## MARCH 2011 NO. 2

# SOUTH STAFFORDSHIRE



# LMC NEWS

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#### **GMS CONTRACT AGREEMENT 2011/12**

Negotiations between the GPC and NHS Employers have now concluded and agreement has been reached with the Health Department.

The GMS contract changes for 2011/12 are explained in detail in a letter sent to all GPs from the GPC.

The agreement relates to the following areas of the contract: -

- Practice Expenses
- The Extended Hours DES
- Certain QOF points, indicators and thresholds
- Clinical DESs
- A new Patient Participation DES
- New Quality and Productivity Indicators in the QOF

One element that practices will need to be aware of so that they can respond by 1 April is the changes to the Extended hours DES, which provide new flexibilities alongside reduced funding.

#### **ROYAL WEDDING—29 APRIL 2011**

The 29 April 2011 has been declared a bank holiday in the United Kingdom by the Queen. All practices should put in place their normal arrangements for bank/public holidays on that date. Bank holidays are out-of-hours periods in the NHS (General Medical Services Contracts) (England and Wales) Regulations 2004 and NHS (Personal Medical Services Agreements) Regulations 2004.

Badger is aware of this and the PCT has made arrangements with them.

## GP PRACTICE WEBSITES—INFORMATION GOVERNANCE

Many GP practices opt to use third party suppliers to build and host their websites. Some practice websites include functionality which allows patients to order prescriptions, download forms, manage their appointments or apply to register with the practice.

As these websites are often hosted by companies outside the NHS, this may result in a third party processing information about patients, which could include name, address, date of birth and NHS number. Patients may be unaware that the website is not directly part of the GP practice. It is important that websites make it clear to patients that any data they submit are being handled by a third party, if this is the case.

It is recommended that GPs check that any company offering services that work with patient identifiable data (PID) has appropriate information governance safeguards in place. Where data is held on servers, for example when patients complete web forms, there should be an agreement, in the form of a signed contract, with the web hosting service which states that they will not retain copies of any data.

### DO NOT RESUSCITATE FORMS (DNR)

The PCT Resuscitation Policy was sent to all practices in September 2010.

The LMC advice is clear that GPs should not feel compelled to complete DNR forms. However when clinically appropriate the DNR forms are a useful way of recording patient wishes. It may be that the GP will need to take legal advice before completing them.

Dr Ken Deacon, Medical Director of the PCT, has provided the following comments about the PCT policy: -

Paragraph 2.1 reads: "This policy applies to all clinical and healthcare staff employed by South Staffordshire PCT including bank, locum and agency staff. It is also available to independent providers of healthcare, where applicable, who may find it useful or as a reference for good practice, or as a resource to inform their own policy development"

The policy is intended for PCT employed staff, and sets out LMC MEMBERS the procedures for the resuscitation of patients, and also the situations in which this is not appropriate. This policy The following is a list of current members of the South applies within hospital settings, as well as in the patients Staffs LMC own home. Because it is a policy intended for PCT employed staff, it will have been sent for consultation with Dr M MacKinnon (Chairman) staff side representatives, but would not have been sent for formal consultation with the LMC.

It is also made available to other clinicians (including GPs) who may choose to use it within their practice, it is also offered to nursing homes etc.

In some cases the use of a DNAR form may avoid terminally ill patients being subjected to unnecessary or inappropriate resuscitation attempts. (As may Advanced Directives)

The provider arm / district nurses use a standard DNAR form, to ensure staff familiarity with it.

GPs are of course under no obligation to complete DNAR forms, and should only do so if they feel it is clinically appropriate. In most cases the GP is the most senior clinician with responsibility for the care of the patient. This means that if the GP does not feel a DNAR form is appropriate, or does not wish to complete one, then there is unlikely to be any other member of the health care team who can do so.

In the interests of staff familiarity it is preferable that a standard form is used. However, if a GP has an objection to the use of the standard form then he/she may use an alternative form, or provide a written instruction in another form. In all cases for a written DNAR instruction to be valid DR V SPLEEN it must detail the decision, the basis for it, the date of completion, and the date of the next planned review of the Dear Reader decision.

#### SESSIONAL/SALARIED GPS MEETING—5TH MAY 2011

Please inform your sessional/salaried GPs that the LMC will be holding a meeting on 5th May at 7pm in Swinfen Hall, Lichfield.

There will be a presentation by Dr A M Houlder on GP Commissioning. An invitation will be posted.

#### **Dr David Dickson** LMC Secretary

#### DATES OF NEXT MEETINGS

South Staffordshire LMC - 7th April 2011, South Staffordshire PCT, Anglesey House, Towers Business Park, Rugeley.

South East Staffordshire Sub Committee - 28th March 2011, Samuel Johnson Community Hospital, Trent Valley Road. Lichfield.

South West Staffordshire Sub Committee - 24th March 2011, South Staffordshire PCT, Edric House, Wheelhouse Road, Rugeley, WS15 1UL.

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Dr D Dickson (Secretary)	01283 564848
Dr C Pidsley (Vice Chair/Treasurer)	01283 500896
Dr A Parkes	01827 68511
Dr V Singh	01543 870580
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 J Holbrook	01543 503121
Dr T Scheel	01283 845555
Dr S Dey	01889582244
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My earnings are dropping and have been for the last 3 years and are set to drop further.

So what is happening in General Practice to help generate more income?

It certainly is not commissioning. So why are we spending so much time and effort on this dead horse? Leave commissioning to those with enough spare cash and time to be Government puppets.

The source of more income is the provision of quality health care; its what we do and what we understand. We need a strong LMC to help us negotiate with the commissioners a decent deal for the health care we provide and to bid for contracts against outside providers.

Let's not undervalue each other as professionals and accept the first low price that is offered by these commissioners. Negotiate for a fair remuneration commensurate to the training and responsibility of being a doctor.

#### Regards

#### Venture

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