



# LMC NEWS

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### MID STAFFORDSHIRE NHS FOUNDATION TRUST

The motion prepared by South Staffordshire LMC for presentation at the annual conference of LMCs in London on the systems failures in the Mid Staffordshire NHS Foundation Trust has been transferred to the BMA Annual Representatives Meeting in Liverpool on 30 June 2009. It was felt that the issues highlighted were of importance to all crafts in the profession and required joint discussion. The motion has now become:

That this meeting is seriously concerned that the issues highlighted by the Healthcare Commission investigation into Mid Staffordshire NHS Foundation Trust are at risk of happening elsewhere and:

- i. Insists that quality of care and patient safety must take priority over financial and other targets;
- ii. Deplores trusts being driven by perverse competitive targets to achieve foundation status;
- iii. Calls for primary care organisations, provider organisations and those responsible for monitoring standards, to collate and share concerns raised by clinicians regarding the quality of clinical care, and to respond within a timeframe similar to current arrangements for patient complaints.

South Staffordshire PCT has requested that GPs with any concerns about any of our providers or trusts should inform them either verbally or in writing. The LMC will continue its longstanding role of collating concerns or feedback about patient care and encourages GP colleagues to keep their LMC representatives informed.

### HOSPITAL LETTERS & SICK NOTES

The LMC has long campaigned for the timely arrival of hospital letters with accurate and appropriate clinical summaries together with drugs on discharge. Key performance indicators have been agreed with Hospitals in South Staffordshire that clinic letters and discharge summaries will arrive in a timely fashion but will incur a penalty for failure to comply as below.

**Clinic Letters** :From July a £30 administration fee to be paid to GPs when clinic letters are identified by practices as being dated more than 7 days after the date of attendance or received by the GP more than 14 days after the attendance.

**Discharge Letters/Summaries:** As per National Contract, discharge summaries should be sent to GPs within 48 hours of discharge. Failure of this results in a 20% discount off the activity cost.

Another thorny problem for GPs has been sick notes and the following indicator has also been included

**Social Security Sickness Certificates:** PCT to notify trust of non compliance. £30 administration charge is levied against the trust for each non compliance.

## **INFLUENZA PANDEMIC/SWINE FLU**

The Department of Health advised all PCTs in its document Influenza Pandemic Coordination that a key action was to 'Engage with all key partners, including primary care contractors, from an early stage to ensure an integrated approach to planning and the development of robust and resilient response plans'.

The LMC feels that the local handling of the Swine Flu situation has been a shambles. Feedback has shown that each episode has taken on average an hour for a GP to sort out before he/she could get a swab taken. Other concerns have been:

- i. Difficulties with Response Centre telephone line
- ii. District Nurse taking swabs
- iii. Lack of access to equipment
- iv. Courier issues
- v. Access to Tamiflu
- vi. Changes in the flow chart

It is hoped that the lessons learned from this Swine Flu situation will enable better coordination of all the other organisations involved in handling a pandemic which we are informed will happen this winter.

## **CONFIRMATION & CERTIFICATION OF DEATH**

The updated guidance for GPs on Confirmation and Certification of Death from the GPC has been circulated via practice managers. This guidance aims to clarify the distinction between confirming and certifying death in relation to GPs' obligations.

The LMC continues to distribute important documents via practice managers and hopes that they are passed onto their respective GPs whether partners or salaried. This is especially important when the LMC Secretary is aware of some GPs who never read their nhs.mail.

## **CORONERS' REPORTS**

We are grateful to the PCT for obtaining an agreement on fees for GPs providing coroners reports. Stafford Coroners are willing to accept revised fees which are a 2% uplift on the previous figures:

Extract from Records	£33.66
Report with Examination	£68.85

## **PATIENT SURVEY 2009 RESULTS**

You will have been aware of the low response to the key access questions PE7 and PE8 of the patient survey 2009. Advice on appealing to the PCT has been circulated to Practice Managers. Further guidance to PCTs from the Department of Health permits discretionary local payments where survey results may be 'unduly skewed'. South Staffordshire PCT has set up an appeal process via Linda Holmes. The LMC is happy to be copied into correspondence.

