DECEMBER 2010
NO. 8

SOUTH STAFFORDSHIRE LMC NEWS

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

CONTENTS

	Page
GP Commissioning Consortia	1
Darzi Practice Burntwood	1
Future of Community Services in Staffordshire	2
Review of GP Out of Hours Provided by Badger	2
Appraisal Update from Dr Margaret Jones	2
Minor Surgery DES Claims	2
Police Requests for Medical Reports	2
Care Quality Commission Registration	3
Misfiled Letters and Results	3
Patients in Prison—How Long Can They Stay On Our List?	3
Staffordshire Rural Support Network	3
Email Addresses for Practice Managers	3
LMC Members	4
Dr V Spleen	4

GP COMMISSIONING CONSORTIA

The LMC will continue its statutory role to Inform, Represent and Support GP colleagues through this latest NHS change.

The LMC has already stated that it wants to ensure that every GP has been given the opportunity to become involved in Consortia and that there is a clear mandate from GPs to support the structure. It is the LMC advice that PBG groups however well organised and transparent need to show their legitimacy by holding elections. No PBC group has the right to assume that there is a natural accession to commissioning.

LMC members agreed at our meeting on 9th December 2010 that elections need to take place in order to add democratic legitimacy to any process and we encourage GPs to get involved in their consortia.

DARZI PRACTICE BURNTWOOD

The LMC Secretary has sought views from neighbouring GPs in the Burntwood area who generally felt that although the additional capacity and access are welcomed, this could be provided much cheaper using the premises and facilities of existing practices.

A Burntwood GP has enquired with the Department of Health about the future of Darzi Centres and the reply was:-

"GP-led health centres were a top-down initiative, forced on a local area whether or not there was a local need, and consequently, there is now no central requirement for them.

The future of these services will need to be reviewed as the new arrangements for NHS commissioning set out in the Government's White Paper *Equity and Excellence: Liberating the NHS* are developed. However, in the meantime, the local NHS is expected to get the best from existing centres, which might include integration with other services, and to ensure any plans already in train for a new centre are appropriate to local needs."

The LMC requested a response from the PCT. Apparently a review of the 5 year contract which finishes in 2014 will be done in 2012. There is a proposal that the Darzi Centre moves in with nearby practices into new premises during the Winter or Spring of 2013. In view of the number of walk-ins the PCT feels it does provide value for money but was unable to explain how this conclusion was made.

FUTURE OF COMMUNITY SERVICES IN STAFFORDSHIRE

The LMC responded to the engagement document on The Future of Community Services in Staffordshire and Stoke on Trent.

Our main points are: -

1. Members felt that the key focus of Primary Care Teams is that they are practice based and that every practice needs a District Nurse.
2. Integration of community nurses into practice employed teams should be considered in the future.
3. As a minimum GPs should be involved in the appointment of District Nurses.
4. It is a perception that the costs to run the bureaucracy of the current management structure could be achieved by practices themselves at lower cost.
5. Concerns around the number and workload of Health Visitors and School Nurses. Members were uncertain whether practice employed Health Visitors was viable.

Overall we feel the proposal is mostly about structure and little about function. The focus must remain at practice level. The vision is laudable but we have concerns about how it will be delivered operationally.

REVIEW OF GP OUT OF HOURS PROVIDED BY BADGER

The PCT has requested comments for the review of the GP OOH Contract with Badger. The LMC comments are: -

1. The major concerns were uncertainty over the provision of OOH after midnight and their default into the use of 999 and A/E.
2. Call-handlers are precipitating too many calls into 999 or advising patients to go A/E. We understand that no record is kept of these types of calls so training can be addressed.
3. Poor service for Nursing Homes where too many calls result in advice to 999 or go to A/E.
4. Delays in ring backs to patients who despair at waiting and instead go to A/E.
5. Staffing levels at peak times were queried.

Overall it was acceptably mediocre.

The PCT informed the LMC that Badger figured in the top 1/3rd nationally for performance.

Dr Phil Needham continues as the LMC representative for Out of Hours and you are welcome to send to him via the LMC office any of your concerns.

APPRAISAL UPDATE FROM DR MARGARET JONES

What's happening with Appraisal/Revalidation?

Most GPs in South Staffs have now completed appraisals for 2010/11 but what are the arrangements for next year?

Options

1. Continue to use the original DH Word document for pre-appraisal paperwork. The PCT has an electronic version which you can email to your appraiser following completion.
2. The RCGP portfolio will be available for SS PCT GPs from early February. It is free to members and for non-members until at least 2012. Your appraiser will be able to access your portfolio entries directly. Training can be organised if required.
3. The NHS Appraisal Toolkit is now subscription only – currently £50pa plus vat for individual GPs. Again your appraiser will be able to access your evidence directly.

The RCGP and NHS appraisal sites promise to automatically populate a Revalidation ready portfolio for all users. If you continue to use Word documents you will need to sign up to a Revalidation site at some point when Revalidation arrangements are finalised. Please keep a learning log and have a go at working out the CPD credits you would like to claim for your learning as this will help you meet revalidation requirements.

If you have any further questions please contact me or your appraiser for further information.
Margaret Jones, Appraisal Lead SS PCT

MINOR SURGERY DES CLAIMS

It is the responsibility of GPs to ensure that they make correct minor surgery claims. The LMC needs to highlight several concerns raised by the PCT: -

1. No patient consent obtained for treatment.
2. No specimens for histology being sent to the hospital.
3. Double claims for procedures which are specified in the contract.

It is also clear that practices should not be claiming for any form of cautery under the Minor Surgery DES because they are already being paid by Additional Services.

