



LMC NEWS

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LMC CONFERENCE MAY 2014

South Staffordshire LMC has submitted a number of motions to conference and the following have been chosen:

CQC

Conference believes that CQC is not fit for purpose and demands:

- i. that where problems are identified by the CQC the necessary help including funding to improve premises is delivered speedily and efficiently to allow the GPs and practice to reach required standards.
- ii. that the CQC takes into account what is deliverable/attainable in making their report. They need to standardise the quality and professionalism of their inspections in order to avoid apparent discrepancies in style and attitude of inspectors.
- iii. that in relation to appointing new partners the CQC ceases its obstructive behaviour through delays caused by burdensome bureaucracy and interviews.

CQC and the Media

Conference deplores the scapegoating of GP colleagues by the press following CQC reports and demands:

- i. that the CQC is more careful in what it releases to the press so that it cannot be misrepresented in the media.
- ii. there should be a formal complaints procedure and sanctions should be taken against those who publish false/exaggerated articles which unreasonably damage GPs reputations.

GP Trainers

Conference demands that conditions for GP trainers are improved by reducing intolerable bureaucracy and even more importantly increasing remuneration in order to address the crisis in recruiting more trainers and thus training more GPs.

PMS REVIEW

All PMS practices have been advised by the LMC to complete a mandate allowing the LMC to exclusively represent them in all matters arising from the review.

There was a major review of funding two years ago and the Area Team is awaiting details of their share of the premium funding reduction. At this stage there has been no discussion of enabling mechanisms for those PMS practices wishing to return to GMS.

UNPLANNED ADMISSIONS ENHANCED SERVICE GUIDANCE

The guidance has been published and sets out the full requirements of the enhanced service under the headings of practice availability, proactive case management and personalised care planning, reviewing and improving the hospital discharge process and internal practice review.

It has been queried about the frequency of reviews and whether this should be in person. The guidance states at the foot of page 8/top of page 9:

xiv. The patient care and personalised care plan should be reviewed at agreed regular intervals with them and if applicable, their carer. Where a patient has had no contact with any member of the multi-disciplinary team **within the last three months**, it is good practice for the practice to make contact and review whether that patient's care is in line with their needs. Clinician(s) should look at the patient's personalised care plan to ensure it is accurate and being implemented, making any changes as appropriate and agreeing these with the patient and where appropriate, the carer

However this is not part of the payment components, should only happen if no one at all has been in contact during the last 3 months, including community nurses, and is just recommended as "good practice".

TRANSLATION SERVICES

Dr Ken Deacon, Medical Director, has confirmed that the Area Team still funds translation services for consultations - there has been no change to the arrangements.

PROPCO RENT AND SERVICE CHARGE REIMBURSEMENT

Following several discrepancies the LMC advises that it is necessary to check every detail if you receive Propco bills - e.g. shredding of papers for attached staff.

The approach recommended by the LMC is to pay charges that are correct but not the incorrect ones.

CAN A PRIVATE HOSPITAL ISSUE A SICK NOTE?

A patient has been told by a private hospital that they do not issue sick notes and must go to the GP to obtain one.

In fact private hospitals can issue sick notes which can be ordered by the hospital.

You may find the following link useful to view:

www.slideshare.net/drbrown1970.

EMERGENCY TREATMENT AND THE ROAD TRAFFIC ACT

Under the Road Traffic Act 1988, the first doctor to provide emergency treatment to the victim of a road traffic accident is generally entitled to charge a fee:

- A fee may be levied in respect of each person treated (Section 158(2))
- Mileage is also payable in excess of two miles

Since 1999 the ability to levy a fee under S158 of the Road Traffic Act, has been limited to claims by doctors **not** working in NHS hospitals, as the cost of hospital treatment is recovered from insurers directly by the NHS.

The fee can be levied even if the person driving the vehicle at the time of the accident is on the GP's NHS list.

Please note the fee for treatment for each person treated is £21.30. The mileage rate per mile or part of a mile (over 2 miles) is 41p.

