

Accessing Web Links in the Newsletter

In order to access documents on the GPC website from the newsletter, please ensure you first log on to the BMA website and then enter the LMC address www.southstaffslmc.co.uk on the address bar bringing up our web page, then click on the item in the newsletter that you wish to view. This will bring you to the requisite GPC document.

Please note the GPC has started to put a BMA copyright notice on the Guidance notes because the information could be of commercial value to firms or individuals outside of the LMC/GP and BMA network.

Diabetes Indicator 21 - Retinal Screening

The LMC recently discussed Diabetes (DM) Indicator 21 of the QoF Guidance on pages 101 and 102 of the Blue Book. Our four PCTs have agreed with the Staffordshire Local Optometric Committee that the screening can

only be carried out by accredited optometrists who:

- a. have an approved digital camera and software
- b. agree to meet the minimum number of screenings to comply with the NSF for Diabetes and
- c. are willing to meet the competencies laid down in the NSF.

This will be the only data that will count towards our Indicator 21. We are advised by the Local Optometric Committee that they have the capacity to deliver this workload but note that “ordinary” eye examinations by optometrists will not count.

This would appear to be a standard that has not yet been reached elsewhere in the country. The LMC is seeking reassurance that non-accredited optometrists carrying out retinal examinations on diabetic patients are advising them to see an accredited optometrist. We would also like to know whether screening carried out by hospital diabetic retinopathy clinics without digital imaging would be approved for this indicator.

You would therefore be well advised to monitor this process from an early stage in order to avoid the end of year rush for screening.

Question

We are receiving requests for Quality and Outcomes Framework (QOF) data? Should we disclose this information or is it exempt?

ANSWER

Under section 22 of the Freedom of Information Act, data which is intended for publication would normally be exempt from disclosure. As a result, it is legitimate to refuse to disclose information on QOF before it is published.

Once QOF data have been published, practices can refer enquirers to the appropriate websites.

Practice Based Commissioning Plan

We referred in the last newsletter to the GPC detailed guidance on the Towards Practice Based Commissioning DES – A Low Level Introductory Scheme. When agreeing a plan it should be realistic and measurable given the timescale for the first year.

Practices who intend to take on a level of commissioning activity wider than the scope of the DES should read the new GPC Guidance, The Commissioning Plan and an Agreement with the PCT, which will be available on the GPC website shortly.

Whatever level of commissioning practices take on, they should be aware of three overriding messages:

1. Practices are not obliged to undertake any commissioning activity if they do not wish, or are not being adequately resourced, to do so;
2. Practices should be fully aware of the arrangements pertaining to and implications arising from their involvement in commissioning. This applies equally to practices who choose not to be involved in the initiative; and
3. Clear and precise, written agreements must be in place, both between the PCT and practice(s) and between practices within a consortium, setting out the terms of engagement, particularly in relation to any financial matters.

Collaborative Arrangements

You may be aware that the 2006 Review Body Report recommended that doctors engaging in work under the collaborative arrangements (blue badges, foster medicals, case conferences etc) should set their own fees for 2006/07. Initial guidance has been produced by the GPC at <http://www.bma.org.uk/ap.nsf/Content/CollabArrange?OpenDocument&Highlight=2,Guidance,note,on,collaborative,arrangements> .

In accordance with the framework of the law laid down by the Competition Act 1998, the BMA is prevented from publishing suggested fees for services which can be provided by any doctor. The GPC is seeking legal advice around the point that it is illegal for individual doctors even to discuss their fees with anyone outside of the practice and about whether an LMC is prevented from negotiating a collective agreement with local authorities.

The LMC would like to suggest that we await this legal advice before we start setting rates with the PCTs in our area.

Road Traffic Accidents: Emergency Treatment

Under the Road Traffic Act 1988, the first doctor providing emergency treatment to the victim of a road traffic accident is generally entitled to charge a fee.

The BMA's legal advice is that, while treatment provided at the scene of the accident will be most common, treatment provided at the GP surgery can be included in the definition of "emergency

treatment” and therefore attract a fee under the Road Traffic Act. Where a claim is to be made the BMA professional fees committee believes that the patient should be seen within one working day. The person driving the vehicle at the time of the accident is responsible for meeting the doctors professional fee for themselves, their passengers or anyone injured by their vehicle.

Attached is the updated advice from the BMA. Please note you will also need to update the fee.

Contract Review

The GPC is aware of the widespread and serious concern amongst the profession that the principles of the GMS Contract negotiated in 2003 are being eroded, and are equally aware of the very clear message that further moves in this direction would be unacceptable. This stance will provide the basis for the GPC’s negotiations with NHS Employers.

To preserve the value of the contract in real terms, after two years of zero inflationary uplifts, the GPC believes that an appropriate increase, applied to global sum/correction factor, QOF and DES values is an absolute necessity in 2007/08.

Colleagues may wish to bear this in mind when considering new rates of pay around areas like Out of Hours.

Salaried GPs: Model Contract

The GPC re-affirmed LMC conference policy that all GPs should receive the minimum model salaried GP contract. While nGMS practices and PCTs are required to employ salaried GPs under the minimum terms and conditions of service for those employed since 1 April 2004, PMS and APMS contractors are currently not obliged to use this model contract. The GPC recognises that this prevents a level-playing field between nGMS and APMS/PMS, and also potentially disadvantages the salaried GPs.

