



LMC NEWS

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SOUTH WEST GP COMMITTEE

Dr Ian Wilson of Wolverhampton Road Surgery, Stafford will be retiring from Chairman of the South West GP Sub Committee in May 2010.

On your behalf the LMC has expressed our sincere gratitude for all his work on the LMC. We will miss his strong resolve in sorting out the multiple issues the South West GP Committee has tackled over many years.

Dr Judith Holbrook from Cannock has replaced Ian in the Chair and you may contact her via the LMC office if you have concerns about provider issues in the South West Staffordshire area.

LABORATORY REQUEST FORMS

Our hospital laboratory colleagues make their usual request for GPs to correctly label laboratory request forms and ensure that the GP name is clear.

You will understand that this especially important if there are problems in the Out of Hours period when patients need to be contacted with the results of tests that cannot wait until the following day.

LOCUMS SUPERANNUATION

The tax year end work looms and the LMC would like to draw your attention to the NHS Pensions Agency advice on freelance GP locums.

It says "GP Practices and APMS Contractors are reminded that GP Locum work in NHS pension terms is short-term deputising work. Fee based GP work over a longer period is regarded (under the statutory NHS Pension Scheme Regulations) as type 2 Practitioner work with the Practice/APMS Contractor responsible for paying employer contributions."

This means that it is not possible to work as a locum and be a partner or a salaried doctor at the same time in the same practice. It would be fraudulent to claim employer contributions from the PCT in these circumstances. This would leave the partnership open to investigation by HMRC and the GMC and could have very serious repercussions for the practice. It would be advisable to consult the practice accountant for advice on this issue around locum work.

The employment Status Indicator on HMRCs website may assist at:

<http://www.hmrc.gov.uk/calcs/esi.htm>

And also:

<http://www.taxation.co.uk/taxation/articles/2010/03/10/20076/doing-rounds>

OVERSEAS DOCTORS

The GPC believes that doctors who have not completed their vocational training in the UK should be required to demonstrate that they are suitable to work as unsupervised GPs in the UK. Suitability includes being fluent in English and an understanding of NHS general practice.

At present, the GMC is required to register any doctor who meets the qualification requirements of being a GP; no further tests are used. The GPC are working with the BMA's International Committee to ascertain whether the Medical Act can be amended to allow the GMC to require any further testing as may be required. PCTs, on the other hand, are able to require a doctor to demonstrate that they have the relevant skills to work as a GP before granting entry to their Performers List. As a result, many PCTs require overseas doctors to undertake language testing and/or a period of induction in order to have full list inclusion. However, at present there is no uniformity between PCTs, although this will be addressed through the review of the Performers List Regulations.

In the meantime, the GPC encourages all practices to ensure that the doctors they engage with are on a PCT Performers List, are on the GMC's GP Register, and that they are competent to undertake the work.

ATOS AND AUTHORISING HOME VISITS

ATOS who carry out work for the Benefits Agency have asked patients to get their GP to fax a letter to state that either the patient cannot attend and will need a home visit or require a taxi cab to get them to their medical. The GPC advice on this issue is: -

"The regulations state that the claimant is required to attend for an examination when requested and if he does not he loses his benefit. If, however, he can show good cause for not having attended, his benefit maybe continued. Reasons constituting good cause include the state of the claimant's health. A claimant who has not attended may ask his GP to confirm that he was unable to attend due to his state of health, but there is no obligation on a GP to respond to such a request and if he does so, he may charge. The patient can appeal a decision that he did not have good cause not to attend and a tribunal hearing the appeal may decide that a report from the GP would be helpful. If so, the tribunal service would pay for a report; but there is still no obligation on the GP to provide it".

PRIVATE REFERRALS AND USE OF EMAILS

A practice was recently approached by a private hospital asking that they send their private referrals using an online submission form over the world wide web.

The advice of the LMC and the PCT is that patient identifiable information should only be sent via nhs.net email account to nhs.net email in order to be secure. Any other form of email is not secure i.e. Outlook, Hotmail etc.

The PCT report that they have dealt with other private providers and advised them to apply for a nhs.net email account from Connecting for Health. This would mean the private hospital would need to demonstrate compliance to Information Governance Statement of Compliance level.

DOCUMENTS ATTACHED TO LMC NEWSLETTER

The LMC would appreciate if GPs and Practice Managers would note that documents attached to the LMC Newsletter are also available on the LMC website at: -

<http://www.sslmc.co.uk>

This will enable you to download useful documents and alter them as you wish for practice use.

LOOKED AFTER CHILDREN (ADOPTION) MEDICALS

The PCT has circulated some guidelines with respect to the quality of initial health assessments for Looked After Children.

You may have noted you have been requested to carryout medicals instead of the community paediatricians. Apparently there have been difficulties in getting appointments with the community paediatricians within the constraints of the timescales required as in the statutory guidance on promoting the health and wellbeing of Looked After Children (DCSF DH 2009). You are under no obligation to undertake these examinations unless you feel competent and willing.

Please note that the fees for these medical come under Collaborative Arrangements so it is for the GP to set their fee not the Agency or the PCT. If you are offered fees that equate to the 2005 DDRB Collaborative Fees uplifted by the RPI you need to be aware that this income is now super-annuable and 14% goes in employers contributions.

SALARIED GPs

A successful meeting was held with Dr Fay Wilson at Swinfen Hall, Lichfield on 12th April 2010.

Following concerns at the meeting the LMC has agreed to highlight the following: -

"The LMC recommends all GPs whether GMS or PMS to use the BMA Model Salaried GP Contract and not to take advantage of younger GPs. We also remind you of the LMC recommendation about appointing partners instead of salaried GPs in order to ensure the continuity and protect the future of General Practice."

