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SOUTH STAFFORDSHIRE LMC NEWS

Website: www.sslmc.co.uk E-mail: enquiry@sslmc.co.uk

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BMA SUPPORT YOUR SURGERY CAMPAIGN

The BMA launched a national "Support your Surgery" campaign to defend and promote NHS GP services in England. The Campaign focuses on the high quality of services provided by NHS GPs, and GPs concerns about government plans to introduce more commercial providers into general practice and to develop polyclinics/large health centres, even in areas where there is no proven need. The campaign has been designed to raise public awareness and to stress our concerns the current government policy could destabilised existing services, depersonalise patient care and put some GP practices as risk of closure.

The LMC is grateful for all your efforts in obtaining signatures for the petition that will be collated by the BMA and presented to the Prime Minister on Thursday 12th June, the first day of the LMC Conference.

DDRB RECOMMENDATIONS AND CLINICAL DESs

There remains uncertainty about the legality of the process for implementation of the DDRB recommendations on the uplift of global sum and reduction of the correction factor. This has been raised with the Department of Health by the GPC and further expert legal advice is being sought. While this is ongoing, the implementation of the new clinical DESs continues to be in abeyance. Payment for the DESs is meant to make up the shortfall between the national pay uplift and 1.5% which was an integral part of the extended hours option A package.
The DESs will cover the following: -

- enhanced treatment of heart failure—improving both the quality and length of life and for patients with left ventricular dysfunction through appropriate use of betablockers
- osteoporosis—identifying and treating appropriately women with osteoporosis and a history of fragility fracture
- health checks for patients with severe learning disabilities—an annual health check to include physical examination and medication review
- harmful drinking—aimed at newly registered patients aged 16 and over identified as having problem drinking and delivering an evidence based brief intervention to those identified as drinking as hazardous or harmful levels
- more comprehensive ethnicity recording of patients over a two year period.

EXTENDED OPENING HOURS

Comparison with other LMCs shows that the majority of PCTs are sticking to £2.95 per patient. The PCT report "considerable" interest from practices (30 in total). Local flexibility is being discussed around group application (Stafford and Cannock), lone and female working and concurrent appointments. Requests have been received from practices for extra funding for nurse appointments, opening telephone lines etc. The LMC discussed the Walsall PCT example where £4.60 per patient is offered, but the service is quite extensive. The LMC is happy to forward a copy to interested practices. Please note that access payments end on the 1st July when the LES for Extended Hours begins.

A Guidance note for salaried GPs has been circulated to Practice Managers.

LOCAL ENHANCED SERVICES

The PCT has decided that all 07/08 LESs will be offered to practices for 08/09. Practice Based Consortia will be responsible for 08/09 as a transitional year when they become more involved and commission Enhanced Services in 09/10. Practice activity will requested monthly. A letter will be sent by the PCT to practices before the end of June.

CHOOSE AND BOOK

We have the only PCT in the Country which has offered £5 per completed referral whereas everywhere else has £1.00 per registered patient according to the sliding scale agreed in the previous DES.
We have been given a failsafe clause "guaranteeing" additional funding for previous high users of C&B. Members have raised concerns that there may be a perverse incentive to increase referrals by some practices, but the LMC think this is unlikely.

Please note that there is a tight timescale for the attachment of clinical letters which are nationally set: -

1 working day—2 week wait referral
1 working day—Urgent referral
3 working days—Routine referral

The PCT state they do not have the power to change national policy regarding the timescale for letter attachment, but they are aware that some practices are struggling to match the timescale, especially with part-time working becoming more common. The LMC has requested an allowance for some local flexibility.

REFERRALS AND 18 WEEK WAITS

Please note that Acute Trusts have an 18 week target to perform inpatient treatment. Patients need to be aware when we refer that procedures maybe carried out within 18 weeks. We should ensure patients are aware of this timescale and if their personal circumstances do not allow this then a referral should be delayed. Otherwise we will have the situation where the patient will be handed back to the GP for re-referral.

