

Media Onslaught

Many of us are fed up with the negative press around GP pay and workload. There is no doubt this originates from officials in the Department of Health and supported by Downing Street. The GPC is keen that we encourage members to write to newspapers in response to “bad press”. Short letters, not from the “usual suspects” are much more likely to be printed. You could also volunteer to provide an article for your local paper along the lines of “A Day in the Life of a GP”. They are looking for grassroots GPs who are happy to allow a journalist to shadow them for half a day. The BMA Press Office is very helpful and can provide you with press releases and lists of useful facts.

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The LMC Secretary has attended a Media Training Event at BMA House and is very happy to provide advice as well.

Extended Opening Hours

Following the LMC letter to all GPs we would like to repeat that there is no contractual obligation whatsoever to offer extended opening hours. Negotiations are currently undergoing between the GPC and NHS employers so we need to await their outcome.

The LMC has noted with concern that “the PCT will commence discussions with the new Out of Hours provider(s) with a view to their providing routine appointments during week day evenings and weekends”. We feel this reflects a lack of understanding of what is currently provided in Out of Hours and the back up and services that are required for “routine” appointments.

The DES for Access is voluntary so the LMC is also unhappy that the PCT proposes for improvements to existing or new premises the practice(s) will agree to “produce an action plan to improve access each year. Establish a patients participation group and provide notes of agreed actions to the PCT to demonstrate how they are improving access”.

Smoking Cessation LES

Colleagues have raised concerns about the Smoking Cessation LES whereby patients

are required to consent to release of identifiable information. Whilst the PCT has followed the guidelines around confidentiality it will be up to individual practices whether they wish to offer this LES. They must be confident that patient confidentiality is not breached and the patient is happy for the information to be released.

The LMC is concerned that patients are required to release this information when there are other ways such as the Apollo System for extracting anonymous information that is used in other parts of the GP contract for QoF purposes. We are also concerned that access to the Smoking Cessation Service maybe inhibited unless consent is given by the patient. The LMC feels that the whole process is unduly bureaucratic and wonders whether the PCT will in fact use all of the information that they have requested.

Repeat Prescription Requests Out of Hours

It has been apparent that the Ambulance Service have been advising patient Out of Hours to attend Primary Care Centres when they have run out of repeat prescriptions.

Please note that patients can in fact obtain repeats in a limited supply from their regular pharmacist if they attend with the bottles or a repeat prescription slip.

Annual Statement of Projected Pension

Following a query raised by a member at the recent South West GP Committee Annual Meeting, the LMC has enquired with the GPC why we do not receive an annual statement of projected pension under our superannuation arrangements.

Apparently the GPC has been pushing this request for several years. In comparison with the private sector where you are entitled to a statement automatically every year, in the NHS you only receive one if you ask for it. You maybe surprised that the superannuation department do not have the software yet to do this. Now that the pensions review is over the GPC is hoping that with a new computer system in place, we will automatically receive annual statements like any other pension scheme.

Work for Local Authorities

Please note that there is one remaining area of fees for work with local authorities that have been negotiated by the BMA and the Employers Organisation for Local Government. This is in contrast to fees under the Collaborative Arrangements which are established by market rates and are not set by the BMA following Competition Law.

Medical reports on current and prospective local authority employees (teachers, police officers etc) have been agreed at: -

1. Comprehensive examination and report—£150.00

2. Report without examination (e.g. 30 mins) - £67.50
 3. Extract from records (e.g. 50 mins) - £33.00
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Overseas Visitors Flow Chart to Free Primary Care

Attached is a useful flow chart kindly provided by Wessex LMC.

The definition of the following EU forms are: -

E112—Entitlement to medical treatment in another EU member state

E118—Notification of non-recognition or end of incapacity for work (Dept. of Social, Community & Family Affairs) - notification of a final certification on a claim from one country to another (usually affects ex-patriots)

GPC Guidance

The following have been provided by the GPC and can be accessed on the BMA website <http://www.bma.org.uk>

1. Focus on Salaried GPs—Revised October 2007

This guidance has been further revised. It now includes a detailed legal view on what counts as continuity of service, as well as on calculating entitlement to maternity pay, sick pay and redundancy pay for those employed under the model salaried GP contract.

