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SOUTH STAFFORDSHIRE

LMC NEWS

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SALARIED/SESSIONAL GPS

The GPC have published a review - Sessional GPs Representation Working Group Report (see www.bma.org.uk/sessionalgps).

At Appendix 2 they have produced guidance for both sessional GPs and LMCs on improving local representation of this group of doctors.

The LMC agreed at a meeting on 17th June that there would be elections for 2 positions on the LMC for this group of doctors working in South Staffordshire. Those elected will have the same voting rights and be able to stand for office similar to other LMC members. The LMC also supports the formation of a Salaried/Sessional GP Sub Committee but it will be self funding. There will be a regular item for sessional GPs on the main LMC agenda.

The LMC recommends all PMS GPs to pay their sessional/salaried GPs the DDRB recommended pay rises and to follow the BMA model contract. This is in order to maintain the goodwill of this group of doctors and not to take unfair advantage of them.

You will note that the salaried doctors are covered by the LMC via the levy paid by all practices. It has been decided that locum GPs should be charged at the rate of £104 per year for LMC cover. The LMC Secretary is now advised to request payment before embarking on any advice or help for locum GPs.

BURNTWOOD HEALTH AND WELLBEING CENTRE ACTIVITY COSTS

The LMC enquired under the Freedom of Information Act about the activity and cost of this DARZI Centre based in Burntwood. This was subsequently pursued as a complaint.

The PCT sought legal advice on the exemption from disclosure of the information under Section 43 of the Freedom of Information Act. The reply received by the PCT clarifies that unless the disclosure would lead to a competitor gaining knowledge of the providers pricing mechanism, disclosure can be made.

The PCT is happy to confirm that: -

- The number of patients registered with the practice as at 1st March 2010 was 1270.
- There had been over 6000 walk-in attendances from 31st March 2009 to 1st March 2010.

The cost of the contract awarded to the NHS Solutions was £625,000 as at 31st March 2009.

The LMC calculates that with 6000 walk-ins this would equate to a list of about 2700 overall which makes a figure £224 per patient for a year that the DARZI Centre has received in its first year.

The generosity towards these DARZI centres is doubtless a bitter pill for all the GMS and PMS contractors (average £65 and £85 per patient per year respectively) who have built up their list through years or hardship and investment, often in the most deprived areas.

PROVIDER ARM SWINE FLU CAMPAIGN

The LMC requested information on the cost to the PCT for delivering each swine flu vaccination by the provider arm. This arose from GP concern that the cost to the PCT would have been greater than using GPs and the uptake would be lower. You will recall that the main issue for the DH in the provision of the swine flu campaign was that GPs should not profit so the DES for the swine flu vaccination was priced at no cost to practices.

The PCT report that 2998 children received the vaccination from the provider arm—equivalent to a 21.7% uptake. This compares to a 19.7% achieved by General Practices.

The overall cost to the provider arm was £36,985 which divided by 2998, equals £12.12 per immunisation. GPs received £5.25 per vaccination.

In summary, therefore, the PCT inform us that the provider arm achieved similar or slightly better uptake but at much higher cost.

CHARGING PATIENTS FOR DOSSETT BOXES

Some patients have complained that their pharmacies/ chemists are charging £3-5 per box for setting up prescriptions in medidos/dossett boxes.

Mark Seaton, Head of Medicines Management at the PCT, informs us that the DDA requires pharmacists (and other practitioners) to make reasonable adjustments to the service they provide to meet the needs of people that cannot utilise the standard service—in some exceptional cases this may require them to provide the service free of charge if a patients qualifies following DDA assessment.

There is no provision of services for anyone else, and therefore the pharmacy can quite legitimately provide for the service.

PATIENT SURVEY AND CALCULATING ELIGIBILITY FOR QOF PE7 AND PE8

The patient survey results were released on Thursday, full details can be found here: http://www.gp-patient.co.uk/surveyresults/

The PCT will now use the patient access data in the survey for calculating practice payments under the QOF. As part of the H1N1 vaccination DES, those practices that meet the minimum target for vaccinations will receive a 10 per cent drop in the upper - and 20 per cent in the lower - thresholds in PE7 and PE8.

Practices should be aware that the ImmForm Swine Flu data extraction programme, which has been used to assess uptake levels for the QOF easements, calculates the denominator on the age of the eligible patient population at the date of extraction, rather than the age of the patients at the time of vaccination, This is likely to have a minor impact on the number of patients in the six months age range because those who were previously not eligible, will now appear as eligible. This is not expected to be a large number and will mainly impact on those practices that are close to the 50.7 per cent target.

