MARCH 2013
NO. 3

SOUTH STAFFORDSHIRE LMC NEWS

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

CONTENTS

GP CONTRACT CHANGES

You will have been dismayed at the imposition of contract changes despite warnings about the destabilisation of practices, reduced access for patients and increased workloads.

Over the next few weeks the GPC will publish guidance for practices and GPs on each of the changes. The LMC will keep you updated.

LOCUM SUPERANNUATION ARRANGEMENTS

GPC guidance for practices and locums on the changes to the Locum Superannuation Arrangements has been circulated to practices.

Whilst practices have to make an individual business decision about their use of locums the LMC urges practices not to reduce their locum pay by 14% so we are seen to be fair to each other.

PROVIDER ORGANISATION

You are not alone in feeling unsettled by the recent developments both across the health service and more recently concerning the GP contract. This could be viewed as disruptive management by the Government designed to generate enough of a window for the private sector to dominate our work. The concern is that primary care will be increasingly pressurised by large private providers lured in by the promise of lucrative contracts.

The first threat that will impact is local services being put out for tender are more likely tendered under the 'any qualified provider' (AQP) banner. This creates real difficulty for practices to tender to deliver over a CCG area and more importantly meet the stringent governance arrangements that will be required. This is likely to mean that many practices will lose income to larger companies who will be well equipped to tender for this work, as an entry portal for larger contracts. This may include enhanced services work.

With this in mind the LMC has arranged a meeting on Thursday 25 April 2013 to discuss the formation of a Provider Organisation. The venue will be Balance Street Surgery, Uttoxeter at 7 pm. The meeting will be facilitated by Dr Fay Wilson and Dr Ian Greaves from Gnosall will explain his experiences in setting up such an organisation.

Please inform the LMC if you would like to send a representative from your practice. Our aim is to keep services clinician led, integrated and under GP control so hopefully we are able to carry on providing high quality primary care.

FINAL SENIORITY FIGURES 2009/10

The NHS information centre has published final seniority figures for GMS GPs for 2009/10. The figure is £93,678 and has been agreed by the Technical Steering Committee.

ERROR IN THE 2012/13 QOF GUIDANCE FOR INDICATOR OST1

The GPC and NHS Employers have been made aware of an error in the 2012/13 QOF guidance for indicator OST1. The sentence 'the DXA scan codes will only be those that indicate a positive result of osteoporosis, and T score codes

will not be included' under the reporting and verification section is incorrect (see page 140 of the 12/13 guidance) and contradicts the business rules. It should read 'The DXA scan codes will only be those that indicate a positive result of osteoporosis'. This correction does not impact the supporting business rules that are correct.

PATIENT IDENTIFIABLE INFORMATION AND DATA EXTRACTION

South Staffordshire LMC would like to remind colleagues that only GP practices can view patient identifiable information and only non-identifiable information can be sent for data extraction. GPs cannot consent on behalf of patients.

We are hoping that the Caldicott report will soon clarify this area.

SOLICITOR REQUESTS FOR COPIES OF NOTES OF DECEASED PATIENTS

Some practices have been receiving requests from solicitors for copy notes for dead patients regarding a challenge to the PCT decision not to grant continuing health care funding.

The LMC understands that the PCT is the data controller for the deceased person's records and an application is made under the Access to Medical Records Act.

It is the PCT's responsibility to review the records but if they do not feel able to perform the work the PCT will have to commission someone else to do it. The practice if asked should then quote their usual hourly rate. There is no obligation on the practice to carry out this work. The medical director has requested that all copies of notes including computerised records are returned upon request by the PCT.

CREMATION FORMS WHEN A BODY HAS BEEN MOVED OUT OF GP PRACTICE AREA

Completion of cremation forms are sometimes requested when the body has been moved some distance from the place of death and GP practice.

It is not contractual nor mandatory for a GP to travel some distance to complete cremation forms and you may decline to do it. However, this should never been done in a car park because it is not professionably acceptable and unlikely to be a standard acceptable to the GMC.

The cremation fee is also negotiable for excess work such as spending a long time attending.

STATEMENTS OF FITNES TO WORK OR FIT NOTE

The DWT fit note guidance has recently been circulated to practices. The LMC still receives a number of questions relating to this subject and it is worth noting the following changes have occurred:-

1. You can make an assessment and issue a certificate following a telephone conversation;
2. Your certificate is advice issued to the patient and is not binding on the employer;
3. There is no requirement for 'signing off' to certify a patient can return to work;
4. There remains no statutory requirement for a patient to be medically certified for the first seven days of any illness. It is still common for employers to manage their staff during times of short term illness by demanding they see a doctor and are issued with a 'sick certificate'. You are not required to issue this and if demanded it can be issued as a private certificate and a charge made to the employee or employer.

VAULT CYTOLOGY

In 2011, the Advisory Committee for Cervical Screening and the British Society for Colposcopy and Cervical Pathology (BSCCP) confirmed that the responsibility for follow up care of women who require vault cytology lie with their gynaecologist, not their GP. We were also assured that there would still be some flexibility in that GPs who wish to continue this practice, can do so on a case by case basis in agreement with their local gynaecologist, but that there is no contractual requirement for GPs to do this.

