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SOUTH STAFFORDSHIRE LMC NEWS

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

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INFLUENZA PANDEMIC/SWINE FLU

The LMC is pleased to see that the quality of information coming to GPs has improved. You will have received a template letter about self certificates and a useful poster for the waiting room from the LMC.

We should not be authorising the use of Ostelamivir solution for adults and children who are not able to swallow capsules. The advice is that we should be advising the emptying of appropriate strength capsules onto something palatable and not prescribing the solution. The solution must be limited for use in children under 1 only.

The LMC agreed that during times of pandemic flu pressure patients can take their repeat prescription slips/forms to their regular pharmacy for their usual supply and practices will issue a prescription FP10 at a later date. The pharmacies will return the repeat slips to the practices, collect the prescription FP10s at a later date and ensure that patients receive the new repeat slips. We have pointed out to the PCT that patient education is key to all this and although blame is laid at the surgeries for the delays many patients leave it until the last minute before deciding they have run out of their repeats.

The PCT has requested weekly information on calls received and confirmed cases of swine flu. Although this is entirely voluntary the LMC has agreed that it is in our professional interests to cooperate. We are however unsure about the validity of the data and diagnosis. We have not agreed to provide any data on out of hours information.

The GPC advises that until an agreement has been made on an emergency SFE (Statement of Fees and Allowances) to cover extra costs incurred for practices as a result of the pandemic flu, they urge effected practices to keep details and reasoning of actual expenses as they may need to use these in evidence to their PCT and any subsequent claim for exceptional reimbursement.

The LMC welcomes the formation of a Staffordshire flu clinical assessment line to replicate the national flu line which is late in arrival. Details of the Staffordshire line have been forwarded to practices.

E-MAIL COMMUNICATIONS/HOLIDAYS

It has been agreed in the past that all communications from the PCT and LMC are via Practice Managers. It is therefore vitally important that internal arrangements are made for viewing these e-mails while colleagues are on holiday.

CVD RISK MANAGEMENT LES

This LES had the gestation of an elephant and represents our pay rise for 08/09. The LMC feels that it is complex, onerous and that many areas are underfunded. You should note that unless thresholds are achieved there will be no payments made. The LMC also had to press for additional clarification on existing patients which were a key part of the financial viability of the LES.

It is the view of the LMC that it is up to individual practices to decide whether it is worth the extra investment and effort to deliver the LES.

LMC – PMS REVIEW GROUP

The first meeting of the LMC - PMS Review Group was held on 16 July 2009.

The GP and practice manager representatives are: A Parkes, A Burlinson, J Wakeman, L Hulme, S Powell and I Wilson. The PCT members are: J Wicks, J Barlow, W Kerr, D Jackson and A Jones.

Dr Fay Wilson has been confirmed as honest broker and will begin the process of deciding on the purpose of the review, formalising the status of the LMC - PMS Review Group and obtaining formal sign up from all practices. Fay will be communicating with each PMS practice soon.

MENTAL CAPACITY ACT & URGENT ADMISSIONS

GPs may be faced with a situation where a patient who is acutely ill e.g. with sepsis causing acute confusion, requires urgent admission but lacks capacity to understand the need for medical intervention. The patient may refuse admission. This situation places the GP and attending ambulance crew in a difficult position.

Dr J Eames on behalf of the LMC met with the regional head of clinical services of the West Midlands Ambulance Service to discuss this situation and agreed the following:

Patients who lack capacity may be treated, including being removed to hospital against their wishes, if this is felt to be 'in their best interests'.

Ambulance crew now routinely record an assessment of capacity.

If there is a difference of opinion between the GP and CPOs about capacity, it is suggested that the GP ring the ambulance control room and asks to speak to the on call medical adviser or on call medical doctor for advice.

If a patient is refusing to be transported to hospital it may be safer for the patient to be sedated rather than physically restrained. If the attending GP does not feel confident enough to sedate the patient, they should ask the ambulance service to arrange sedation to be given by the local pre-hospital service or BASICS doctor.

A summary of the Mental Capacity Act is available on:

www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/theweek/Chiefexecutivebulletin/DH_4108436

LICENCE TO PRACTICE 16 NOVEMBER 2009

The GMC will introduce the licence to practice on 16 November 2009. From this date any doctor wishing to practice medicine in the UK will, by law, need to hold both registration and a licence to practice.

