, dated 6 April, circulated to practices following publication of the DDRB, also available with the guidance note at: http://www.bma.org.uk/employmentandcontracts/pay/pay_review_bodies/DDRBmeans0309.jsp

Stamp Duty Land Tax (SDLT) guidance - SDLT is payable on transactions relating to UK land and buildings and although not all transactions involving GPs will be liable for SDLT, it is likely to affect an increasing number of practices in the future, due to the increasing number of practices occupying leasehold premises and the varying nature of the property market. NB this guidance is not a substitute for individually tailored professional accountancy and tax advice and GPs should always seek such professional advice when considering a transaction that may be subject to SDLT.
http://www.bma.org.uk/employmentandcontracts/tax/stamptaxSDLT0309.jsp (log in required)

Quality and Outcomes Framework guidance for GMS Contract 2009/10 - The guidance provides the detail to the initial agreement reached between the GPC and NHS Employers announced in October 2008. Please note, that hard copies of the guidance will not be produced.
http://www.bma.org.uk/employmentandcontracts/independent_contractors/quality_outcomes_framework/qof0309.jsp

Managing disputes with primary care organisations – A dispute resolution procedure is needed to resolve issues that arise within the contract, e.g. a dispute as to whether a contract provision has been properly performed by either the PCT or the providers, or a dispute involving financial entitlement under the contract. Contracts or agreements between GPs and PCTs fall into three types, employment, 'NHS contracts' and civil contracts. This guidance does not cover employment disputes, although the Family Health Services Appeals Unit procedure does apply to payment disputes for GP registrars.

New complaints procedure – FAQs - These FAQs have been produced to provide GPs with information on the new complaints procedure, introduced on 1 April 2009, and how it could affect GPs. The GPC will be producing more detailed guidance in due course, and practices should have received an update directly from the LMC.
http://www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/complaintfaqs.jsp
Salaried GPs Handbook
Amendments have been made to the electronic version of the BMA Salaried GPs Handbook to take account of the change in law extending the right to request flexible working for parents of non-disabled children aged 16 or under, the changes in law concerning disciplinary and dismissal procedures and changes to the model salaried GP contract in respect of adoption, paternity and other family friendly leave. The amended handbook can be found at www.bma.org.uk/employmentandcontracts/employmentcontracts/ (log-in required).

GMC: End of Life Consultation
The GMC is consulting on new draft guidance, End of life treatment and care: Good practice in decision-making. The guidance is intended mainly for doctors, but may also help patients and the public, and other health and social care staff, to understand what they can expect from doctors involved in caring for patients who are dying. Closing date for consultation: 13 July 2009. http://www.gmc-uk.org/end_of_life_care/index.asp

SSLMCs Buying Group
More than 300 practices throughout our area have so far signed up to become members in the Surrey & Sussex LMCs Buying Group. They are now in a position to take advantage of the favourable discounts and services offered by a number of companies covering areas ranging from medical diagnostics to office supplies. If your practice has not yet signed up but you’d like to do so, contact Tracey Amatt at this office.

LMC/PCT Liaison
Your LMC continues to hold regular meetings with your PCT. If you have something which you wish the LMC to raise on your behalf, please contact the LMCs Office who will be able to confirm the date of the next LMC/PCT liaison meeting for your area.

Practice Vacancies
If you would like a vacancy in your practice to be advertised on the LMCs website (free of charge), please send details to Liz Gosman at eagosman@btinternet.com

Current vacancies include:
GP Partner – Lewes, East Sussex
GP Retainer – Burwash, East Sussex
Salaried GP (p/t) – Thames Ditton, Surrey
Patient Services Manager – Pulborough, West Sussex
Practice Nurse (p/t) – Pulborough, West Sussex
Practice Nurse (p/t) – Shepperton, Middlesex
GP Partner, Worthing, West Sussex
GP Retainer – Surbiton, Surrey
GP Partner – Northiam, East Sussex
Nurse Practitioner – Oxted, Surrey

LMC Vacancy
LMC Medical Director - Berkshire, Buckinghamshire and Oxfordshire LMCs Secretariat
Part-time 4-6 sessions a week (negotiable)
The post will be based in Marlow, Buckinghamshire SL7 1PB. Annual Salary: depending on experience, £8.7K to £11.2K per session. Private Pension Benefits. Some flexibility on the days of the week which are worked would be beneficial and some travel around the three counties will be required. The appointee will be expected to continue working as a clinician in general practice. The post holder will work as part of a team to deliver the objectives of the 3 LMCs served by the Secretariat. If you are interested please ask for an information pack and application form (or use BMA Careers adplus). Dr Paul Roblin (Chief Executive)/Pauline Green (Senior BBOLMC Manager), Mere House, Mere Park, Dedmere Road, Marlow SL7 1PB. Telephone: 01628 475727. Email: paul.roblin@bbolmc.co.uk or pauline.green@bbolmc.co.uk See www.bbolmc.co.uk Closing date: 15th May 2009. Interviews are expected to be held in early to mid June 2009. The starting date for the post is negotiable.

Surrey and Sussex LMCs issue the LMC Line bulletin which combines frequently asked questions, issues raised at the GPC and information about LMC activities. If you wish to make a brief submission, please send it to Mrs Liz Gosman or Dr Julius Parker at the LMCs office: - The White House, 18 Church Road, Leatherhead, Surrey KT22 8BB. Tel. 01372 389270 Fax. 01372 389271 E-mail: eagosman@btinternet.com or Julius.Parker@sslmcs.co.uk Visit our website for further information: www.lmcs.info