GP PREMISES—CONDITIONS AND SUITABILITY

The PCT has recently carried out a survey of GP premises with respect to their conditions and suitability. The LMC was disappointed that a local paper ran an article under the title "Surgery Shake-Up May Bring Mergers". The PCT feels this is a misrepresentation of the paper submitted to the Trust Board. The LMC noted that the majority of average and poor practices are PCT owned. Members also queried what is the point of the strategy if no funding is available for premises development. Mr Barlow responded that after performing the survey the PCT had requested bids to improve premises and have put a plan together to examine them in more detail. There is a 3 year programme under way.

You may feel this is in direct contrast to the imposition of a Darzi Health Centre in the Chase Terrace/Burntwood area.

QUALITY OF SERVICES IN PROVIDER ORGANISATIONS FORM

The PCT has produced a form for GPs to use when they have concerns about care provided for their patients in our local trusts. This arose following the Health Care commissions decision to launch an investigation into the Mid Staffordshire NHS FT. The LMC supports the use of this form as an adjunct to the normal process of communication with the Acute Trusts when concerns are raised about patient care. However we query how the form will be used and have requested that there should be feedback to GPs when they use one.

GPC ELECTION FOR NORTH STAFFORDSHIRE/SOUTH STAFFORDSHIRE/SHROPSHIRE

We congratulate Dr Mary McCarthy who has been elected to the GPC for the 2008/2011 sessions.

Mary can be contacted at: Dr Mary McCarthy
Belvidere Medical Practice
23 Belvidere Road
Shrewsbury SY2 5LS
Tel - 01743 363640
Fax - 01743 363692
Email - mary.mccarthy@nhs.net

SOUTH EAST GP COMMITTEE ELECTION

We are also pleased to announce that the following four have been nominated and invited to join the South East GP Committee:-
Dr D Boss
Dr R Horton
Dr G Butler
Dr P Joshi

MAIN LMC CO-OPTED MEMBER

Please note that Dr P Reddy has been co-opted to join the Main LMC following the retirement of Dr Ian Turner.

CHARGING PATIENTS

Attached is a very useful document from the GPC about charging patients.

Please note under the title "May Charge Non-Registered Patients Privately?" there is advice about the making of reciprocal arrangements with other practices. It was previous LMC advice for patients requesting Hepatitis B for Occupational purposes that you make arrangement with another practice for occupational reasons. We should make it clear to patients wishing to purchase this private service that they are free to use any other GP practice otherwise we could be deemed to be price fixing and hence fall foul of competition law.

GPC GUIDANCE NOTES

The following are available on the BMA website www.bma.org.uk : -

- Extended Hours - Guidance for Salaried GPs
- New NHS Primary Care Procurements
- QoF Guidance 2008/09
- Pandemic Flu - Costing Methodology and Principals for GMS Practice Payments

- Involvement with Private Companies and Other Health Professionals

LMC ANNUAL MEETING

We look forward to meeting with Richard Vautrey, Deputy Chairman of the GPC on the 25th June 2008 at 7pm. The venue is : -

Oak Farm Hotel
Watling Street
Hatherton
Cannock
WS11 1SB

Please inform the LMC if you wish to attend.

CREMATION FORMS

The doctor signing Form C must confirm that s/he has spoken to a relative or carer of the deceased or to some other person who can confirm what the doctor signing Form B has said.

It has been noticed that there may have been instances around the country where doctors have signed Form B or C without having seen and examined the body of the deceased after death. We have been asked to remind you that this is a criminal offence under the Cremation Act 1902, with a possible punishment of up to two years' imprisonment. We believe that police forces and the Crown Prosecution Service would take seriously and investigate any allegation of such behaviour. It is also worth remembering that the GMC would be likely to view as serious misconduct the completion of the Form B or C with a statement that the body has been seen when in fact this was not the case.

HOME OFFICE REQUEST FOR INFORMATION

We have heard reports of patients requesting letters from their doctor to confirm that they are registered at the surgery in order to provide evidence that they are resident in the UK to the Home Office. GPs do not have a contractual obligation to provide reports which do not come under Schedule 4 of NHS (General Medical Services Regulations 2004), therefore GPs are entitled to charge the patient a fee for providing this information.

GPS TAKING CERVICAL SMEARS

GPs will not need to attend updates for taking cervical smears. Although updates for all smear takers are considered best practice, this is not required for GPs and has not been enforced by the PCT.

Please also note that training in LBC is acceptable by viewing the CD-rom rather than attending a LMC course. The PCT has confirmed that peer training in LBC in acceptable and GPs can apply for a Pin number so that they can take smears.