Subsequently, NHS Cancer Screening Programmes have reconfirmed that 'gynaecologists are expected to take individual responsibility for a woman's follow up and if they wish the woman's GP to undertake cytological follow up, they would expect that to be organised between them and the GP on an individual basis'. We believe that this could still be interpreted as if gynaecologists have the discretion to delegate cytological follow-ups to GPs. This would be unsafe and clinically inappropriate for patients.

We would like to reiterate our advice to practices, in that this work should never be delegated to GPs and that GPs should not to feel pressured to undertake the recall and continued surveillance for their patients, whose indication for ongoing vault smears will have been a malignant diagnosis.

CONTRACEPTIVE IMPLANTS ENHANCED SERVICE

The Department of Health (DH) has confirmed that as from 1 April 2013, the IUCD NES will come within the remit of Public Health England, and will therefore be for local agreement. There was a call for GPC to negotiate a DES for the insertion and removal of Implanon (now Nexplanon) at the LMC Conference in 2011. GPC approached the DH about this at the time, and they wanted to do this as part of a wider review of contraceptive services, which would be likely to be led by Public Heath England.

SESSIONAL GPS' PAYMENTS FOR APPRAISALS 2012/13

Please note the PCT will still pay for the sessional GPs' appraisals during 2012/13. However, this will cease from 2013/14 onwards. Practices and sessional GPs will need to check whether claims have been made.

MOTIONS FOR LMC CONFERENCE MAY 2013

South Staffordshire LMC has submitted the following motions to conference:-

1. That conference instructs the GPC to negotiate a new nationwide GP contract in view of the increasing

complexity and unacceptable current 4 nation contracts. The recent GP contract imposition in England underlines this necessity.
2. That conference has no confidence in Sir David Nicholson following the Francis Inquiry into Mid Staffordshire Hospital and calls for his resignation.
3. The GP contract changes are in direct contravention of the Francis Inquiry report in that there is no quality impact assessment and therefore conference calls for it to be withdrawn.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

25 April	Samuel Johnson Community Hospital (Meeting Room 2)	**AT**
9 May	Edric House, Rugeley	**LMC**

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

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 A Burlinson and Dr O Barron (job share)	01889 562145
Dr J Chandra	01543 870560
Dr J Eames	01785 815555
Dr A Elalfy	01785 252244
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 413207

DR V SPLEEN

Dear reader

Should Nicholson be sacked?

When news of the Mid Staffs debacle reached Spleen Towers I could not contain myself and immediately dispatched a missive to the Department of Health enquiring when I might expect proceedings for corporate manslaughter to commence against the Minister for Health and his team. I received a prompt seven page reply explaining why that would be inappropriate as those individuals had no responsibility. Power without responsibility - the prerogative of the harlot, perhaps the defining characteristic of the governance of the UK and most particularly the NHS.

Roll on a few years and the government chooses one of the country's ambulance chasers to produce an enquiry into the fiasco. Given the nature of such enquiries individuals will not be named and called to account but instead the entire service is smeared by the production of over two hundred recommendations which suggest without overwatch and regulation those providing the service cannot be trusted. The Francis report is consistent with long term government (of all persuasions) strategy of undermining public confidence in the workforce which makes it easier drive down wages and to deflect any criticism from themselves.

Given the Utopian nature of the NHS project and the endless desire of politicians to buy votes by talking up patients' entitlements, healthcare workers find themselves between the Scylla of limited funds and the Charybdis of unreasonable expectations. The consequence is that service is always delivered at unreasonable levels of risk. The situation was toxic enough before the largely incompetent and completely amoral NHS management culture too k a grip on the service under New Labour .A situation which had been merely difficult became repressive and dangerous. Anyone who spent time in the last decade working with these people will understand what I mean. In a fantasy world where criticism was ignored, truth telling crushed and where the system would without scruple destroy any awkward individual is it any wonder that underfunding, work force burnout and ruthless management conspired to produce Mid Staffs and all the other problems we know exist in many other hospitals. I personally feel no responsibility for any of this. Our profession has been telling the government and the public about the problems in the NHS for decades and has been ignored or vilified by the Whitehall PR machine. The only effective action would have been to agree not to work in dangerous or substandard conditions but I think that would mean that few of us would have gone into work in the last three decades.

So should Nicholson be sacked? Should people who set targets and budgets who oversee the process and create a repressive and cruel management culture and ruthlessly crush their critics be sacked? Of course not. They should be sacked and charged with corporate manslaughter. The chief executive of the trust (when he recover from depression), Nicholson and as a short list Burnham and Johnson should face trial. None of this will happen and nothing will change except of course all of us are now facing tighter oversight and regulation. We bizarrely through the GMC and NMC are sacrificing colleagues on the altar of the unachievable NHS dream. We need to start to show loyalty only to our profession's standards and see the NHS only as an employer to who we know no particular support.

Venture

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