It would be helpful if communications from the LMC were passed to all salaried doctors especially the LMC Newsletter and invitations.

QOF INDICATORS PE7 AND PE8 APPEALS

After detailed, individual practice consideration the PCT has decided not to change achievement for any of the practices that appealed.

The LMC provided details of the GPC Guidance on how to succeed. With respect to the PE8 score the requirement was "The Practice can provide clear evidence that they routinely provide arrangements that consistently offer 48 hour and advanced booking access, backed up by evidence from patient participation groups and local surveys. This evidence must be clear and auditable to demonstrate that decisions reached are fair and justified".

It is suspected nationally that patients answered about seeing the GP of their choice rather than any doctor. The LMC has informed the PCT that it was unacceptable that they have taken over 9 months for the decisions to be made in South Staffordshire.

The LMC Secretary has requested access to the formal appeals to these decisions that may occur in order to assist and ensure that the practices have presented their cases appropriately.

EASEMENT TO THE THRESHOLDS FOR PE7 AND PE8 WHEN RESULTS OF H1N1 UPTAKE ARE KNOWN

With regard to the easement process the PCT have made the following statement: -

"The first step will be the receipt of the results which is scheduled for the 17th June. There is then a very short window for this data to be entered onto QMAS, inform the practices that the data is showing on QMAS and requesting the practices to 'sign off'. The Finance department will have a latest date that they can request payment for it to be received on the 30th June, this date is likely to be around the 23rd June, but confirmation is needed for this. The easement process will take place 'off QMAS' but payment is also expected to be made by the 30th June. The PCT will receive a report from NHS Employers showing practices' Swine Flu achievement. This data plus the PE7 & PE8 results will then be entered into a tool which then calculates the additional monies to be paid to practices.

Due to the extremely tight deadlines for practices to 'sign off' their achievement the PCT will review whether to make any off-account payments of all achievement except PE7 & PE8 to ensure some payment is received by practices by 30th June. Practices that 'sign off' within the timescales would receive full payment. Should this go-ahead, all practices will be informed. You may ask the question, if the PCT will consider an off-account payment could this not be made earlier? This is unlikely as we have to complete all elements of the pre-payment verification process before we can make any type of payments."

Updated GPC guidance is awaited.

GMS CONTRACT REVIEW AND PRACTICE VISITS

The PCT wishes to commence GMS contract practice visits soon along similar lines to the PMS review. The LMC has made it clear that : -

"The GMS contract is not negotiable locally.

If the PCT want to introduce local standards or performance frameworks which go beyond routine GMS this must be done via a LES.

The LMS will only accept reasonable performance management of the GMS contract at national standards but any action would be via the normal contract management mechanisms.

It is the role of the LMC to represent GMS practices and this is separate from the PMS group."

You are strongly advised to inform the LMC if you are requested to do otherwise.

BLUE BADGES

A reminder that South Staffordshire GPs are no longer involved in Blue Badge applications from 1st April 2010.

If a patient requests you to complete one you have to firmly but politely decline and send the patient back to Social Services or the local council.

The appeal process has not be finalised and it is not clear what if any GP role there will be. The LMC will publicise this as soon as we are informed.

Apparently the majority who qualify for a Blue Badge will be on the basis of the other benefits they already receive. Some social services departments use their own physio or OT to vet the rest.

Please not that the new situation with Blue Badge is similar to most other areas in England. GP colleagues elsewhere in the West Midlands inform us that they are glad to be removed from Blue Badges because of the apparent abuse. It will no longer be claimed that it is the fault of GPs for being too lenient.

SUNDAY TIMES AND REQUEST FOR INFORMATION UNDER THE FREEDOM OF INFORMATION ACT

The Sunday Times has made a request to the PCT for the annual salaries paid to GPs in the South Staffordshire area.

The LMC supports the PCT decision not to release the level of superannuable income of individual GPs and to direct the request to individual practices. It is the advice of the LMC that practices release only the income details of the salaried GPs they employ. If the practice decides to give more information this is only for delivering the core NHS GP Contract, with any other NHS income given separately.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 17th June 2010, Samuel Johnson Community Hospital, Trent Valley Road, Lichfield.

South East Staffordshire Sub Committee - 10th May 2010, Sir Robert Peel Hospital, Plantation Lane, Mile Oak, Tamworth.

South West Staffordshire Sub Committee - 6th May 2010, South Staffordshire PCT, Block D, Beecroft Court, Off Beecroft Road, Cannock.

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 K Owens	01543 278461

Dr V Spleen

Dear Reader

As the general election campaign drones on, I cannot help but wonder if the people of this country have any idea what they would be voting for on May 6th in terms of health policy.

Fatuous policies about choice, rights, access and strategies about ring fencing and even increasing health budgets are being made when we all know that cuts in real terms are already occurring in this financial year as a result of inflationary pay rises to staff being unfunded.

"Sensible efficiencies" and "hard decisions" are the euphemisms that have replaced the term cuts and might give the electorate the idea that cuts in public spending would not mean any reduction in service to them. This nonsense is even spun inside the NHS where management are told they can and indeed must deliver more with less despite failing to improve productivity even in the age of plenty.

I think the electorate is in for a nasty shock. The unrealistic expectations of the populous so cynically boosted by the agenda of choice in recent years, coupled with a rising "because I'm worth it" mentality of entitlement will never be balanced against reality when the inevitable cuts hit.

The culture in the NHS will fall apart as services are eviscerated by financially driven targets and staff are treated to the justification of "why shouldn't the public sector feel the pain". The decay of culture and services as a consequence of historical neglect and mismanagement which we are already seeing will be a pale reflection of things to come and should be a stern warning to those who determine the policies of the health service and those who think they run it.

Venture

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