



# LMC NEWS

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NHS Reforms	1	<p>Supplementary guidance has been circulated to you to help with QoF QP1-5 data and QP indicators 6-11. The LMC has emphasised to the PCT that providing the flexibility allowed within the guidance is followed the LMC supports the proposals from the PCT.</p> <p>With respect to the prescribing issues you will note that the target is set at 75% but more flexibility is allowed in the guidance :-</p> <p>“The maximum percentage will be set locally and should normally be set at the 75th centile of achievement nationally for the quarter ending on 31 December 2011 measured on ePACT against the same definitions of numerator and denominator. The maximum threshold may not be set higher than this but the PCO may agree to set it lower in the light of local circumstances (for example relevant characteristics of the practice population such as a high proportion of patients with intolerance to certain products). The minimum percentage will be set at 20 percentage points lower than the upper threshold.”</p> <p>Practices that are already prescribing cost effectively should be helped by the comments below in the guidance: -</p> <p>“In circumstances where practices are considered to already be achieving a high standard of performance in all areas of prescribing (i.e. where there is a very limited scope for the practice to improve) then if agreed with the PCT, the focus of the practice reviews and subsequent improvement plan can be on the practice maintaining its prescribing performance. This would need to be clearly set out in the plans agreed with the peer group and PCT. For the purposes of achievement, the PCT and practice will need to be mindful that the maximum number of points is achieved by a practice matching the performance of the upper threshold, rather than improving on their previous performance”.</p> <p>Mark Seaton, Head of Medicines Management at the PCT has stated that they will discuss and agree targets as stated in the guidance with practices.</p>
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<b>NHS REFORMS</b>		
<p>The Government’s acceptance of a raft of recommendations by the NHS Future Forum is to be welcomed. The BMA informs us that there is still plenty more to do to ensure the amended reforms support the NHS and its staff in continuing to improve care for patients and tackle the major financial challenges ahead in England.</p> <p>Health Secretary, Andrew Lansley confirmed that the Bill will return to a Commons Public Bill Committee for further scrutiny before progressing to its final Commons stages. Following this it will begin fresh scrutiny in the Lords.</p> <p>Dr Laurence Buckman at the LMC Conference in London underlined the need for collaboration and cooperation rather than competition in the NHS. The LMC Conference confirmed that patients must be reassured that GPs’ decisions have their clinical needs at heart. GPs will not agree to anything that rewards them for not making referrals.</p>		

## CARE QUALITY COMMISSION (CQC) REGISTRATION

The BMA have serious concerns about the current process of CQC registration. The CQC's expectations for demonstrating compliance are unrealistic. There will be a huge administrative burden and will end up taking GPs away from seeing patients. The self assessment form is too complicated and the nature of the questions means that GPs are likely to feel that they are taking part in a creative writing exercise, which is not the correct way to demonstrate compliance.

The LMC has advised GPs not to start significant work on demonstrating compliance. Equally practices should not employ third parties to do the work for them. You will be relieved to know that the DH has launched a consultation on delaying the start date of CQC registration for GP practices to April 2013. The registration of OOH providers and NHS walk-in centres will still go ahead in April 2012.

## GPC GUIDANCE ON ETHNICITY AND FIRST LANGUAGE RECORDING

The Ethnicity and First Language DES, which was introduced as part of the 2008/09 contract negotiations, was withdrawn on 1 April 2011. This DES was intended as a two-year catch up to enable practices to record ethnicity and first language for patients already on their list, with a third year extension for 2010/11.

Despite the withdrawal of this DES, it is expected that practices would want to continue to record their patients' first language and ethnicity as a matter of routine in order to assess the needs of their population. However, this is a practice choice as there is no longer any contractual requirements to do so. Practices cannot be compelled to carry out this work.

## NEGATIVE COMMENTS POSTED ON THE NHS CHOICES WEBSITE

We have been made aware that there is some confusion concerning the procedures in place when a practice receives notification of negative comments posted on the NHS Choices website.

To clarify, practices are notified of a comment pertaining to them following the publication of the comment. An alert is sent to a named recipient at the practice in question (usually the practice manager although this will be designated by the practice). Practices then have two options: -

1. Post a reply, in order to put across the practice's views and deal with any issues raised. This will appear immediately below the original comment.
2. Report the comment to the website moderator as unsuitable.

NHS Choices have a 'comments policy' on their website which states that should a comment be flagged by a practice as unsuitable, then this will alert their moderators to take down the comment, consider it, and then either remove it or re-instate it as they deem appropriate.