2. Mental Capacity Act—Guidance for GPs

3. Focus on Community Hospital GPs—GPC Guidance for LMCs and GPs

4. Developing Community Hospitals and Services for the Future—Discussion document for LMCs and Practice Based Commissioners

5. Improving Communication, Exchange of Information and Patient Care—Suggested Guidelines for Secondary Care Doctors and GPs

NHS Choices: Practice Profiles

All practices in England should now have received a pack that details how they can edit their own data on NHS Choices. The new release of NHS Choices is being launched to the public on 19th November and practices may want to use the next 10 days to update their own details before it goes live. To do so they should visit www.nhs.choices/yourprofile. The GPC encourage all GPs to go to the site and edit their details as, whether you like the idea or not, faulty data will do your practice no good at all.

However, practices that elect to edit their own data can do so at any time, now or in the future. The current information, that is fed by PCIS, will remain on NHS Choices until individual practices overwrite them by ‘publishing’ updated and/or expanded information. NHS Choices has reported a large interest in the editing facility with

over 1,200 practices having already registered with the online service. Further information can be obtained from gp@nhschoices.nhs.uk or 0845 4023089.

The GPC believe that NHS Choices does have value to practices provided they continue to be in control of data that is entered.

Dates for Next Main LMC and Sub Com Meetings

South Staffordshire LMC - 13th December 2007, South Staffordshire PCT, Merlin House, Etchell Road, Bitterscote, Tamworth.

South East Staffordshire Sub Committee - 19th November 2007, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee - 22nd November 2007, South Staffordshire & Shropshire NHS Trust, Foundation House, Corporation Street, Stafford.

Dr V Spleen

Dear Reader

As you know the NHS has two public enemies, GPs and fat people.

GPs take all the money home and spend it in the evenings and weekends. Fat people keep us in work and are the reason we are rich beyond the dreams of avarice!

Please send all your fat patients an Xmas card with a little something in it!

Hang on a minute what does it mean if you are a fat GP?

Give me a doctor partridge plump,
Short in the leg and broad in the rump,
An endomorph with gentle hands
Who'll never make absurd demands
That I abandon all my vices,
Or pull a long face in a crisis,
But with a twinkle in his eye,
Will tell me that I have to die

Give me a doctor underweight,
Computerised and up to date,
A business man who understands,
Accountancy and target bands,
Who demonstrates sincere devotion,
To audit and health promotion -
But when my outlook's for the worse
Refers me to the practice nurse

With thanks to W H Auden and M Campkin.

Please accept apologies for any offence resulting from the absence of a sense of humour.

Best wishes

Yours faithfully

Venture

Ps Venture's BMI is not as low as it should be.

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

Referral Management Guidance

At the Conference of Representatives of Local Medical Committees June 2007, South Staffordshire LMC proposed resolution 11 which was carried by Conference and read: -

‘That conference:

- (i) believes GPs should have the right to have referrals accepted by a named consultant
- (ii) believes that failure to have this right undermines our responsibilities in ensuring the specific needs of the patient are met and damages the doctor patient relationship
- (iii) believes that since GPs retain clinical responsibility for patient referrals they must have the right to choose whether or not to refer via clinical assessment and instructs the GPC to ensure that this is the case.’

Following a meeting of the Contracts and Performance Sub Committee of the GPC at which the issue of referral management was discussed, the South Staffordshire motion has been included into GPC and CCSC guidance as “Referral Management Standards and Ethics September 2007”.

This can be accessed at the BMA Website <http://www.bma.org.uk>

On the section Clinician Responsibility during the Referral Process please note the following : -

The General Medical Council (GMC) has advised that ‘general practitioners have overall responsibility for managing a patient’s care, even after making a referral, whether to an individual consultant or to a referral management centre. For example, if a patient’s condition worsens before the patient has been seen by an appropriate specialist, the general practitioner would be expected to take appropriate action in response. However, doctors are not held accountable for by the GMC for decision

taken by others. Neither general practitioners not consultants would be accountable for decision taken by referral management centres.'