These fees payable under the act have not changed since April 1995.

The attached LMC letter can be adapted for use in your surgery and will be available on the LMC website.

SOUTH STAFFORDSHIRE LMC MINUTES

Minutes of the South Staffordshire LMC meetings have been published on the website for several years. Benefits of doing this were thought to be openness and access to LMC information.

LMC members are now concerned about misinterpretation and unintended consequences of the minutes. Problems could arise with the wording used and interest from journalists. Members also felt there was no real need for the public to access to the minutes.

The LMC has therefore decided that the minutes are removed from the website and any GP wishing to have a copy can be provided with them by directly contacting the LMC office.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

3 July	Edric House, Rugeley	AT
17 July	Edric House, Rugeley	LMC

The meetings with the **LMC** are for the full committee of LMC members without the AT.

The meetings with the **AT** are for the LMC Executive and the AT alone.

LMC MEMBERS

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

Dr V Singh (Chairman)	01543 870580
Dr D Dickson (Secretary)	01283 564848
Dr P Gregory (Executive member)	01543 682611
Dr G Kaul (Executive member)	01543 414311
Dr P Needham (Executive member)	01283 565200
Dr T Scheel (Executive member)	01283 845555
Dr M Bermingham	01785 822220
Dr O Barron	01889 562145
Dr J Chandra	01543 870560
Dr J Eames	01785 815555
Dr C McKinlay (Treasurer)	01283 564848
Dr E Odber	08444 773012
Dr A Parkes	01827 68511
Dr A Selvam	01543 571650
Dr E Wilson	01922 415515
Dr A Yi	01543 870590
Dr H Zein-Elabdin	01922 702240

DR V SPLEEN

Dear Reader

I have been in General Practice since 1980. I have seen numerous changes in these 34 years and General Practice has accepted all the changes and worked hard to improve the health of our patients and health of our nation. The crisis that is happening now in General Practice is really frightening.

There is low morale and severe problems with recruitment and retention of GPs. The newly qualified doctors are either wanting to go into secondary care or emigrate to Australia, New Zealand etc. I think this is because they are not sure what is going to happen to Primary Care in the UK on the whole.

When CCGs were set up we all were looking forward to something good to happen to Primary Care and for GP working life to improve because CCGs were going to be run by GPs. It is 12 months since CCGs have been established.

All I have seen so far is that GPs are not in charge and the managers are driving it. The monthly Membership meetings are there merely to acknowledge the Executive Board's (Managers') decisions. The managers want more and more secondary care activities to be done in primary care as it is less expensive and for us to reduce secondary care referrals. However there is no action or talk on improving the resources for primary care to deliver these additional activities. They are happy to pay huge amounts to secondary care but not to primary care for similar work. Basically they want it done free by primary care. I cannot see this happening because at the moment primary care is at breaking point. They want to stop hospital admissions at all cost. This will place GPs at increasing risk and might harm our patients. GPs will also face increasing medico-legal problems.

The Prime Minister wants an 84 hours working week, 12 hours a day, 7 days a week by GPs. The current Labour opposition leader wants to bring back 48 hours access if they return to power. The NHS is totally in the hands of the politicians. They are not able to have long term strategies for NHS. This is really bad. If private companies such as Virgin Health Care, Boots etc were to provide primary care it will be more expensive and quality will deteriorate as these companies will only be looking to make profit for themselves. I do not have to mention what has happened with Out of Hours provision.

The CQC for its part has added insult to injury. Say no more.

GPs of my age will retire soon and with newly qualified doctors not coming to General Practice the burden will get worse for the remaining GPs.

I hope all is not doom and gloom. I hope there is light at the end of the tunnel and primary care will survive and continue to provide good quality service to improve the health of our population.

I have a vested interest because from being a provider of health care I will become a receiver of health care. I hope I

and my family will receive at the least the same standard of care that I have provided if not better.

HOPE FOR THE BEST

Regards

VENTURE

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