## COLLABORATIVE ARRANGEMENTS, HOUSING REPORTS AND PROFESSIONAL FEES

The LMC receives regular queries whether GPs should charge or not.

Housing reports are definitely not provided for free under our terms and regulations. These reports are a request for medical intervention by a local authority for the purpose of discharging its social care responsibilities. Such work is something the PCT is obliged to provide free of charge, but if it commissions it from a contractor must fund that contractor. If the contractor is a GP practice the DDRB says that it is for the GP to set the fee.

The fees used to set nationally in agreement with the BMA but several years ago this came to an end and practices have been advised to negotiate their own private professional fees with the PCT for all these services, all of which are extra-contractual. It is the LMC advice that you submit an invoice for the work and it is up to the council whether they wish to pay you for your services.

This BMA Professional Fees Committee guidance may help in relation to charging such fees: -

<http://www.bma.org.uk/employmentandcontracts/fees/aguidetofeesmaster.jsp>

You will see that there are listed several government departments and agencies whose fees the BMA accept, for example the Criminal Injuries Compensation Authority (CICA). However please still remember that these are for guidance and if you feel that a report requires extra cost then you must negotiate this with the organisation.

**Infectious disease notification**— Please note there was a formal consultation to remove the fee which the BMA opposed rigorously in its response, but the government changed the law to make it a requirement on all doctors akin to death certification. There is therefore no fee from the HPA.

## TRANSLATING PATIENTS NOTES

It is neither the PCT's or the practices' responsibility to translate foreign notes, especially when there are large volumes.

However the PCT inform the LMC that it is the complaints team based at Anglesey House that deal with all interpreter and translation requests from commissioners and independent contractor services. A Gareth Durber can arrange this for the practice either by email or internal phone 7071810. There is no direct charge to the practice.

## DEMENTIA PATHWAY

The LMC has discussed the pathway for the new dementia service. Our major concerns are over fragmentation of the service and whether MAC can deliver a quality service.

We agree that dementia patients and carers would benefit from increased support and that early diagnosis is beneficial. The proof of this will be in the provision of the new service by MAC.

The ongoing obligations of the CMHT need to be clearly defined and we have suggested that a named person is appointed to sort out any situations where patients have fallen between the two organisations.

## PROVISION OF MENTAL HEALTH DAY SERVICES IN SOUTH STAFFORDSHIRE

The LMC discussed the proposals for the provision of mental health day services in South Staffordshire and made the following comments: -

- 1 Members were concerned that the shift of workload into Primary Care is unfunded.
- 2 Many Primary Care Mental Health Workers were already overstretched and waiting times were sometimes up to 6 months for first appointments.
- 3 We had a perception that the real aim was a shift away from the use of Mental Health Trust buildings in order to release equity and rentals.
- 4 The future arrangements for care were not firmly established and overall we were concerned that patients would lose vital services currently provided.

## PRIMARY CARE RESEARCH WEST MIDLANDS NORTH

Dr Mark Stone from Stafford would like to encourage you to join the Primary Care Research West Midlands North (PCR-WMN): -

“The PCR-WMN is part of the UK Clinical Research network and affiliated to the Primary Care Research Network. The network is part of the National Institute for Health Research (NIHR) so is a NHS organisation. The PCR-WMN function is to promote and support the delivery or research in primary care. I have attached a leaflet about the network and some of these studies that are currently on going.

We have a team in South Staffs actively promoting and encouraging local practices to get involved in the delivery of research. We are approaching all practices in South Staffs. The network reimburses practices for the time they spend on research so it is a further funding stream practices can take advantage of. If a practice joins the network, completes the RCGP self accreditation tool—Research Ready, and undertake at least one study per year the practice will receive £1000 per year and funding for the individual studies. The practice can decide how much they get involved, the PCR-WMN operates to impact as minimally as possible on the running of the practice. However, research may provide further opportunities for patients. It also provides a further funding stream for practices at a time when budgets and income are being hit.

I am happy to discuss the Primary Care Research—West Midlands North with you further if you require more information.”

## SESSIONAL/SALARIED GPS

A successful meeting for salaried GPs was recently held at Swinfen Hall. We are grateful to Dr Anne-Marie Houlder for giving a talk on GP commissioning.

Dr McKinlay would like to set up an email communication for sessional GPs in South Staffordshire. The LMC supports the formation of an electronic discussion forum with the help with the BMA.

