



LMC NEWS

Website: www.sslmc.co.uk

E-mail: enquiry@sslmc.co.uk

CONTENTS

	Page
Communications to practices	1
Care.data - Can we do a mass opt-out?	1
Care Quality Commission	1
Waiting room music PRS and PPL licences	1
Final seniority factors 2010/11	2
Government's pay announcement for GPs	2
Dates of next meetings	2
LMC Members	2
Dr V Spleen	3

COMMUNICATIONS TO PRACTICES

The GPC under the leadership of Chaand Nagpaul has become more open in its communications with GPs and practices. We receive regular newsletters from the Chairman and also GPC News.

In the past the LMC Secretary would have picked out relevant information and documents which are then directly sent to you as e-mail attachments. However, with the new open communication from the GPC it is important for practices to have an individual, usually practice manager, who will circulate the relevant documents from the GPC newsletters. In many cases this will require membership of the BMA in order to access the GPC website. A recent useful document has been the MPIG Ready Reckoner for GMS Practices.

CARE.DATA - CAN WE DO A MASS OPT-OUT?

The Health and Social Care Act 2012 gave NHS England the right to direct the Health and Social Care Information Centre to collect data from GP records. The Act requires the disclosure of the data, which means the Data Protection Act does not apply, and therefore neither GPs or patients have any legal right to stop that information being uploaded.

The Secretary of State after pressure (including from the BMA) has given patients the ability to opt out at the SoS's discretion. There is no such discretion given by the SoS to practices to block any upload.

However, GPs as data controllers retain the requirement under the DPA to ensure fair processing, which is why GPs

have the legal duty to ensure patients are aware what is happening to their data.

In summary, GPs cannot lawfully block any upload. If you feel that the information provided by NHS England is insufficient or inaccurate, then you are required to make up the deficit under the DPA.

CARE QUALITY COMMISSION

Several LMC members attended a presentation by Professor Steve Field on 27th February 2014 at Bromsgrove.

The meeting made it very clear to Steve Field the depth of feeling that GPs have about his role as Chief Inspector of General Practice in England. He responded with clarification of his role and how the CQC visits to practices are to be performed from 1st April 2014. Many GPs feel that there is a current 'culture of fear' with respect to the CQC.

One interesting recommendation from Steve Field was that practices should not use the name of the senior partner in CQC registration, instead use the name of the practice. This would reduce the need to go through the lengthy application process when there have been partnership changes.

WAITING ROOM MUSIC PRS AND PPL LICENCES

- If you play a radio or have a TV on in your waiting room you will require a PRS (Performing Rights Society) Licence
- If you play CDs/MP3s/DVDs/Tapes you will require both a PRS and PPL licence
- If you play copyrighted music when using the "hold" facility on your telephone you will need both a PRS and PPL licence

Both Societies are very helpful when approached and will quote you the tariff for your business needs. The Performing Right Society (PRS) collects licence fees on behalf of song writers, composers and publishers who own the rights to the musical and lyrical compositions and

the Phonographic Performers Ltd (PPL) collects fees on behalf of the copyright owner that produced the recorded music.

In UK law, playing copyright music in public will generally require the consent (or licence) of the copyright owner. This applies to any audience outside the domestic or home circle.

Sadly if you choose to play music or have a television in your waiting room or foyer or opt to play music when telephone callers are on hold, you will need a licence(s).

There are some areas of healthcare premises which are exempt from the PRS licensing requirement, but PRS is quite specific in stating that these exemptions do not apply to GP surgeries.

You will need a licence for the use of all copyrighted music to be used as background music in the waiting room. This applies to music played on TV, radio or CD.

You will also need a licence(s) for use of copyrighted music for your telephone on hold system.

You may contact PRS for further information at Copyright House, 29-33 Berners St, London W1T 3AB, switchboard: 020 7580 5544, fax: 020 7306 4455.

In addition to a PRS licence you will also need a PPL licence if you are playing any copyrighted recorded music in your waiting room or on your telephone hold system. PPL sets a Background Music Tariff - for waiting rooms/ reception areas and also for telephone music on hold. There is currently no PPL licence required to play music through a TV or radio.

Further information is available at <http://www.ppluk.com/>.

FINAL SENIORITY FACTORS 2010/11

The Final Seniority Factors for England and Wales for 2010/11 have been published by the Health and Social Care Information Centre, following agreement by the Technical Steering Committee. The figures are £94,080 for England and £82,237 for Wales.

Further details and the report explaining the calculations may be viewed on the HSCIC website at www.hscic.gov.uk/workforce/gpfinance.

GOVERNMENT'S PAY ANNOUNCEMENT FOR GPs

Here are the main GP-related recommendations from the DDRB report, available here https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/288697/Doctors_Dentists_42nd_report.pdf

- For independent contractor GPs, an uplift of 0.28 per cent to be applied to the overall value of GMS contract payments for 2014-15. This is intended to result in an increase of 1 per cent to GP contractor income after allowing for movement in expenses. The GPC strongly dispute this interpretation.

- For salaried GPs, the minimum and maximum of the salary range to be increased by 1% for 2014-15. As a result of the DDRB's recommendation, salaried GPs on the model salaried GP contract should receive an uplift of at least 1% to their salary.

- For the trainers' grant, an increase of 1% along the same lines as basic pay for other doctors.

- Given ongoing doctors in training contract negotiations, no recommendation on any change to the GP specialty registrar supplement.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

27 Mar	Hill Street Health & Wellbeing Centre	LMC
1 May	Samuel Johnson Community Hospital	AT

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

Thoughts for the Day

If the quality of care received by a patient is determined by the patient having a named doctor, how important is it for that doctor to receive correspondence from the hospital providing care for that patient rather than somebody else who has no involvement whatsoever?

If you are convinced that sharing patient's records within the NHS will be a major factor in improving the quality of care, is it not better to explain with a passion that this will lead patients to willingly consent to be involved, rather than acting as though you are trying to sell their data for profit so that when it comes to light, patients opt out in significant numbers?

If you are going to announce a new policy or initiative on dementia every week, would it not be a good idea to learn something about the condition?

If you want to convince patients with dementia that you are passionate about their problems, cutting £800m over 4 years from the budget that supports their social care is not a good place to start.

If as Secretary of State for Health, you wish to appear to be a champion of patient care and empowering of the patient voice, passing a Bill to give yourself the power to close hospitals without having to listen to the opinion of patients may not prove particularly helpful.

If the future of the NHS is in making better use of technology, taking a system that automatically extracts quality data from GP systems making that data the envy of the world, scrapping it and replacing it with a different system into which, after a year of development, data still has to be entered manually, you should ask yourself if this really supports your thinking.

Spending, every year, a significant amount of tax payer's money on an independent pay review system, then every year largely rejecting the decision because it is not in the interest of the tax payer is probably not in the interest of the tax payer.

Perhaps next week will be better

Kind Regards

Venture

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