Dispensing GPs - Changes to FP10 Endorsement

There has been a change in the way the PPD (formerly the PPA) deals with reimbursement of drugs in Part VIII of the Drug Tariff, which has the potential to affect a number of dispensing practices.

From 1st April this year, if an item is prescribed generically but a proprietary brand is dispensed, reimbursement will be made at the generic price if the item is in Part VIII of the Drug Tariff, regardless of any endorsement the practice may have made on the FP10.

If dispensing doctors intend to dispense a proprietary brand they must also prescribe it by brand name and not as an endorsement. (This only applied to Part VIII products)

Please contact the LMC office if you have not received the guidance from the Prescribing Pricing Authority.

Disposal of Sharps Boxes

GPs in East Staffordshire and BLT areas may have received a letter entitled Diabetic Patient Needle

Exchange, where it states that it is a legal requirement under Environmental Legislation Duty of Care that they must collect sharps boxes prescribed to their patients.

The LMC would like to make it clear that GPs have no obligation to accept this waste, although they have a dispensation in the Waste Disposal Regulations to handle it if they want to. We have requested that the letter is withdrawn because GPs have no duty to provide this service unless they are willing to.

South Staffordshire Health Care Trust

Dr Khan recently informed the LMC about their successful application for Trust status. He stated that he is quite happy to receive any complaints about the service from GPs and these should be directed to the SSHCT headquarters in Stafford.

Question

Do I have to issue a prescription recommended by a Consultant who has seen a patient privately?

It is the doctor who signs the prescription who carries legal responsibility, not the doctor who may suggest it. A consultant will often advise a GP to prescribe a particular medicine for a patient. This can be the case whether the patient has seen the consultant privately or on the NHS. GPs will often write a prescription based on the consultant's advice, but should only do so if they are in agreement that the medicine is appropriate, and if they are sufficiently knowledgeable about the use/interactions/side effects of the particular medicine to take personal legal responsibility for writing the prescription for it.

A consultant may see a patient privately in order to give an opinion to an NHS GP on diagnosis of further management. Alternatively the consultant may treat a private patient for whom he or she will then continue to have the clinical responsibility, and will personally determine the ongoing treatment for a particular condition. In the latter case the consultant should prescribe privately for his or her private patient. A GP may well refuse to prescribe on the NHS in such a situation, because he does not have the clinical responsibility for managing that particular condition. He must, however, continue to provide NHS treatment and prescription for other conditions for which he does take clinical responsibility.

This advice is taken from GPC Guidance September 2004 "Information and Guidance on Prescribing in General Practice".

GP Trainers' CPD Payment

The LMC has received confirmation that after pressure from the centre, the Deanery has agreed to pay the CPD Trainers Grant of £750.00 for 2005/06. This does prove that sometimes the LMC/GPC Secretariat/Negotiators can get results.

Dental Services Out of Hours

A GP OoH Centre recently had problems with dental patients referred to the centre by Staffordshire Ambulance, our calls handler.

The attached policy has been agreed by our four PCTs whereby NHS Direct is used to take the dental calls and advise appropriately. It is hoped that this will reduce inappropriate use of GP services Out of Hours.

Next LMC Meetings

Main LMC Committee Meeting – 29th June 2006, BLT PCT Offices.

South East GP Sub Committee – 3rd July 2006, BLT PCT Offices.

South West GP Sub Committee – 6th July 2006, SWS PCT Offices.

GP Sub-Committee Annual Meetings

The Annual meeting of the South East Staffordshire GP Sub-Committee will be held on Tuesday 4th July at Wychnor Park. A buffet will be available from 6.30pm and the meeting will commence at 7.00pm. Invitations will be sent out shortly.

The date for the annual meeting of the South West Staffordshire GP Sub-Committee will follow when available.

Dr V Spleen

Dear Reader

So its true that it is the Women in the World that now carry the balls. At the recent Nurses Conference they were so upset with the current trends in the National Health Service, and the potential redundancy of Clinical Based Workers, that they are considering strike action. Whereas at the same time the BMA is exalting us as professionals to help the Government in its changes and support the new NHS, or do they, in fact, mean we are to paper over the cracks and caverns created by the changes proposed by this Government.

Does being a professional actually mean that we cow tow to our political matters, or do we actually fight for the real needs and rights of the Patients and Workers within the National Health Service.

Currently we are being vilified in the press for earning so much money and bankrupting the National Health Service, whilst in fact what we are doing, is making a success of an imposed contract. We can see that the current changes within the National Health Service vis-à-vis, Choose and Book, Practice Based Commissioning, Public/Private Finance, National Imaging Networks etc are certainly not in the Patients interests and are a very costly and ineffective way to use National Resources to provide Patient Care. Is it being professional to sit back and accept these changes with a smile or is it more professional to actually protest? We were told that one of the mainstays of our new GP Contract was the ability to say no to any changes that we did not want to take part in, or that we thought were not in the benefit of our patients. It seems though whilst most of the GPs I know wish to say no we are being led by a bunch of yes men who agree to every change in the National Health Service proposed by this Government without any consultation whatsoever.

So well done to the Nurses. Isn't it time that we as doctors use our own balls and actually stand up

and say no. I am sure if we were in France we would have been marching up the Champs-Élysées clearly saying 'non' to our current Government. Where are the true leaders looking to protect the true values of the National Health Service as we have known it since its inception?

Yours sincerely

Venture

P.S. Come to think of it, who did not have the balls to say no to this contract and force a sensible discussion on plan "B".