



LMC NEWS

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Commissioning services	1	services is, having regard to the general principles that are set out in the Procurement, Patient Choice and Competition Regulations.”
CQC - carpets in surgeries	1	CQC - CARPETS IN SURGERIES
Deprivation of Liberty - coroner notification	1	The LMC has circulated the CQC mythbusters and hopes that the inspectors on the ground will follow their own advice.
Overseas visitors and Primary Care	2	One key question for many surgeries has been the use of carpets so you will be interested in the comments of Professor Nigel Sparrow below:
Flu Campaign and pharmacies	2	Carpets should not be used in treatment and minor surgery rooms. The flooring in clinical areas should be seamless and smooth, slip-resistant, easily cleaned and appropriately wear-resistant. This also applies to all areas where frequent spillage is anticipated. Spillage can occur in all clinical areas, corridors and entrances.
GP Jobs - free listings	2	Carpets can be used in areas where the risk of spillage is lower, such as consulting rooms, waiting area, dispensing areas and administrative, storage and meeting rooms.
Notes to employers re Fit for Work Notes	3	Where carpets are used in a GP practice, there should be consideration to needs. This includes having appropriate maintenance and cleaning programmes in place. Carpets, including all edges and corners, should be visibly clean, with no blood and body fluids, dust, dirt, debris or spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks. In the event of spillage, the practice should have the appropriate equipment and protocol in place to clean the affected area.
Dates of next meetings	3	DEPRIVATION OF LIBERTY—CORONER NOTIFICATION
LMC Members	3	The LMC has been in discussion with the South Staffordshire Senior Coroner about persons who cannot consent to being a resident in a nursing home, known as deprivation of liberty (DoL). Andrew Haigh has responded:
COMMISSIONING SERVICES		We are awaiting further guidance on the whole issue of DoLS but for the time being they have to be treated as being equivalent to deaths in custody. In those cases I have to hold an Inquest in respect of everyone who's died whilst
Several services involving large budgets are out for tender in South Staffordshire.		
The whole of Cancer Care Services are undergoing this process in the Cannock and Stafford area in conjunction with North Staffordshire. The budget amounts to £1 billion and has produced much interest in the local media.		
In East Staffordshire Long Term Conditions which includes District Nursing Services has been given the title Improving Lives Procurement. This will involve “the competitive dialogue process, which involves prospective bidders competing with their differing solutions to the outcomes based requirements as well as price.” This has resulted in the CCG mandatory black out of any discussion between GPs and district nurse colleagues about their future. This is standard practice and an example of how competitive tendering in the NHS that should be founded on collaboration.		
You will be aware of the GPC view of this but recognising they cannot override procurement/competition law are challenging the process of enforced competition. The relevant paragraph from Monitor is below:		
“There is no default process that commissioners should use to secure services. In particular, the Procurement, Patient Choice and Competition Regulations do not establish a competitive tender process as the default mechanism that commissioners should use to buy services. Commissioners need to consider on a case-by-case basis what the most appropriate way of procuring		

subject to a DoL and indeed hold an Inquest with a jury if the death happens to be un-natural. Anyone can make a report. If a doctor is aware that a patient is subject to a DoL then he/she should not issue a Medical Certificate for the purposes of registration. I would however be delighted to receive that doctor's opinion as to the cause of death for the patient concerned with a view to avoiding unnecessary autopsies and potentially juries having to come to Inquests.

OVERSEAS VISITORS AND PRIMARY CARE

There has been significant confusion about overseas visitors entitlement to NHS primary medical services, largely because of the absence of guidance from the Health Department.

This is the current GPC guidance to GPs on overseas visitors accessing primary medical services in the UK:

Key points for overseas visitors accessing primary medical services in the UK

- **You have a duty of care** Practices have a contractual duty to provide emergency treatment and immediate necessary treatment free of charge for up to 14 days to any person within their practice area.
- **Pre-existing conditions are included** There is no definition of immediate necessary treatment in primary medical services contract regulations but it should be viewed as including treatment not only of new conditions but also pre-existing conditions that have become exacerbated during the period of a person's stay in the UK.
- **Procedures for overseas visitors should be in place** Practices should have appropriate procedures in place to ensure that patients in need of this treatment can be identified and assessed by a health care professional.
- **Registration should be discretionary** When a person does not require emergency or immediately necessary treatment, practices have some degree of discretion under the contract regulations about whether to register the person.
- **Temporary resident is an option for registration** Practices, if their list of patients is open, may accept overseas visitors as temporary residents, if they will be in the area for 24 hours to three months, or may accept an overseas visitor's application for inclusion in their patient list.
- **Discrimination rules apply** Persons applying for registration cannot be turned down for reasons relating to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.
- **Requesting formal identification** Overseas visitors have no formal obligation to prove their identity or immigration status to register with a practice. However, asylum seekers may be able to show an Immigration Service issued 'Application Registration Card' (ARC) or official documents that confirm their status. Where practices have a policy of asking applicants for identification then it should be for all patients and not just overseas visitors. **Please note:** We advise practices to use their discretion and consider the individual circumstances of an overseas visitor who can not provide documents that they would normally require for patient registration.

Care on a private basis Any person who does not require emergency or immediately necessary treatment and has not been accepted onto a patient list or accepted as a temporary resident can still be treated by a GP on a private basis, for which they may be charged. Alternatively those persons can be directed to contact the appropriate local body, who can advise on what services are available locally.

