



LMC NEWS

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CONTENTS

Page

Overhaul of sick note system	1
Can a GP issue a duplicate medical certificate?	1
Changes to cremation regulations	2
Patients in prison	2
GP trainers bulletin	2
GP trainees sub-committee bulletin	2
GMS contract settlement 2008/9	2
Exeter payments system	2
Choose and Book-Named	2
Consultant Referrals	2
Protected learning time	2
Partnership agreements	2
Recruitment and selection of NCAS assessors in General Practice	2
Opening times over the Christmas and New Year period	2
General practice achievement points on the QOF framework April 2007-March 2008	3
Dates of Next Meetings	3
LMC Members	3
Dr V Spleen	3

OVERHAUL OF SICK NOTE SYSTEM

The BMA has been calling for the sick note system to be reviewed for over 10 years and believes that a FIT FOR WORK service to help people back into employment may be the right way forward. The new 'Fit Note' has potential, but the BMA would like to see the findings of this evaluation because it is crucial that GPs can continue to act as the patients' advocate and do not end up policing the system for the Department for Work and Pensions.

The BMA would have liked to have seen a commitment making sure every worker has access to basic occupational health services. Employers need to take more responsibility, particularly in difficult economic times like now, as work related ill health problems may well become more common.

The following background note explains how the situation works at the moment, regarding the role of GPs issuing sickness certificates:

GPs do not make decisions on Incapacity Benefits (IBs).

Statutory sickness benefit is payable from day three of an illness and is available for 26 weeks.

From day three to day seven of an illness the patient should fill in a self certification form (SC1) provided by the employer.

If a patient is still off sick after about week 20 the patient is told by the Department of Work and Pensions (DWP) to get a "Med 4". They go back to the GP for this form which gives fuller details of the patient's condition than the original Med 3 sickness certificate. Based on the information in Med 4, the DWP may be able to decide that a patient is incapable of work and would therefore qualify for Incapacity Benefit.

An example might be someone with a fractured femur, with no union of the bone, and scheduled to go into hospital for surgery to insert a pin and plate.

However if further details of the illness are required by the DWP, the DWP writes to the GP and the NHS GP has to complete a form IB113 (contractual obligation). On the basis of IB113 information, the DWP decides if the patient gets called up for Personal Capacity Assessment (the All work Test). This assessment is not done by the patient's GP. If a Personal Capacity Assessment is required it will be conducted by an examining medical practitioner employed by a contracted agency who acts as agents for the DWP. The examining doctor does not decide if the patient gets the Incapacity Benefit. That decision is made by a lay adjudication officer.

In short GPs are required to provide facts (not options) and do not take decisions on who gets benefits.

CAN A GP ISSUE A DUPLICATE MEDICAL CERTIFICATE (STATEMENT) TO A PATIENT WHO HAS TWO PART TIME JOBS?

No. You can only issue a duplicate statement (Med 3/5) if the original statement has been lost. You should clearly mark it "Duplicate".

Advise people with more than one employer to submit the certificate to their main employer, who can note the details of the advice you have given. They can then present the certificate to their second employer.

The FAQ can be found at <http://www.dwp.gov.uk/healthandwork/faq.asp>

CHANGES TO CREMATION REGULATIONS

The Ministry of Justice Coroners Unit have sent us information on the new Cremation Regulations which will be coming into effect on 1st January. The LMC has already forwarded the guidance for Medical Practitioners and Medical Referees together with the new regulations to Practice Managers.

The main policy changes to the regulations are that they now allow bereaved families to inspect the medical forms of a deceased family member before cremation takes place. Families will also be able to draw the medical referee's attention to any concerns about unexpected symptoms or discrepancies in the case. There have been some changes to the forms, most notably, cremation forms B and C (which two separate medical practitioners have to complete) are now called cremation forms 4 and 5. The Regulations are expected to come into force in January 2009. They are an interim measure and will precede longer-term Department of Health plans to create the role of Medical Examiner, who will deal with all deaths.

PATIENTS IN PRISON—WHAT HAPPENS TO THEIR REGISTRATION?

Under the GMS Regulations schedule 6 part 2 para 25 (1) c the PCT is supposed to remove a patient from a contractor's list where it receives notification that they are serving a prison sentence of more than 2 yrs or sentences which together aggregate to more than 2 years, taking effect on the date of imprisonment, or, if later, the date at which PCT is informed of it. Anyone can inform the PCT.

GP TRAINER' E- BULLETIN NOVEMBER 2008

The latest edition of the GP trainers e-bulletin is available on the BMA website at the following link-

www.bma.org.uk/ap.nsf/Content/gptrainersebulletinNoc2008

GP TRAINEES'SUB COMMITTEE E-BULLETIN DECEMBER 2008

This is available on the BMA website at:

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

It will also be available soon on the LMC website.

GMS CONTRACT SETTLEMENT 2008/09

You may recall that the PCT has calculated there is about £700k for our 'Pay Rise'. The PCT's preferred position is that an LES for Cardio Vascular Disease (CVD) is offered to practices.

LMC members have raised many concerns about the content of the LES. This is the busiest time of the year to introduce a new LES to be delivered before March 2009. The LMC has requested that the £700k is used to uplift the current LESs and explore the introduction of the CVD LES from April 2009. A member of the LMC has agreed to work with the PCT to iron out the discrepancies in the LES.

EXETER PAYMENTS SYSTEM

There was some concern over the accuracy of payments made to GPs calculated by the Exeter system for the month of October,

following implementation of the Statement of Financial Entitlements (SFE) 3, Amendments 2008.

Investigation by the Department of Health has concluded that for the vast majority of practices payments were calculated completely accurately and correctly. The reduced amount mainly effect London practices in their October payments due to the London Weighting effect.

