

Top Ten Concerns

We are grateful for those GPs who forwarded their concerns to the LMC office. As you can expect, many of them were of a general nature concerning many of the issues in general practice, but several were also about the functions of PCTs and acute trusts. We have shared your feedback on an anonymous basis to each PCT which we hope they will use in their negotiations with the trusts.

3MS2 - Implementation Tool May 2005

All practices should have received a copy of this CD Rom which is sent free of charge from the LMC. It has been produced by the West Midlands Regional Local Medical Committee and we hope you find it useful. Please feel free to copy it or incorporate it in your computer systems.

Community Pharmacy Contract

The LMC was given a presentation on the new Pharmacy Contract by Mr Richard Dean, Chairman of the South Staffordshire Local Pharmaceutical Committee. He described the contractual framework for Essential Services and Advanced Services which include medicines use reviews. Premises must be accredited and include a consultation room. The aim of prescription intervention is to help patients use medicines more frequently and repeat dispensing allows patients to obtain regularly prescribed medicines from a pharmacist. Mr Dean would like to point out on behalf of his colleagues that schemes such as the Nomad are for people with disabilities but not for "social care". As assessment will be made by the pharmacist and if the scheme is not indicated the patient will be charged if it is still requested by the patient or family.

Controlled Drugs in Primary Care - An Update

The MeReC Bulletin Volume 15 No. 3 is a good guide to some of the current requirements and potential future developments in the management of controlled drugs. It is available at http://www.npc.co.uk/MeReC_Bulletins/2004Volumes/Vol15no3.pdf

Out of Hours Services

We are pleased to report that an action plan has been agreed between the four South Staffordshire PCTs and the Staffordshire Ambulance Service. Many of your concerns have been noted but we would urge you to continue notifying the LMC office of specific issues/incidents that you may have with the Out of Hours Services when you are communicating with your PCT. We hope to see an improvement in the OoH service to patients requiring palliative care and also the standard of communications.

Normalisation

Further to our advice in the last newsletter to check your global sum payments you will have read in the press about the ongoing issue about the errors in the Exeter Software which have led to faults in the quarterly calculation of the normalisation index, and which in turn resulted in over payments to some practices, and under payments to others. The Department of Health have now confirmed that many more practices have been under paid than have been over paid – and that the level of under payment

significantly outweighs the level of over payments for effected practices. The LMC have examples of this problem and is pleased to hear that the GPC has agreed a mechanism for correcting these over and under payments, in line with the provisions of the SFE. The relevant software adjustments to allow the Exeter System to finally calculate and correct this problem is underway.

REVAXIS

Please note that REVAXIS (diphtheria, tetanus, polio) for travel is claimable via the PPA using FP10 not FP34D. It is also obtainable from MSD and not Farillon.

Homely Remedies in Nursing/Rest Homes

The LMC view on requests for homely remedies from nursing/rest homes is that they should be forwarded to the PCT Pharmaceutical Advisor as we believe this is a medicines management issue. Similar requests from child minders and nurseries should be dealt with in a similar manner.

UK Study of the Causes of Breast Cancer

You may have received requests from patients who are involved in the UK study of the causes of breast cancer, for blood tests to be taken in your surgery. The Institute of Cancer Research has acknowledged that GP practices are not obliged to undertake this work under the new GMS Contract and that there is a real issue of GP capacity and workload. To date the Institute has been very appreciative of the help that they have received from general practices across the country who have agreed to take the blood samples. The assistance of GPs is voluntary and the LMC would support any practices that felt they did not wish to become involved.

Guidance on the Treatment of Overseas Visitors

Guidance on the treatment of overseas visitors is available at <http://www.bma.org.uk/ap.nsf/Content/overseasvisitors?OpenDocument&Highlight=2,overseas,visitors> although you do need to be logged on to the BMA website to gain access. It includes useful information and clarifies points of law. The appendices relate to the DoH explanation for the current rules as well as those eligible for hospital treatment on the NHS.

Revised Freedom of Information Guidance

The GPC has produced an updated version of the Freedom of Information Act FAQs which is available at <http://www.bma.org.uk/ap.nsf/Content/freedomfags?OpenDocument&Highlight=2,Freedom,Information,Act>. The main changes are to questions 7 which has been expanded and question 17 which has been amended following advice from the Information Commissioner. Practice Managers will find this document useful.

Emp Local Rep of Salaried and Freelance GPs

Salaried and freelance GPs are currently numerically under-represented on most Local Medical Committees. This guidance will be available on the BMA website soon and encourages these doctors to become involved in their LMC. Please mention this guidance to these colleagues in your practice who are very welcome to contact the office for further information about joining the LMC.

Staffordshire GP Support Scheme

Please remember that this scheme is available to GPs in the Staffordshire area who feel they would like help with personal or professional issues. A booklet is available from the LMC office which contains a list of individuals that you can contact in the utmost confidence.

Dr V Spleen

Dr V Spleen

Dear Reader

How is everybody out there? Is anyone happy? You'd think reading all the press that it's all doom and gloom. Well I'm very happy!

For the first time in my GP career I'm starting to get the pay I think I deserve, 20% rise in a year ain't bad. Dooh, I might have to work "hard" for it. I come in at 8, work until 6 and go home. That's fair enough. I hardly call that work. For the first time we've drawn a line in the sand regarding workload. We get paid for work we do and can legitimately refuse work we don't get paid for! No on call! Free weekends, all Bank holidays off. Bloody marvellous! And still a half-day! All this and I go home to a beautiful blonde!

wanted to be a GP since the age of 5 and think it's the best job in the world!

Honestly!!

Yours sincerely

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