Below is a list of the type of services that the LMC can provide to all sessional doctors: -

- 1 The LMC endeavours to distribute any information to our sessional GPs that is relevant to them. (PCT/BMA/GPC etc)
- 2 The LMC has a sessional GP representative on the LMC which will give them advice or direct them to the BMA if necessary
- 3 We treat both partners and sessional GPs the same if there is a dispute or complaint.
- 4 We endeavour to see that they are heard on the commissioning groups
- 5 We continue to encourage partnerships to take on new partners - sometimes we can help inform of vacancies or doctors looking for partnerships and are aware of the area and type of work they are looking for.
- 6 The LMC Office always treats all GPs with the same attitude and respect regardless of their status. They get the LMC newsletter every month.
- 7 The Medical Secretary will support them the same as any other GP through difficult times.
- 8 Pastoral care and support.
- 9 Guidance and support regarding performance and performers' list matters.
- 10 Group representation regarding investment in sessional GPs (retainer monies, returners' course, etc.)
- 11 Dispute resolution with employing practices.
- 12 Representation via motions at the LMC Annual Conference.

## ANNUAL LMC MEETING—25TH OCTOBER 2011

This is advance notice that we have invited Dr Laurence Buckman (GPC Chair) to speak at the South Staffs Annual LMC Meeting on Tuesday 25th October, 7pm, at Swinfen Hall, Lichfield.

Please note this in your diary.

## LMC ELECTION RESULTS

The recent election results are attached together with the details of all 18 members of the LMC.

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

## DATES OF NEXT MEETINGS

South Staffordshire LMC - 7th July 2011, South Staffordshire PCT, Anglesey House, Towers Business Park, Rugeley.

South East Staffordshire Sub Committee - 27th June 2011, Samuel Johnson Community Hospital, Trent Valley Road, Lichfield.

South West Staffordshire Sub Committee – 14th July 2011, South Staffordshire PCT, Anglesey House, Towers Business Park, 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 701280
Dr E Odber	08444 773012

## DR V SPLEEN

Dear Reader

The dramatic and worrying news this week was that Facebook have launched face recognition software. It seems to me that it would be more of a problem if the software recognised a rather more intimate part of people's anatomy. Indeed might it be a worthwhile expense for "practice based commissioning" (sic) to invest in commercial body recognition software.

There is little evidence at present that without this they are likely to be able to tell the difference between parts of their body.

An important part of human development has been the phenomenal powers of pattern recognition the human brain has acquired. In a simpler world when recognising other human faces and expressions, as well as safe or hostile environments was crucial to survival, this skill was essential.

Unfortunately in this modern, increasingly complex world, the human brain continues to strive to recognise patterns where only chaos exists. As a result hair brained schemes tend to proliferate as false patterns are recognised and simplistic and banal ideas are generated as a result. Combined with the tactic of repeating something ridiculous, often enough for the gullible audience to believe that it must therefore be true, sets the scene for a dangerous situation where people believe firstly there is a problem, secondly that it must be solved at all costs and thirdly that the frequently repeated mantra is the "one true way" which illuminates the darkness for the humble, meek and soft minded who need true leadership.

Some aphorisms spring to mind.

The person you are most afraid to contradict is yourself.

An idea starts to be interesting when you get scared of taking it to its logical conclusion.

To bankrupt a fool, give him information.

For most, success is the harmful passage from the camp of the hating to the camp of the hated.

In most debates, people seem to be trying to convince one another; but all they can hope for its new arguments to convince themselves.

How on earth people can miss the fact that for two decades central government has sought to instil the idea that the problem with the health service is Doctors. Systematically they have eroded professionalism, goodwill and simple pride in doing the best you could, by installing managers both in secondary and primary care to oversee new contracts and controls.

All the reorganisations in the world will make not the slightest difference, unless the institutionalised attitudes and inadequacies that have driven NHS management personnel are got rid of. To try and eliminate independent thinking, professional doctors, acting as powerful advocates for their patients is short-sighted and ultimately diminishes all.

I would implore colleagues to think carefully about undertaking the journey from the camp of the hating to the camp of the hated. Much could be lost along that dangerous route including the trust and respect of our Patients and the well-known medical sense of humour, as insecurity creates defensive attitudes, unable to examine the real issues.

Just remember, some people are only funny when they try to be serious.

Regards

**Venture**

With acknowledgments to Nassim Nicholas Taleb

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