CHOOSE AND BOOK—NAMED CONSULTANT REFERRALS

The recent PCT Choose and Book newsletter outlines the departments that are accessible in Stafford Hospital for named Consultant referrals. LMC members commented that there had been a potential improvement in Stafford and it was definitely a step in the right direction. It remains disappointing that this has been extremely slow to implement and other hospitals are reluctant to open this facility.

PROTECTED LEARNING TIME

The PCT has allocated £10k to each locality to provide cover for protected learning time. These events occur once every month between 2.30pm - 6.30pm therefore enabling all of the practices to attend. The LMC is surprised that the Stafford area does not benefit from these educational events and urges practices to contact their GP tutor to implement them.

PARTNERSHIP AGREEMENTS

If you have an Agreement drawn up before 2004 it is unlikely you will have the requisite clauses to cover all of the new GMS contract changes. In many cases this will mean that the partnership agreement will revert to an agreement at will of the Partnership Act of 1890.

The LMC secretary recently attended a workshop on the topic of partnership splits under the new contract. The BMA lawyer advised that it was probably necessary for us to have a majority decision continuation clause rather than all of the partners decision clause.

RECRUITMENT AND SELECTION OF NCAS ASSESSORS IN GENERAL PRACTICE

The National Clinical Assessment Service is currently recruiting 8 to 10 GPs who have qualified as doctors outside the UK to be part of the NCAS assessor panel.

If you are interested in applying for the post please contact the LMC office for details.

OPENING TIMES OVER THE CHRISTMAS AND NEW YEAR PERIOD

The PCT has blocked the offer from Badger Harmoni to provide cover for all GP practices from 16.30pm on the 24th and 31st December. GP practices have a contractual obligation to provide essential and additional services until 18.30pm each week day evening. Groupings of practices had arranged to cover each other on these two evenings but the PCT has stated they will only permit two practices very close together geographically or two or more practices in the same health centre.

The LMC notes that Derbyshire PCT has permitted their Out of Hours service to cover these days from 16.30pm and that many PCTs in the West Midlands also permit similar arrangements.

GENERAL PRACTICE ACHIEVEMENT POINTS ON THE QUALITY AND OUTCOMES FRAMEWORK APRIL 2007-MARCH 2008

A league table has been formed of the GP achievement points on QOF. A copy will be circulated by the PCT to every practice. This is a genuine success story and shows how well we perform in these services in South Staffordshire. There are few things that are constant in Primary Care but our patients continue to be seen in their millions and the vast majority receive and appreciate an excellent standard of care.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC
15 Jan 2009 - Samuel Johnson Community Hospital, Trent Valley Road, Lichfield, WS13 6EF

South East Staffordshire Sub Committee
26 Jan 2009 - South Staffs PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent, DE14 2WF

South West Staffordshire Sub Committee
29 Jan 2009 - Dr I Wilson Surgery, Wolverhampton Road, Stafford, Staffs, ST17 4BS

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 M Murugan	01543 870570
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 V SPLEEN

Dear Reader

Happy Christmas 2008

Gracious me, where has the last year gone? It does not seem like yesterday that I was watching my good lady, Mrs Spleen doing battle with the Christmas card list for 2007.

In keeping with the credit-crunch crisis cutbacks in the Spleen household, I thought a good debridement of the slough on Mrs Spleen's list might be in order.

Before wielding the trusty scalpel, I muse as to which historic oaf actually thought it a good idea to have Christmas during the Northern Hemisphere winter? Slap bang in the middle of winter viruses. The seasonally affected and disordered masses invade our premises with demands for instant cures. "I wouldn't normal come but I am going away to Egypt/South Africa/Thailand ... having the family around for Christmas Day....planning to eat/drink myself into a stupor" (Delete as necessary).

I can only presume it was a crazed religious misogynist with a deep rooted hatred of Doctors, Turkeys and Sprouts who then emigrated to the Antipodes. Perhaps Dr Google can help track the monster down.

But back to the task in hand.....

Gordon Brown? , certainly not this year , he may have saved the world but his meddling and micromanagement tactics of the Extended Hours Fiasco mean the Scots Mr Bean must go ...I am sure he would approve of the prudence.

Mmm, Lord Darzi , with all that experience in Primary Care it is no surprise he has those three wise men making tracks for his high tech operating manger , but no Seasons Greetings from the Spleens this Yuletide , that should make him think.

"Various Medical Leaders", an interesting section, most seem to have retired and gone on to work for the Private Sector or are working ten minutes a week so they can still claim to be a "working GP", while in their spare time they gleefully shaft their colleagues. At least the leaders impersonating the Invisible Men do little damage, but Simon, Faye, David etc consider yourselves expunged.

The Daily Mail? , shock horror, I have discovered Mrs Spleen's dark secret. No piece of print can have done more damage than The Mail. It can join The Gruaniad , previously Dr Spleen's chip wrapper of choice, on the Black List, after printing distortions about the learning disabilities DES and then not printing Our Great Leaders reply.

Now for the PCT. It used to be possible to send a Christmas card to the handful of amiable hard working folk in the office in Stafford, who managed to keep us paid and the Service running. Now it would need a fleet of Royal Mail Vans to deliver to the Hordes who scurry about the expanding empire of identikit buildings. Perhaps just one card to each Department, except Finance, which should be a quarter behind. Medicines Moneygment (sic) will say there is no evidence for the use of Christmas cards being cost effective and highlight the risk of paper cuts as a side effect. The Provider Arm needs an amputation of Managers and reattachment of front line staff not a Greetings Card and as for the "light touch" QOF supervisors , I would like to show them a light touch or three..

That looks a bit better , much more manageable for my Good Lady, she will be pleased. Christmas ? Bah , Humbug!

Venture

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