

## **Annual Meetings**

Thank you to those who attended the South East Staffordshire Meeting at Wychnor Park on 4th July and joined in the lively debate about current issues facing all of us.

Please note the Annual Meeting for South West Staffordshire and Cannock Chase GPs will be on 25th July at a venue to be announced.

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## **Out of Hours and Staffordshire Ambulance**

You may be aware that their previous Medical Director on behalf of the Trust declined to enter into any discussions about GP concerns over the role of the service in providing care to our patients. The LMC feels that this is contrary to the General Medical Council guidelines over responding to incidents and complaints for doctors working in management, a view that is held by our PCT colleagues.

Dr Matt Gunning is now Acting Medical Director and is keen to improve working relationships between the LMC and Staffordshire Ambulance Service. Staffordshire Ambulance Service is commissioned by the four South Staffordshire PCTs to provide OoH services. He has advised that if any GPs have concerns regarding OoH service provision they should directly forward these to their PCTs. These concerns will then be directed to the Acting Chief Executive, Mr Geoff Catling, and will then be dealt with by the Patient Liaison Service, PALS.

All complaints and commendations from PALS regarding OoH are brought to the attention of Dr Gunning. He feels there is a robust system in place and sincerely hopes this will allay our concerns.

The LMC is keen to restore a constructive relationship with our Ambulance colleagues which has always been present until recently.

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## **Ambulance Bookings**

South West GP Committee has given three months notice that South West Staffordshire and Cannock Chase GPs have withdrawn from providing ambulance bookings. Mr William Price has agreed to enquire with Mid Staffs NHS Trust as to what procedures will be put in place.

GPs referring to Queens Hospital, Burton will have noted that the hospital have declined to provide an ambulance booking service recently. It is the role of the PCT to provide ambulance transport bookings. Mr Stuart Poyner advised GPs to inform their patients that the PCT should be contacted if transport is required.

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## **48 Hour Access Survey**

The GPC informs us that the Access DES covers two areas. The first is the willingness of the practice to continue to engage in the monthly PCT access survey. The difference now is that the practice is paid by its participation, not on the results of that survey. The mystery shopper exercise that the DH announced relates to this element, but the results won't affect practice DES money.

The second element is the Access survey. This will be done towards the end of the year (although GPC have still to agree the final details of how this will work and a survey company has still to be

appointed!). Practice income will be dependent on the results of this survey, based on the responses to the four access questions asked.

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### **Lower Priority Treatments Referral Guidelines**

A Lower Priority Treatments Referral Guidelines/Commissioning Decision Summary is circulating amongst PCTs for discussion. The LMC has raised concerns about this document and the impact that it will have on GP referrals. Many of the suggestions about clinical care are noted, but like all guidelines it is for the individual clinician to decide whether a referral is required. Many of the suggestions are contentious and the LMC feels that GPs should not be bound by rationing decisions. However, some of the comments may be useful in informing patients which services are not available on the NHS and the reasons why.

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### **Pharmacy Medication Reviews**

Medicine use reviews by pharmacists have provided a useful review of drugs we prescribe for our patients. The workload implication should be minimal and it is up to the individual GP whether they act on the review comments.

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### **Sick Note Requests for More than One Employer.**

The form Med 3/5 is for social security or statutory sick purposes only. It is the employer who deals with tax and SSP that gets the sick note. Other notes required by a patient are not our statutory duty and either they pay for a private note or they can photocopy the original.

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### **Consultant to Consultant Referrals**

The LMC has become aware that GP re-referrals are being requested instead of internal Consultant to Consultant referrals.

Stafford General Hospital is sending non-urgent Consultant to Consultant referrals back to the GP for re-referral in order for the patient to be seen more quickly and therefore not breach the 13 week waiting target.

The LMC is concerned at the workload this will cause GPs and feels that it is not in the best interests of patients. However, we agree that some internal referrals are inappropriate but this is mainly from junior doctors and is an issue for our Consultant colleagues to address.

The LMC has questioned the basis on which this procedure has been developed and asked the PCTs to review the policy.

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### **Primary Care Sterilisation Standards - Dentistry**

A previous newsletter commented on EU standards effectively making it impossible for GP practices to carry out decontamination of reusable instruments since the requirements require practices to be able to track and trace each item that is sterilised in the practice. This will mean that in many practices disposable instruments will be used.

