



LMC NEWS

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CONTENTS

	Page
PMS Review 2011/12	1
Early Supported Discharge	1
Collaborative Fees	1
Short Term Sickness Certification	1
Welders and Pneumovax	2
The New Medicine Service	2
14% Employers Contribution in the Pensions Negotiations	2
GPC/LMC Roadshow	2
Sessional/Salaried GPs Annual Meeting	2
Who tells the patient why Insurance Cover has been refused?	3
Dates of next meetings	2
LMC members	3
Dr V Spleen	4

EARLY SUPPORTED DISCHARGE

The Early Supported Discharge or Early Discharge Scheme has been extended to include hospital ward visits. There will be a Seasonal Payment Scheme of £75 intended to reflect the visit and travel time.

The LMC has been in discussion with the PCT about the details of the proposal and the HUB have been instructed to contact practices after 11am. The 2hr response time is optimal, but if not possible the GP can state a reason on the payment form when a visit has been undertaken.

The PCT inform us:

“The initiative has been put in place in response to the acute pressure being experienced in the system. Community teams are reaching to the acute care setting to support patient flow and it was considered a positive step if GPs could do the same. However the PCT acknowledge that this is likely to be considered additional workload and so the seasonal payment scheme has been put in place to reflect this. It is not obligatory and will be evaluated as part of the winter evaluation.”

COLLABORATIVE FEES

The PCT has been in discussion with the LMC about a number of fees that they pay on behalf of various agencies. These include adoption reports, case conferences, mental health act and other reports requested by Social Services such as OT.

Whilst under Competition Laws the LMC cannot recommend any fees, it is the view of the LMC that the fees offered by the PCT are far too low.

You are reminded that with all private fees an invoice should be issued before any work is undertaken and that the GP sets the fee for the work.

SHORT TERM SICKNESS CERTIFICATION

The LMC letter for employers about short term sickness certification has been updated and is available on the website at www.sslmc.co.uk under Documents.

PMS REVIEW 2011/12

All PMS practices should have received their letters outlining the conclusion of the review, before the end of January 2012. An explanation of the formulas used by the PCT should also be included.

The PCT have stated that appeals will be accepted only on the grounds of process and/or application of agreed principles to the information provided by practices.

All PMS practices will have received an invite to a meeting on the 15th February 2012 at Balance Street Surgery, Uttoxeter, 7pm start. The aim of the meeting is to help practices understand their letters, prepare their appeals and decide what they should do if they wish to continue a service or not.

WELDERS AND PNEUMOVAX

The Green Book has updated the chapter on Pneumococcal Disease and states there is a strong association with welding and pneumococcal disease.

It suggests we should be giving Pneumovax to welders.

The LMC queried how this will be provided and paid on the NHS or whether it is an Occupational Health issue and therefore private.

The reply from the GPC has been: -

"We are not aware of any discussions or agreement about GPs doing this under GMS, so it would be an employer's duty to arrange and fund."

THE NEW MEDICINE SERVICE

Peter Prokopa from the Local Pharmaceutical Committee has informed the LMC about the New Medicine Service guide for GPs. See enclosed. Peter outlined the importance of adherence and benefits of the New Medicine Service. He explained it would be for patients with asthma/COPD, type II diabetes, anticoagulant therapy and hypertension.

Take up for this service by the pharmacists has been much quicker than the MUR service. Please note this is an additional service to the reviews by GPs.

14% EMPLOYERS CONTRIBUTION IN THE PENSIONS NEGOTIATIONS

A GP has raised a query about the current pensions negotiations and the possibility of the government withdrawing the 14% employers contributions if a GP leaves the scheme.

A senior policy executive at the GPC has provided the following: -

"The funding for the Employers Share of the pension scheme contributions is made through the practice's Global Sum. Where a member retires from pensionable employment the Global Sum payment is not reduced.

The Government / Department of health could not legally decide to do this outside of an agreed negotiation or failed negotiation that results in an imposition. If the Government / Department do decide they want to take this element of the contract away during the negotiations for the 2013/14 contract, I'm certain the GPC negotiators would reject this outright and, if necessary, walk away from negotiations.

Although I cannot say with absolute certainty of course, I doubt very much the Govt / Department would risk failing to reach agreement in negotiations, because imposition (and the consequences that occur as a result) would represent a huge threat to the health reforms. The Govt / Department were desperate to reach a negotiated agreement this year, and this was in no small part due to the fact that Andrew Lansley realises he cannot make his reforms a reality without the cooperation of General Practice. Consequently, the negotiators find themselves in a strong bargaining position, which is why the negotiated agreement this year, although not ideal, was less severe than feared.

