



# LMC NEWS

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Advice on Completion of PMS Review Template	1	The LMC Secretary has laid out advice in two letters recently sent to all PMS practices. Please also note the following: -
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Staffs County Council Medical Guidance—GP Consent Form HSF32	2	
Midlands Therapeutics Review Advisory Committee (MTRAC)	2	Please note the completed template must be submitted to your Primary Care Manager by 5pm on the 28th October 2011.
LMC Levy	2	The PCT informs us that return to GMS figures are available for practices and will be:
Dates of next meetings	3	GMS average x weighted list size. There will be no MPIG.
LMC members	3	<b>CALCULATING THE PMS DEDUCTION FOR OUT OF HOURS</b>
Dr V Spleen	3	PMS practices will have received a letter from the PCT in August 2011 informing them of the in year validation of the PMS practice Out of Hours (OOH) deduction.
		The LMC challenged the methodology being used and has agreed with the PCT that it should: -
<b>PMS REVIEW 2011/12</b>		National Global Sum for GMS x PMS practice weighted list and deduct 6%.
The LMC Secretary has advised the PCT that it is not the LMC wish to "reduce PMS values to that of GMS". It is important that these monies remain in General Practice where we can show that the extra services provided are value for money.		This is the same as GMS and therefore fair.
The PMS Review process was discussed at a LMC meeting on 13th October. The Secretary informed members that the agenda is driven by the PCT which wants to see whether "this additional money was buying any value added services or not". Trying to understand the process and seeking reassurances about its method does not mean that the LMC approves of it. PMS practices have been paid extra for extra services and it will be a great loss if these are going to be stopped. We therefore need to concentrate our energies on influencing what the PCT wishes to purchase.		Weighted list size = raw list size x Carr-Hill formula.
The overall view of the LMC is that there should be equal and fair funding between PMS and GMS practices. If PMS practices are paid extra for extra services then this is fair too. It is the decision of the PCT what they wish the purchase not the LMC. It is therefore important that you complete the mandate letter stating that you wish to have the LMC act on your behalf.		

## **ELECTRONIC PRESCRIPTION SERVICE**

Following a review the Department of Health has announced an acceleration of the dismantling of the NHS National Programme for IT. It concluded that the initiative was "not fit to provide the modern IT services that the NHS needs".

Some elements of the national programme are now established, and will continue, despite others being scrapped. Those that will continue include the spine, the N3 network, NHSmail, Choose and Book, the summary care record, and the electronic prescriptions service (EPS).

Dawn Greensmith, IT Support Manager for the PCT, outlined to the LMC the rolling out of EPS to practices with EMIS and Vision systems. Unfortunately there are delays in the other computer systems being ready, but Gnosall and Colliery Surgeries are pilots. 44 pharmacies in the area are live and ready. GP packs will be distributed.

Richard Dean from the LPC reported that the aim is to reduce transcription errors. LMC members raised concerns over repeat orders and the increase in prescribing costs that EPS may cause. There is a need for a policy to cover authorisations and PRN medications would be a problem for the EPS.

## **24HOUR BP MACHINES—NICE GUIDANCE**

You will have read the recent NICE guideline and may have wondered how the PCT intends to fund its implementation. Dr Ken Deacon has informed the LMC that it will be a Clinical Commissioning Group decision.

In view of this practices may continue to use their own machines or encourage patients to perform home monitoring or refer their patients to the local hospital for 24hr BP monitoring.

## **CHARGING FOR FLU VACCINATIONS TO PATIENTS NOT IN THE DH AT RISK GROUP**

It is clear that GPs can not charge for flu vaccinations to ineligible patients on their NHS list.

Practices may advise patients to enquire at another GP surgery or in most cases will advise them to attend their local pharmacy. Please note that ASDA currently charge £7.00 per flu vaccination.

## **ROLE OF GPS IN CERTIFYING PATIENTS' FITNESS FOR FIREARMS AND SHOTGUN LICENCES**

The BMA and the Association of Chief Police Officers agreed in principle in 2010 that when an individual applies for a firearms or shotgun licence, or applies for the renewal of such a licence, a letter will be sent from the police to his or her GP informing them of this fact.

The LMC is not aware of practices receiving such letters, but if you do practices can charge for this and must set their own fee.

