Introduction

As many of you start to prepare for the Christmas break you may wish to ponder upon what 2006 will herald. Peter Holden, GPC Negotiator, gave us an interesting insight into anticipated changes in our GMS contract at the meeting at Swinfen Hall recently. PCTs are reorganising and we may have some sympathy for the "constructive discomfort" that the Department of Health has arranged for them. However, some of us may also feel that "extraordinary rendition" may be a suitable solution for the originators of Choose and Book etc. The Government's recent consultation on the White Paper reinforced that patients want to belong to a practice that knows them, is local and provides services they want/need.

Doctor V Spleen is very grateful for all his contributions this year and looks forward to receiving more in 2006.

Two-Week Cancer Referrals

A hospital consultant reminds us that two-week cancer referrals require the patient's telephone number on each referral and we must ensure that the patients are actually informed they are being referred on the two-week process. Unfortunately some patients have been upset when realising the procedure under which they were being referred because the GP had not explained this to them.

Clinical Assessment/Triage Centres

Concerns have been raised by colleagues about the role of various orthopaedic assessment/ musculoskeletal/ triage centres for various clinical conditions. The LMC is happy to support improvements to clinical services that are provided by the GP specialists working in these centres. As stated before GPs still have the right to refer to named consultants and the LMC would be grateful for any examples where this is not being carried out.

Jury Service Guidance

Please use the link below to access the BMA's Jury Service guidance. This explains the changes to the Criminal Justice Act 2003, a jury summons and how to make a robust case for deferment or discretionary excusal. It is important to read Appendix 1 on the financial implications specific to GPs. Practices may wish to review their partnership agreements and/or consider locum cover insurance to protect themselves in the event of partners being absent for an extended period on jury service.

http://www.bma.org.uk/ap.nsf/Content/juryservice05

From 6th of April 2006, so called "A-Day", the Government brings in a new simplified set of rules which may affect your plans for retirement. You can download a guide to the pension changes at http://www.bmas.co.uk.

BMA Model Contract for Salaried GPs - Sick Pay

Please note that the NHS (GMS Contracts) Regulations 2004 state:

The Contractor shall only offer employment to a general medical practitioner on terms and conditions which are no less favourable than those contained in the "Model terms and conditions of service for a salaried general practitioner employed by a GMS practice" published by the British Medical Association and the NHS Confederation as item 1.2 of the supplementary documents to the new GMS contract 2003 [94].

This significantly improves the sick pay scheme for salaried GPs by including all previous NHS service including locum work. Effectively this means that the practice is liable for the payment of six months full pay and six months half pay from day one.

Provision of Choice

Several practices have expressed their disquiet when receiving requests from PCTs to confirm how they will be delivering patient choice. This is a PCT target from January 2006 and there is no obligation for GPs to comply. The GPC has provided a suggested response. "Our clear and unambiguous position is that we are willing to continue to offer choice, in a full, comprehensive and practical way. Until you can demonstrate that the routes of offering choice that you are promoting are as effective and efficient as ours and to affirm that you will not subsequently interfere with that choice by operating restrictive patient management referral systems, we will continue to use our present arrangements."

Phlebotomy in Nursing Homes

The Commission for Social Care Inspection states that care homes with nursing will normally provide the routine nursing care that is undertaken by district nurses for people in their own homes or in care homes which are only registered to provide personal care. The LMC feels that it is the responsibility of the nursing homes to provide phlebotomy for their patients and it is not the responsibility of GPs. Please inform the LMC if you are having difficulties.

Freedom of Information Act

The Information Commissioner's Office website contains lots of procedural and exemptions guidance to help practices make decisions on implementation of the Act and requests received for information under it.

http://www.informationcommissioner.gov.uk/eventual.aspx?id=74

There is also a helpline available on 01625 545745. GPs can use this helpline to obtain help in making decisions, though the Information Commissioner will not be able to make decisions on a GP's behalf.

Firearms and Shotgun Certificates

The BMA ethics department has guidance on firearms applications available at:

http://www.bma.org.uk/ap.nsf/Content/Firearms

In exceptional circumstances a doctor may have good reason to believe that an individual either applying for a firearms certificate, or already in possession of one, may represent a danger either to themselves or to others. In these circumstances doctors should strongly encourage the applicant to reconsider or revoke their application. If the applicant refuses, the doctor should consider breaching confidentiality and telling a senior police officer of their concerns. Consent should initially be sought from the applicant for contacting the police, but if it is not possible to obtain consent, the doctor should consider making his or her concerns known without consent wherever feasible. It is good practice to discuss the reasons for this with the applicant beforehand.

Reporting Change of GP

The GPC informs us that in some areas there have been problems with a lack of co-ordination in the transfer of patient's records when they transfer to a different GP practice. It is advised that consultants clinical letters regarding patients who have left a practice should be forwarded to the PCT and not returned to the consultant.

Next LMC Meetings

Main LMC Meeting – 19th January 2006 at South Staffordshire Healthcare Trust Headquarters, Corporation Street, Stafford.

South East GP Sub Committee – 23rd January 2006 at BLT PCT Offices, Tamworth.

South West GP Sub Committee – 26th January 2006 at Cannock Chase PCT Offices, Cannock.

Dr V Spleen

Dear Reader

The latest government pronouncements about the flu vaccine shortages seem to typify their current inability to mange the NHS effectively.

In the last two weeks they have stated that the flu shortage is due to GPs administering vaccine to non eligible patients. Apparently an audit was commissioned in October which reported back that very few eligible patients had been given the immunisation. Scarcely surprising since the first deliveries were not until mid October and final delivery as late as mid November!

Surely the authors of this report should have pointed this out. Were the government not aware that the vaccine manufacturers were behind schedule due to late specification of the vaccine makeup?

The government appear to be surrounded by inept or incompetent advisors. They have instilled such an environment of fear that Trust managers will tell the Department of Health what they want to hear rather than what is actually going on; hence the governments' apparent total lack of awareness of what goes on at the 'coal face'. To worsen their misdemeanours, they then seem to have taken the default option of 'blame the GPs'! To add insult to injury, I heard Patricia Hewitt on a Sunday politics TV programme talking about how 'We'- implying the government have vaccinated twice as many patients this year as 8 years ago! I suspect she is vying to be the most disliked Health Secretary since Mr Clarke accused GPs of being only interested in the size of their wallets.

Yours sincerely

Venture