Key points for referring overseas visitors to secondary care treatment in the UK

- It is **not the duty of a GP** to establish a patient's entitlement for free NHS secondary care treatment. This is the responsibility of the NHS secondary care provider.
- Trusts will ask patients questions on admission to determine whether they should be charged for the hospital treatment and the process will be handled by an overseas visitor manager.
- GPs should avoid making any judgements about the likelihood of an individual patient being charged for secondary care and should refer whenever clinically appropriate.

FLU CAMPAIGN AND PHARMACIES

You will have been dismayed by the decision of the Area Team to involve community pharmacies in the delivery of flu vaccinations.

The LMC has been successful in agreeing a delay until 1st November. It is therefore imperative that practices implement their campaigns as soon as vaccines are received. The figures for uptake are low compared to national figures in Cannock and Stafford areas.

The Area Team has agreed that surplus vaccines will be underwritten for GPs if their figures are the same as last year or are greater. The outcome of this arrangement will be reviewed in January/February 2015 and a decision made whether to commission pharmacy involvement in the future. Please note that the payment for vaccines are the same for pharmacies and GPs.

GP JOBS - FREE LISTINGS

GPJobs.org is a new recruitment site which offers free listings to GP Practices. Any role in General Practice can be advertised whether the role is for a salaried GP, Partner, Maternity locum, Practice Nurse or Receptionist. It offers practices an alternative to placing traditional adverts that can cost £1000s that could be better spent elsewhere. All listings are completely free, and are also automatically posted on Twitter to increase awareness of your vacancy.

To register and start advertising, visit www.gpjobs.org/login

If you have any queries, contact 0845 388 3450 or info@gpjobs.org - they are happy to post the job for you if you prefer.

NOTES TO EMPLOYERS RE FIT FOR WORK NOTES

GPs are often asked to supply a 'fit note' declaring that someone is fit for work. You may find the attached advice note useful in the surgery in these situations.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

18 Sep Samuel Johnson Community Hospital **LMC**
6 Nov Hill Street Health & Wellbeing Centre **LMC**

The meetings with the **LMC** are for the full committee of LMC members without the AT.

The meetings with the **AT** are for the LMC Executive and the AT alone.

LMC MEMBERS

The following is a list of current members of the South Staffs LMC

Dr V Singh (Chairman) 01543 870580
Dr D Dickson (Secretary) 01283 564848

Dr P Gregory (Executive member) 01543 682611
Dr G Kaul (Executive member) 01543 414311
Dr P Needham (Executive member) 01283 565200
Dr T Scheel (Executive member) 01283 845555

Dr M Bermingham 01785 822220
Dr O Barron 01889 562145
Dr J Chandra 01543 870560
Dr J Eames 01785 815555
Dr C McKinlay (Treasurer) 01283 564848
Dr E Odber 08444 773012
Dr A Parkes 01827 68511
Dr A Selvam 01543 571650
Dr E Wilson 01922 415515
Dr A Yi 01543 870590
Dr H Zein-Elabdin 01922 702240

DR V SPLEEN

Dear reader

The Best Job in the World!

(Advertisement spotted in friendly neighbourhood journal close to you)

Wanted highly qualified graduates with 10 years of training, to carry out 40 - 50 client contacts every day. Total number can vary, depending on convenience of Clientele.

Wages are non-negotiable and unpredictable, depending on profits / expenditure. Income decreases year on year, and is decided by government. Expenses governed by market forces and workforce turnover.

Additional hours are mandatory. Candidates will be expected to work 7/7 and 8 to 8 with a smile on their face. No family contact or supermarket perks are permitted during these hours. Quality and outcomes must be continuously recorded. This

can be done by ticking boxes. Successful candidates will be expected to provide at least 3 minutes of eye contact per consultation with a client.

Regular personal inspection annually and five yearly revalidation is compulsory. Failure to comply will result in termination of contract. We are an equal opportunities employer and do not encourage whistleblowing.

The business will be inspected annually and possibly by 3 different agencies. If deemed inadequate, special measures will be enforced.

Personal/professional indemnity is not provided. This can be obtained for a premium of £7-8k a year from a number of agencies, but cover is discretionary. For a competitive quote, please visit www.WhatChoiceDoIHave.com.

No holiday cover is provided. If you need to arrange a long-term Locum, please cancel your next holiday, as this can seriously put you out of pocket.

You are automatically enrolled onto our Pension scheme. Your contribution equals 23.5% of salary, rising to 29% soon. Lump sum pension now reduced, subject to further change with notice but without any agreement. National Insurance payments also likely to increase to fund your old age care. Package for level of seniority and experience are not included.

Retirement age is to be increased at will by government and without proper consultation.

Remuneration of £150k+ will be quoted by agencies and media but rarely received. This post does not offer personal incentives for e.g.; a Company car. Hours will match workload but is exempt from working time directive. Any serious error made during the 12-14 hour working day, however is not exempt and will be subject to prosecution.

Applicants can expect to have high divorce rates, alcoholism, suicide, drug misuse and mental illness whilst in post with no help from occupational services.

This attractive opportunity is usually filled by the top 5% of school achievers. Apply now. Places aren't filling rapidly.

Other career opportunities are available for those who are able to demonstrate leadership within their business and work with other businesses in the locality or federations or strategic authorities to navigate complex organisational structures subject to reform every 6 months, depending on political whim.

Exit Strategy included in Job Plan:

If you are over 45 with two kids to raise, we will try and help you survive the 8 years left on your mortgage, sell your big house and move to small house to raise funds for your child's University education and your retirement, rough it out for another 3 years of torture, exit the Pension scheme and then freelance for St. Bury's Ltd. until you are 59/60. After that, you are on your own!

Au Revoir! Venture

The views expressed in this column are those of the author and not necessarily those of the LMC.