## **STAFFS COUNTY COUNCIL MEDICAL GUIDANCE—GP CONSENT FORM HSF32**

Staffs County Council has decided to produce a form on the ability of "service users' ability to self medicate" and requires the GP to complete form HSF32. There was no discussion with the LMC who must point out that it is not a statutory form and therefore GPs are entitled to charge if requested to complete it. We hope that in the majority of cases a verbal response would be sufficient.

## **MIDLANDS THERAPEUTICS REVIEW ADVISORY COMMITTEE (MTRAC)**

MTRAC provides advice and support to GPs on the suitability of drugs for prescribing in primary care. Products that have been reviewed include those initiated in secondary care. The Committee has achieved wide respect amongst GPs in the West Midlands and across the NHS community, and its work has proved very supportive to GPs in securing value for money as well as in making evidence based decisions.

MTRAC would like to invite 3 GP nominees to attend their meetings and to represent CCGs across our PCT Cluster. The GP nominee should be: -

- involved in commissioning and/or
- be the prescribing lead for a CCG and/or
- a current PEC GP prescribing lead

MTRAC GP members are entitled to remuneration for locum fees or time spent preparing for and attending meetings and additional travel expenses.

Should you require any further information please feel free to contact Prof Stephen Chapman, [headofschool@mema.keele.ac.uk](mailto:headofschool@mema.keele.ac.uk), 01782 734131 or Dr Julian Parkes, MTRAC Chairman 01902 575055.

## **LMC LEVY**

The LMC Treasurer, Charles Pidsley, wishes to inform constituents that because of rising expenses it will be necessary to increase the statutory levy by 1p/pt/annum to 31.5p/pt/annum from the 1st April 2012. In addition due to a rise in the GPC defence fund it will be necessary to increase the voluntary levy to 5.5p/pt/annum. The voluntary levy has not been increased for at least 6 years and funds the legal advice the LMC is able to provide from the GPC. Overall we believe both levies to be below that set by many other LMCs and represents good value.

**Dr David Dickson**  
**LMC Secretary**

## DATES OF NEXT MEETINGS

South Staffordshire LMC - 24th November 2011, Samuel Johnson Community Hospital, Trent Valley Road, Lichfield.

South East Staffordshire Sub Committee - 14th November 2011, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee – 17th November 2011, South Staffordshire PCT, Edric House, Wolseley Court, Towers Plaza, Rugeley.

## 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 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
Dr A Elalfy	01785 252244
Dr P Gregory	01543 682611
Dr C McKinlay	01283 564848
Dr Zein-Elabdin	01922 413207
Dr E Odber	08444 773012

## DR V SPLEEN

Dear Reader

A PCT Chief Executive once told me that he was always worried about irritating GPs. "I know" he said "GPs could ruin this organisation financially". I remember thinking I would have liked a more grudging appreciation of the value of General Practice and what it provides to patients, but after all the bottom line is the most important consideration in commissioning as we all know.

Unfortunately, things appear to be changing.

The PMS review announced recently is clearly a risk to the PCT's broader agenda; this is their assessment of the possible effects of the irritation they are causing to GPs not mine. In this context they are standing on the high moral ground, quoting value for money as their concern, oddly, one they ignore in the context of their other commissioning, most spectacularly in their own management costs. It does not matter to them that PMS practices were positively cajoled into accepting growth funding to improve primary care provision when it suited the political aims of the day. In removing £1.5m from the PMS budget, it does not matter that the expenditure on staff made in good faith will be unfunded. It does not matter that this will result in less doctors and less nurses and less of everything related to patient services.

So what has changed?

Well, everything.

It not longer matters that GPs are irritated, alienated or treated unfairly. What can they do? If they alter behaviour which results in more expenditure that is their problem in the new world of clinical commissioning. The quality of services and their sustainability has never been of interest to PCTs. If GPs in protest decide to opt out of CCGs, it may give the PCTs a problem for a while, but when all is said and done they will just roll their eyes and simply say "told you so" before applying for their old jobs with a beefed up National Commissioning Board. For some individuals, being able to demonstrate how tough they are on GPs will do their careers no harm at all.

Remember the days when the role of administrators was to make the work of clinicians easier?

Welcome to the brave new world.

## Venture

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