## **OUT OF HOURS**

Whilst there have been few concerns raised by GPs about the service provided by Badger Harmoni, the PCT has been requested that GPs copy them into any correspondence. The LMC is aware that Badger Harmoni has a robust procedure in place for responding to GP concerns about the care of their patients during the out of hours period.

## **PMS REVIEW**

Dr Fay Wilson will be employed by the LMC and PCT to act as an Honest Broker in carrying out a review of the PMS contracts in South Staffordshire.

The LMC discussed this matter on 18 June and promoted the concept of a brokered deal with a centralised approach. It was unanimously agreed to fund half the costs of Fay Wilson with the PCT paying the other half. There will also be legal fees for checking the final contract from the PCT lawyers and the LMC will pay for this using BMA Law.

A Negotiating Committee will be formed and contain representatives from LMC/PMS and the PCT.

## **ELECTIONS TO THE LMC**

The following candidates were successful in the recent elections:

Adel Elalfy  
Prashanti Reddy  
Elaine Wilson  
Phil Needham  
Owen Barron/Tony Burlinson  
Peter Gregory

Owing to vacancies on the committee the following were co-opted:

Judith Holbrook  
Subhas Dey  
Jagdish Chandra  
Aung Yi  
Tilo Scheel

An updated leaflet about the LMC and its function is enclosed for your reference. Please feel free to contact your local representative with your concerns.

## **LMC LEVY**

The current LMC levy is:

Statutory	27.5p per patient per annum
Voluntary	4.5p per patient per annum

The last increase to the statutory levy was in May 2005. The Treasurer of the LMC felt it prudent that we increase the statutory levy by 1p per patient per year to 28.5p with no increase on the voluntary levy. These figures remain in the middle range compared to other similar LMCs.

## LEAVING A PERFORMERS' LIST

The Contracts and Performance Subcommittee of the GPC has recently handled some queries concerning individuals who have been caught between performers lists. This situation has arisen from individuals providing their 3 month notification to the PCT of their withdrawal from the performers list and then being unable to get onto their new performers list within the 3 month period.

We strongly advise GPs that instead of handing in a 3 month notification when they want to withdraw from the performers list in order to join a new one, they notify the PCT of their intent to withdraw from the performers list if they are accepted on to any relevant performers list of another PCT. The PCT will then remove the GPs name from their performers list AND MAY NOT DO SO BEFORE THAT.

NHS Performers Lists Regulations 2004 17(3).

**Dr David Dickson**  
**LMC Secretary**

## DATES OF NEXT MEETINGS

South Staffordshire LMC - 16 July 2009, South Staffordshire PCT, Block D Beecroft Court, off Beecroft Road, Cannock

South East Staffordshire Sub Committee - 29 June 2009, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent

South West Staffordshire Sub Committee - 2 July 2009, 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 V SPLEEN

Dear Reader

Re: **DNR (Do Not Resurrect!) Forms**

Recently I was asked to sign a Do Not Resuscitate (DNR) form by a Nursing Home for an elderly patient with dementia who has just been admitted. I questioned the need as she was well physically. The answer was 'just in case' something happens. I was then presented with 3 different kinds of DNR forms one of which required resigning every 2 weeks 'just in case'.

In a separate incident I was asked by another Nursing Home to sign a DNR form. This form was completely different than those I had seen before and contained the Nursing Home letterhead.

Since then I have learnt that Out of Hours and Palliative Care have also designed a DNR form. I am rather confused and puzzled with this mushroom growth of different DNR forms presented by different groups. The issue is such that I hear it may be debated in our Annual BMA/ARM Conference!

Is it not paradoxical that after everyone having training in CPR (Cardiopulmonary Resuscitation) we are more often being asked to sign 'Do Not Resuscitate' forms?

I have also learned that an 'End of Life' plan requires signing a different DNR form.

*Of course there will be 'End of Life' if you DNR!!*

I wonder how peacefully our patients used to die before the DNR era.

## Venture

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