Please note every doctor must inform the GMC before 14 August 2009 whether they will require a licence. The GMC is writing to those doctors who have not yet responded over the next few weeks. To help doctors make their decision please go to the website at www.gmc-uk.org/licensinghelp.

GP TRAINEES

GP Trainees are welcome to attend any of the LMC meetings either main committee or sub committee.

Those who have attended in the past find it a useful experience. Please contact the LMC office to arrange a date.

ANNUAL LMC MEETING - DR PETER HOLDEN (GPC)

Swinfen Hall, Lichfield - Tuesday 6 October 2009

All general practitioners and practice managers in South Staffordshire are welcome to this annual meeting of the LMC with Dr Peter Holden, GPC Negotiator.

Peter is the national lead on flu planning and will provide an interesting and up to date account of current issues.

An invitation will be circulated soon.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 17 September 2009, Samuel Johnson Community Hospital, Trent Valley Road, Lichfield

South East Staffordshire Sub Committee - 7 September 2009, Samuel Johnson Community Hospital, Trent Valley Road, Lichfield

South West Staffordshire Sub Committee - 10 September 2009, 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 J Chandra	01543 870560
Dr A Elalfy	01785 252244
Dr P Gregory	01543 682611

DR V SPLEEN

Dear Reader

I learnt the other day what 'PBC' stands for - POOR BLOODY CONTRACTS.

We had our meeting with the PBC team from the PCT recently (who incidentally cannot really be blamed as they are only recently in post). We were being told how 'our' budget was overspent - we looked at each other aghast - what had we been doing to spend all this money when we had not even been aware we had a separate budget for this?

Well, our prescribing was a little overspent, but we practice in a relatively deprived area so some correction might be made for that. Our 'acute budget' was massively overspent. Were we sending in too many 'acutely ill' patients? No this was the budget with the 'acute trusts' for 'elective' admissions, as well as urgent stuff sent into A&E, but hang on, how many of theses were sent in 'out of hours' and so out of our control entirely? The figures for emergency admissions do not distinguish time of admission so we and the PCT have no idea if these people are sent in by us or our OOH colleagues. Once in A&E we are all aware of the 'gaming' that goes on—'admitting' people after 3 hours 59 minutes to 'EAU/CDU/MAU etc - whatever creative acronym it is called near you, only to be 'reviewed and discharged' 15 minutes later by the medical registrar. So a puzzled patient is told he/she is admitted for 'tests', only to be discharged minutes later and we get charged, but the hospital does not get fined. Again what can I do about that other than look out for letters where it has clearly happened and pass to the LMC or PBC people?

It also includes elective referrals and would be very pleased to be able to refer to GP colleagues for e.g. minor operative procedures as I can in some cases now but this is rarely possible and most people want to go to their local hospital despite C&B. If they do want to go elsewhere it will not be because I tell them they can have their operation cheaper somewhere else. That's ok for Tesco, but patients want their hip done where it costs the most i.e. the best as they see it, so no option for shopping around for savings there. In any case our 'conversion rate' i.e. referrals to procedures ratio was pretty good so if we reduce referrals, operations that are needed will not get done so again little room for manoeuvre there! So it transpires the main reasons for 'our' overspend are:

- Funding the deficit caused by the ludicrous contract signed with Nations/Midlands Treatment Centre/Circle or whatever it is called. Not my fault, but set in stone and costing £millions.
- Funding the 'health and wellbeing centres' - huge white elephants draining cash from the pre-existing GMS side of things, whilst managers struggle desperately to think of things to do in them!
- Paying £40k to fund a survey asking the people of the area what they want for their health - a tiny number of respondents who actually took part in the survey apparently want more health and lifestyle advice, so thank goodness we have the health and wellbeing centres and can employ lots of health promotion consultants to do all this work, whilst just up the road, practice nurses and healthcare assistants are doing just that already in GP surgeries! Give me the money to expand instead of setting up a parallel service.
- Oh, and finally, thousands on a few more bureaucrats at PCT headquarters to think of ways to sort out the financial mess their colleagues have blundered and negotiated themselves into!

No!! Lets sack a few people at PCT headquarters, sell off the health and wellbeing centres, cancel the contract with Nations, ask the trusts to give a breakdown of what they actually do and refuse to pay for waste and let GPs go on doing what they do best without interference i.e. look after face to face patients in the real world, treat, refer and care for them as we have done for years and talk to our consultant colleagues one to one when problems occur without the cold hand of bureaucracy making us look only at the bottom line!

Our 'overspend' would disappear (I won't be holding my breath!).

Venture

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