Enquiries reveal that the joint British Dental Association and Department of Health guidance on

decontamination states “On the subject of traceability, they (Department of Health) do not consider that GDPs’ instruments would need to be traced, with the possible exception of loaned equipment. If a tracing exercise was ever necessary, all patients treated at the practice within a given time frame would be listed. This emphasises the importance of good clinical record keeping. Dental instruments do count as medical devices for these purposes.”

You may draw your own conclusions about this. Further guidance is due to be issued to dentists in Autumn 2006.

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## **Flu Pandemic Guidance**

The joint RCGP/GPC Flu Pandemic Emergency Planning Group have produced a practical guide on infection control to help GP practices plan for and respond to the threat of pandemic flu. The paper entitled “Infection Control for General Medical Practices” is now available on the BMA website under Flu Pandemic. It can also be accessed through the following link:

<http://www.bma.org.uk/ap.nsf/Content/Hubflupandemicpreparations>

Please note that the responsibility for the infection control equipment supplies has not yet been defined by the Department of Health. Our Public Health Department colleagues advise practices to compile a small stock of surgical masks, gloves and plastic aprons.

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## **Medical Reports Provided to the Prison Service**

An issue has come to light about whether GPs are still able to charge for medical reports provided to the prison service. Now that prisons have been transferred over to PCTs, the Prison Health Service believe that prisoners should be treated as patients and therefore a charge should not be applicable on request for a report on a prisoner.

On Prison Service Order number 3050, paragraph 2.4 Charging for Information states:

NHS bodies should not normally charge each other and information necessary for the purposes of continuing patient care should not be delayed. Although there has been some uncertainty about whether a fee can legally be charged, as the responsibility for prison health in the public sector comes directly under the umbrella of the NHS, the British Medical Association (BMA) advises that demanding a fee is inadvisable. Further information can be obtained from the BMA’s handbook of ethics and law. NHS bodies are expected to extend this to include private sector prisons in order to ensure continuity of care for patients.

This is in concordance with the advice of the BMA’s Professional Fees Committee and the Civil and Public Services Committee. In practice GPs should provide reports for the prison service free of charge but ensure that these reports contain only information related to the direct clinical care of the patient and to ensure continuity of care, for example a brief note asking for medication details, drug abuse history or note of any outstanding hospital appointments that we know of.

The LMC remains perplexed at the complete lack of information that flows from the Prison Service when our patients are released.

Following their successful Trust application and the concerns raised by LMC members on behalf of local GPs we have been invited by the Chairman of the Foundation Trust to become a partner governor for the membership council. The council meets four times per year and provides a function of overseeing the governance of the Trust. Further details can be obtained from Andrew Millward, Chairman of the Trust via the headquarters in Stafford.

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### **Next LMC Meetings**

Main LMC Committee Meeting – 7th September 2006, East Staffs PCT Offices.

South East GP Sub Committee – 18th September 2006, BLT PCT Offices.

South West GP Sub Committee – 21st September 2006, Cannock Chase PCT Offices.

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### **Dr V Spleen**

Phew! It's a bit warm in the surgery these last few days, even I've had to leave my stockings at home, it's that hot.

But here's a top tip; remember the mercury in your sphyg. will go up on its own, like a thermometer, in this heat. So it's important to lop off 10mm on every BP reading you do. That'll improve your QOF score and bamboozle the fools on the QOF visit!

And talking of QOF can I just mention eGFR? What's that all about?? A colleague was grumbling his lab. couldn't do eGFR at the moment. I tell you what, he'll be moaning more when they do and he gets hundreds of readings of 58, which he has no idea what to do with. How our negotiators let that one through, (for no extra cash!!), I'll never know. Still they have been warned, they're on a "yellow card", so hopefully no more nonsense like that.

Still, like you, I've spent some of my easily earned 250K on a holiday. Its lovely to lie in the sun, my bronzed, well toned body glistening in the sun. Sand sandwich in one hand, 99 in the other. Until you hear those fatal words, " fancy seeing you here doctor.. now about my piles...". The buggers find you every time! Anyway, I found a novel use for a stick of rock though!

Enjoy it while you can, because when you get back it'll be flu-jab time again!

Hurray!! Don't you just love all those old people!?

I wonder who'll get the blame for this years cock-ups? Entries on the back of a saucy holiday post card only, to the usual address.

Yours sincerely

Venture