Practices who do not believe that the figures are an accurate reflection of their eligible patient population can, with the agreement of their PCT, perform a manual calculation to work out if they have qualified for the patient experience easements.

Practices can use the data extraction report as a template to perform this calculation. An example of the report and details of the formula to be used, are available in annex 4, page 15 of the H1N1 vaccination DES guidance, available here:
http://www.bma.org.uk/images/panflugpguidance_tcm41-191608.pdf

NATIONAL DIABETES AUDIT

The National Diabetes Audit Executive Summary and the Paediatric Report were published this week. The reports area available at the following link -
http://www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/diabetes/analysis/2007-2008-analysis

This will be the fourth year where an automated data extraction is available to gather data for the audit. As in previous years, the audit keeps identifiable data to a minimum and has NIGB Ethics and Confidentiality Committee approval to hold and link patient level data (using NHS number). All the analysis is produced at aggregated level for GP practice, PCT or SHAs. As part of the extract process the Information Centre write to every GP practice to let them know that the audit extract will be taking place, how to participate without the automated extract and the key dates for the audit period. Practices should expect to receive this letter shortly.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 8th July 2010, South Staffordshire PCT, Anglesey House, Towers Business Park, Rugeley.

South East Staffordshire Sub Committee - 5th July 2010, Samuel Johnson Community Hospital, Trent Valley Road, Lichfield.

South West Staffordshire Sub Committee - 1st July 2010, South Staffordshire PCT, Block D, Beecroft Court, Off Beecroft Road, Cannock.

LMC MEMBERS

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

Dr M MacKinnon (Chairman)	01785 813538
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
Dr P Reddy	08444 770924
Dr J Chandra	01543 870560
Dr A Elalfy	01785 252244
Dr P Gregory	01543 682611
Dr K Owens	01543 278461

Dr V Spleen

Dear Reader

In response to the latest NHS reform, that of splitting the PCT provider arms from their commissioning function, our PCT have attempted to hedge their bets in the Darwinian struggle for survival, by proposing the creation of a Care Trust. "A what?" Brace yourself for the Faustian arrangement of a merger between Health and Social Services, not just in provider functions with nurses, social workers and care workers all working happily together but also in commissioning.

Now for provider functions, you could be forgiven for thinking that this was not a bad idea. Indeed the PCT and Social Services argument is that they are already a long way down the road towards "integration" with all sorts of exciting "levels of understanding" in discharge planning, the provision of walking sticks and even the appointment of integrated care workers, which will revolutionize the delivery of inefficiency in health services so long the primary function of Social Services as we all know. The PCT/Social Services clack will be trying very hard to persuade the Strategic Health Authority that this is honestly happening and they have the management consultants to prove it.

However the reality on the ground leaves a lot to be desired. Far from the move toward common assessment for discharges from hospitals, pilot schemes have failed to be implemented, Social Services continue to spend most of their time trying to get their clients: (AKA patients) care funded off the health budget rather than off theirs, whilst patients remain marooned in hospital, hardly a place of safety in this day and age.

However to the PCT this remains the best option rather than losing its provider arm. Why? Because they can continue to conceal the level of the problems in their provider arm, currently millions of pounds in the hole. They hope to be able to continue their strategic role within the provider function i.e. keep their jobs, whilst their employees soldier on doing the day to day stuff, oblivious largely that management actually exists above them at all.

The real sting in the tail of all this though is the commissioning issue. Can you imagine anything worse than the PCT and Social Services trying to jointly commission health care. Their only venture into this, the Joint Commissioning Unit or JCU which commissions mental health and learning disabilities services has been a 2 year act of prevarication allowing the Mental Health Trust to continue to get away with all their usual tricks and inefficiencies. The PCT know this is an unfortunate downside of this bright idea, clearly illustrated by the fact that they have completely concealed it from PBC groups. This is ironic considering, at least in theory, the Practice Based Commissioning Groups actually hold the budget though admittedly this has been a little virtual over the last few years. However some involvement would have been a reasonable idea if they were going to get this past the Strategic Health Authority.

I suppose the bottom line is, will this work? Merging two financially, operationally ncompetent organisations into one coherent robust operationally bothered one sounds a great idea. But frankly porcine aviation is more likely. This will be another one of those reforms which will have significant consequences a long time after the current collection of false prophets have moved on to tick their boxes elsewhere.

Venture

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