POLICE REQUESTS FOR MEDICAL REPORTS

You may have received letters from the Occupational Health Departments of the West Midlands Police and also Staffordshire Police requesting medical information on patients. In the letter they suggest that there are BMA recommended fees for the provision of the medical report. This is incorrect because all these fees have now been withdrawn from the previous collaborative arrangements. This is a private medical report for a third party and the fee is entirely down to the GP who does the work.

CARE QUALITY COMMISSIOING REGISTRATION

The GPC would like to make clear that NHS GP Practices do not yet have to comply with CQC standards. NHS GP Practices will begin to be invited to apply for registration with CQC from 1 October 2011 and all will need to be registered from 1 April 2012. In the application practices will need to declare compliance with 16 standards. Monitoring of compliance with the CQC standards will not commence until 1 April 2012.

However, it is worth noting that PCTMS practices should be registered with CQC because PCTs needed to be registered from 1 April 2010. Also organisations that provide some NHS primary medical services but whose main purpose is to provide other services, such as private healthcare, social care or NHS acute services need to have been registered for all of their services from 1 October 2010.

The GPC will be producing a guide on how to complete the application form for CQC registration and on how your practice can comply with each of the CQC standards. They aim to publish this guide in the spring of 2011.

MISFILED LETTERS AND RESULTS

Our Derbyshire LMC Secretary colleague would like to remind you of the potential pitfall arising from misfiled letters and results.

"We all know that occasionally things get misfiled in patients' notes, particularly letters, reports and results that have to be scanned in.

Sometimes items are scanned into the wrong patient's record. This creates a problem if the patient's records subsequently become the subject of a request for release, e.g. to a new practice, to the patient, to a solicitor, to an insurance company, etc. If you respond to a request for records under the Data Protection Act but accidently send them with a misfiled letter relating to another patient you are in breach of the Act by virtue of releasing confidential health information about the patient whose letter has been misfiled. I would urge all practices who do not have one to draw up and implement a protocol for checking that misfiled items are not included when a patient's record is sent away from the practice."

PATIENTS IN PRISON—HOW LONG CAN THEY STAY ON OUR LIST?

What do we do about patients that we know are in prison?

Paragraph 25 1 (c) GMS regs state that "the PCT shall remove from the list if the patient: is serving a prison sentence of more than two years or sentences totalling in the aggregate more than that period. "

This is therefore what the PCT will do. It is up to the practice whether they wish to be paid while not providing a service for the patient or remove them earlier.

STAFFORDSHIRE RURAL SUPPORT NETWORK

The Staffordshire Rural Support Network is a small charity. They provide a support service which overcomes the problems of rural isolation and sustains rural communities by supporting individuals and small rural businesses.

Their aim is to provide free and confidential support to individuals, families and businesses in crisis in rural communities through the provision of support, information and advice and by working in partnership with other organisations.

Please direct your patients who may be suitable to: -

Staffordshire Rural Support Network
Tel: 01889 271350
Mob: 07946852214
Email: j.salt1@btinternet.com
www.ruralsupport.co.uk

EMAIL ADDRESSES FOR PRACTICE MANAGERS

The administrators in the LMC office would be very grateful for up to date notifications of email changes from our Practice Manager colleagues.

You will realise that Practice Managers are the focus for communications and practices will miss out on important circulars and documents otherwise.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 20th January 2011, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent

South East Staffordshire Sub Committee - 24th January 2011, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent

South West Staffordshire Sub Committee –27th January 2011, South Staffordshire PCT, Edric House, Wheelhouse Road, Rugeley, WS15 1UL.

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 J Chandra	01543 870560
Dr A Elalfy	01785 252244
Dr P Gregory	01543 682611
Dr C McKinlay	01283 564848

Dr V Spleen

Dear Reader

As I write this we are in the grip of winter making visits fun on the side roads! Still, at least we haven't had the delight of Swine flu this year, and the hospital has only shut once so far, if memory serves...

Some things never change though - poorly planned discharges that cause work for us and trauma for patients.

I visited a woman last Friday.
It was minus 5 and foggy even at 2pm.
The old lady sat in her own excrement, wrapped in a coat and sleeping bag on her settee, watching daytime TV on an incongruously large wide-screen. The flat was freezing despite the curtains being shut against the cold, and beside her on the coffee table stood a mould-covered cup of Bovril.

She told me she had been discharged from hospital the day before, with no food whatsoever in her flat, no heating and no local relatives, only an elderly brother in Derbyshire who was not answering his phone.

She had been deemed 'medically fit' for discharge and had a visit from Age Concern booked for the following week! Her only TTOs were Furosemide - she had run out of her COPD inhalers and ACE-Inhibitor, and so was breathless and oedematous.

I replenished her inhalers, updated her medication list, gave antibiotics for her infected foot, made her a hot mug of Bovril and a glass of water as backup, tipped away a carton of curdled milk, threw away some mouldy food, and bade her farewell.

I contacted our local housing team, CIT and the district nurses to visit over the weekend. I tried to phone her brother without success. I spoke to Age Concern who said they had protested strongly that the discharge was unsafe but were overridden by hospital staff, and admittedly by the patient who felt she would be ok, (but could be clearly seen not to be!).

She got help over the weekend and did not freeze. CIT have handed over to the Community Matron.

She could easily have been bounced back into hospital. Gladly things ended as a triumph for Primary Care teamwork, but couldn't it have been handled so much better if secondary care had done more.......

This sort of story will be played out again and again over the winter with hospitals keen to discharge as soon as possible, to free a bed. We in Primary Care must do our best not to 'dump' people into hospital via A&E, but we must not collude in the idea that people must be sent home whatever their state. If they are, Primary Care must be properly involved before discharge so proper robust plans can be made.

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