It is my belief that even if a large number of GPs do decide to retire, the Government will be in no position to reduce Global Sum funding in this way. Practices will still need to replace retired GPs with sessional / salaried GPs or new partners. These GPs will also require employer contributions towards their NHS pensions. If practices cannot afford to replace retired GPs, the number of GPs available to treat patients will reduce significantly and the PCTs / CCGs and the Government will have a slightly different, but potentially more serious, problem on their hands. The choice agenda would fall apart, because there wouldn't be enough GPs to treat the number of patients needing access to care. So, in my opinion, going after employer contributions in the Global Sum would be political suicide for any Government, let alone the one we have.

We have a document on the BMA web site relating to the Employer Share as many GPs seek to withdraw this income from the practice after their retirement."

This is available here - <http://www.bma.org.uk/>

[employmentandcontracts/pensions/](http://www.bma.org.uk/employmentandcontracts/pensions/)

[superannuation_scheme/pensioncontributionfunding.jsp](http://www.bma.org.uk/superannuation_scheme/pensioncontributionfunding.jsp)

GPC/LMC ROADSHOW, BIRMINGHAM, 15.03.12

Advance notice that a GPC Negotiator will be talking to LMCs in the West Midlands on 15th March 2012 in Birmingham at 7pm.

This will be open to all GPs, but please inform South Staffs LMC office if you would like to attend. Full details will be forwarded.

SESSIONAL/SALARIED GPs ANNUAL MEETING, 16.05.12, SWINFEN HALL, 7PM

This is advance notice to inform your salaried GPs that the LMC will be holding a meeting for them on Wednesday 16th May 2012 at Swinfen Hall, Lichfield, at 7pm.

Dr C McKinlay will forward an invite and more details shortly.

WHO TELLS THE PATIENT WHY INSURANCE COVER HAS BEEN REFUSED?

A GP reports that an insurance company have declined his patients life and critical illness insurance. The company have written to the GP explaining the reason and have suggested to the patient that they come and discuss this with their GP for an explanation.

It is clear that there is no obligation for the GP to explain to a patient why their insurance has been refused, it is the role of the insurance company.

This is made clear from the Association of British Insurers document "Medical Information and Insurance". The relevant section states: -

7. Explanations

"Insurance companies must provide written reasons for any higher than standard premium, rejection of an application, exclusion, rejection of a claim or cancellation of a policy to applicants or insured people, on request. They must not ask applicants' doctors to explain their actuarial and underwriting decisions. If the company is concerned that the applicant is not aware of a health condition that has influenced the underwriting, or if it believes that further care or treatment may be beneficial, a medical officer of the company should discuss the best way to proceed with the applicant's GP promptly.

Any health concerns that the insurance company has brought to the attention of the GP should be discussed (if the GP felt necessary) in a normal NHS consultation."

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 22nd March 2012, South Staffordshire PCT, Edric House, Wolseley Court, Towers Plaza, Rugeley.

South East Staffordshire Sub Committee - 5th March 2012, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee – 8th March 2012, South Staffordshire PCT, Edric House, Wolseley Court, Towers Plaza, 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 A Elalfy	01785 252244
Dr P Gregory	01543 682611
Dr C McKinlay	01283 564848
Dr Zein-Elabdin	01922 413207
Dr E Odber	08444 773012

DR V SPLEEN

Dear Reader

Monday mornings in winter - dontcha just love 'em !?

There are still hundreds of people that think we have invented a cure for the common cold. I keep checking www.doctors.net when they come to see me just in case there has been a breakthrough but each time, they and I are left disappointed. Shame - particularly as I have a particularly nasty virus myself. Still it's always nice to point out to the patient that I'm iller than them, and I'm not on antibiotics.

I have heard recently that I should not soldier on coming into surgery with a bad cold as I have done for the past years not wanting to let colleagues down. No! for the good of my patients and staff I should stay at home and keep my germs to myself. So next time I get a cold I will be public spirited and enjoy a 'duvet day' as I hear it's called in the private sector, who of course work twice as hard as we lazy cosseted private sector workers, and so deserve the odd day in bed with the snuffles, so perhaps I'll take a page out of their book.

Oh well, more Monday morning blues when I wade through the 60 sheets (ie about 10 patients) from the OOH activity over the weekend. Thank goodness half of them have been sent to A&E so hopefully they are still in catching their iatrogenic illnesses there whilst a succession of junior docs work out what is causing their 'non-cardiac sounding' chest pain which none-the-less warranted a 999 call. However the rest will be at my door asking for an emergency appointment as advised by NHS Direct as strangely their URTI is not better on the paracetamol and cough linctus advised over the weekend.

And then there are the visits to look forward to! Such joy! Roll on spring!

Venture

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