RETINAL SCREENING FOR IMPAIRED GLUCOSE TOLERANCE PATIENTS

A colleague queried whether patients with impaired GTTs require retinal screening. Malcolm Gray, Clinical Director Diabetic Retinopathy Screening Service has responded "There is a common aspect to the advice that these patients need aggressive management of their blood pressure and dietary control but are not within the definition of a patient with diabetes. Although they have a long term risk of developing diabetes with its complications they do not fall within 'at risk' category for retinal screening".

MRI SCANS AND REQUESTS FOR eGFR IF GANDOLINIUM BASED CONTRAST USED

The Manager of the Cannock Service has proposed a policy for patients requiring an eGFR before MRI scans "Any referral we receive from a GP within the PCT will be returned, blood tests should be arranged and the patient be re-referred (but not backdated). Non GP referrals will also be returned to the requesting clinician for appropriate tests. We will be forced to only accept referrals with correct and required information for these patients. Appointments will be booked from the date on re-referred requests, not initial requests if blood tests are required".

BAT HANDLERS AND RABIES VACCINATION

We received an interesting query whether a female bat handler was entitled to rabies vaccinations free of charge.

We replied that the Global Sum includes payments for all vaccinations that were rolled over from the old Red Book. Vaccinations for Travel Abroad are not part of the Global Sum but in this case the patient is resident in this country for the purposes of the vaccination and is in a Group at Special Risk. The bat handler is therefore entitled to the vaccination free of charge. The practice will be able to obtain the vaccine free of charge from the Public Health Service laboratory.

This information is obtained from the GPC Focus on Vaccinations April 04 and also from the LMC website under Documents April 2005.

GP TRAINEES SUB COMMITTEE E-BULLETIN, MAY 2008

This is available on the BMA's website or shortly on the LMC website at www.sslmc.co.uk under Documents.

DATES OF NEXT MEETINGS

South Staffordshire LMC - 3rd July 2008, South Staffordshire PCT, Anglesey House, Towers Business Park, Rugeley.

South East Staffordshire Sub Committee - 23rd June 2008, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee - 26th June 2008, 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 M Murugan	01543 870570
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

DAVID DICKSON
Secretary

DR V SPLEEN

Dear Reader

I was interested to read a consultation document from the PCT recently entitled 'The Urgent Care Strategy'. This is a product of a Darzi review group, yes, that little chap again.

GPs feature in the document, sometimes in a favourable light and sometimes not. In fairness everybody gets moaned about, the Acutes, Social Services and Community Services, mostly for the same reason. It appears that for some reason, patients keep turning up in all the wrong places, and though a lot of NHS bodies are making a killing out of this as they all get a tariff for not doing much, it appears that really nobody is very happy about it and something has to be done. Of course part of this will be getting patients to see their GPs with their "urgent" problems and others will be triaged elsewhere – well anywhere actually as long as it is cheap – pharmacists, voluntary sector. Even NHS Direct look like they will have to do something. Of course, patients will not be allowed to stay in hospital for days on end waiting for Social Services (Yeah right!). It is all going to be jolly exciting with ambulances turning up everywhere, lots of triage, hubs. ……..No dozing off!

However what the document doesn't address is probably the most important question. What is urgent? I see about 3 genuinely urgent cases a year. However every day we ask patients turning up for emergency surgery, "is it urgent?" and they always say "Oh yes". The reasons why patients end up in all the wrong places is because they do not have a clue what is urgent, and in fact getting what you want, or think you want is sometimes easier if you turn up at the wrong place. If 40% of attendances at A &E are not urgent but "GP problems", isn't the best strategy for changing urgent care to tell the patient to go and book an appointment at the GPs and not pander to them. This would stop them "constipating" the system which we are told in this document is the cause of all the problems, even getting in the way of the management of major trauma cases! Or is this just not "PC" in our "the client is always right" culture.

Get used to this heady level of strategic debate: there are 9 Darzi groups and some of them are actually important. Did you know that Darzi's one man review of the NHS is called "One Step Beyond". It was obviously lost on the little chap that this is a song… by Madness! By the way, sorry about last months rant. I have no idea **WHAT** came over me. Have a nice lunch.

Yours
Dr Spleen

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