



LMC NEWS

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CCG CONSTITUTIONS

Many CCGs are developing their constitutions. The CCG constitution will outline the structure and governance of the CCG.

It is clear that the CCG constitution should not contain any clauses placing contractual or performance requirements on practices. Practice contracts will be held by the NHS Commissioning Board and CCGs will have no role in formal performance management.

CCGs should be engaging with practices and the LMC to ensure that the member practices understand and are supportive of the content of their CCG Constitution. All practices should consult with the LMC before signing up to their CCG Constitution.

SEASONAL FLU PLAN FOR 2012

The CMO wrote to practices on 3rd May about the seasonal flu arrangements.

Annex B (the GP check list) on page 9 says:

Robust Call and recall arrangements

1. Patients recommended to receive the flu vaccine will be sent a letter, inviting them to a flu vaccination clinic or to make an appointment.

The GPC was concerned that the checklist does not reflect the requirements of the DES, and that it is up to practices to decide how they advertise to and follow up patients. They brought this issue up in a recent meeting with the CMO, who noted that it was less specific in the DES. GPC advice remain that the DES is followed and that the important point is that robust systems should be used to notify patients, although there may be local variations. It is up to the practice, not the PCT, to decide what these are.

For ordering flu vaccines, the system remains the same as last year with GPs responsible for ordering adequate stock for all eligible patients, recognising the increase in size of the target population.

BMA DAY OF ACTION—21 JUNE

Please note LMCs are not part of the BMA and are therefore not expected to do anything except supply factual information to GPs who request it. They can inform GPs about BMA websites and what is going on generally. The LMC levy would be threatened if the LMC did not show it was being a neutral body according to advice from the GPC lawyer. The LMC is not a Trade Union.

The BMA has requested practices to let them know what action, if any, they will be taking on 21st June. They are asking practices to copy the completed BMA template letter which they have sent to the PCT.

The BMA has also encouraged GPs to co-operate with PCT requests for further information where the information requested seems reasonable. If practices feel they are being asked by the PCT to go further and provide a guarantee that they will fulfil their contract on the day the BMA would advise them not to comply. In this case they should remind the PCT that taking industrial action is entirely lawful under trade union law, that they have already notified them of changes to their service on the day of action and that they are happy to answer further questions.

CHANGES TO GROUP 1 AND GROUP 2 DRIVER LICENSING STANDARDS FOR VISION

The DVLA driver licensing standards for vision have now changed. In summary:

Group 1 (cars and motorcycles): applicants and licence holders will need to have a visual acuity of 6/12 (0.5 decimal) as well as being able to read the number plate from the prescribed distance.

Visual field: the present standard of a total field width of 120 degrees remains but in addition, there will need to be a field of at least 50 degrees on each side.

Group 2 (buses and lorries): applicants and licence holders must have a visual acuity, using corrective lenses if necessary, of at least 6/7.5 (0.8 decimal) in the better eye and at least 6/12 (0.5 decimal) in the other eye. If corrective lenses are worn, an uncorrected acuity in each eye of at least 3/60 (0.05 decimal) is needed. All Group 2 drivers must also meet all the Group 1 visual acuity standards as outlined above. Where glasses are worn to meet the minimum standard for driving, they should have a corrective power of no more than plus eight (+8) dioptres.

The full standards are available on the DVLA website in the Medical Information section.

LMC RESTRUCTURING

The LMC is pleased to announce the appointment of Dr Vijay Singh, from Cannock, as the new LMC Chairman.

An Executive has been formed with the Chairman, Secretary and 4 LMC members who have separate meetings with the PCT alternating with full LMC Meetings when only members attend. It is hoped that this streamlined function will lead to reduced costs and rapid decision making.

We also welcome Dr J Chandra who was successful in the recent LMC elections.

MATERNITY LEAVE

Members noted Lyndsey Booth's departure for maternity leave and we wished them both well.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 5th July 2012, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South East Staffordshire Sub Committee - 2nd July 2012, Samuel Johnson Community Hospital, Trent Valley Road, Lichfield..

South West Staffordshire Sub Committee – 12th July 2012, Staffordshire Cluster of PCTs, Staffordshire University, Blackheath Lane, Stafford, ST18 0YB .

LMC MEMBERS

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

Dr D Dickson (Secretary)	01283 564848
Dr V Singh (Acting Chair)	01543 870580
Dr C Pidsley (Vice Chair/Treasurer)	01283 500896
Dr A Parkes	01827 68511
Dr E Wilson	01922 415515
Dr A Yi	01543 870590
Dr A Burlinson and Dr O Barron (job share)	01889 562145
Dr P Needham	01283 565200
Dr G Kaul	01543 414311
Dr A Selvam	01543 571650
Dr T Scheel	01283 845555
Dr S Dey	01889582244
Dr P Reddy	08444 770924
Dr A Elalfy	01785 252244
Dr P Gregory	01543 682611
Dr C McKinlay	01283 564848
Dr Zein-Elabdin	01922 413207
Dr E Odber	08444 773012
Dr J Chandra	01543 870560

DR V SPLEEN

Dear Reader

I recently had a telephone conversation with my accountant for 10 minutes and received a £50 bill for the advice.

I recently used an employment lawyer for a matter and their fees were £200 per hour including telephone calls.

A recent contact with a locksmith had a minimum call out fee of £100 and that was before any charges spent actually doing the job.

At a recent dinner I listened to a recently retired hospital consultant who thought that doctors were overpaid for what they did, and another hospital consultant who bemoaned that GPs earned more than her compounded this.

I pointed out to her that the problem is not that we are over-paid but that they are under-paid and valued.

We have recently voted to strike, but we will have a battle on our hands to convince the general public of our plight when we fail as a profession to value ourselves.

This is compounded by our commissioners who strive for more for less is essence, driving costs down and increasing productivity, which in recent services I have seen commissioned have resulted in consultants working more for less. If we undervalue our colleges we ultimately undervalue ourselves and will only have ourselves to blame when we are paid as skilled tradesmen as opposed to skilled professionals.

V. Spleen

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