

Introduction

South Staffordshire is the largest PCT in the West Midlands with 98 practices and 344 GPs. The Local Medical Committee will continue to represent the views and support the GPs in this area. It is pleasing to note more of us are willing to come forward and sit on the Committee as you will see in the election results below.

Local Enhanced Services

After considerable delay the LMC has been provided with the Enhanced Service Floor spend for 2005/06 which are according to the former PCT areas: -

Cannock Chase £809,000 (population 127,677)
BLT £376,273 (population 152,000)
SWS £844,819 (population 186,000)
East Staffs £405,895 (population 126,000)

These figures include GMS and PMS. The LMC has reminded the PCT about the under spend on primary care and the importance of investing rather than limiting these monies. Negotiations with the PCT were successful in ensuring that the Local Enhanced Services were carried over into the year 2007/08. We endeavoured to ensure there was harmony across the LMC area with respect to pricing and services offered. It was also agreed that with respect to the former SWS PCT area, the "Basket" approach would continue. Historically this meant that the practices in South West would continue their current work, which in other parts of the PCT are more defined and paid on an individual basis. The representatives of the LMC agreed with the PCT that the work within the "Basket" should be accountable and therefore monitored so that payment reflected the activity. It was also agreed that many practices were already collecting this data and would have minimal difficulty in justifying their work to the PCT. You can access all of the LESs that are available right across South Staffordshire by going to the LMC website. Practices can then compare and contrast the different services and payments across South Staffordshire PCT. As you can see from the figures above there are considerable variations in monies provided to the former PCT areas for very similar population figures.

The PCT has decided to transfer future decision making about LESs to the PBC Consortia. The LMC has stated firmly to the PCT that it is a statutory body and will continue to represent GPs interests with respect to their contracts and payments.

All practices should have been informed by the PCT about signing up for the LESs for 2007/08.

C&B DES 2006/07 - Payments for Achievement

Due to the issues with implementation of Choose and Book both at a local and national level the PCT has agreed with the LMC to lower the targets for achievement payments. This is fine if it is just inaccessibility to C&B which is the problem. However if the denominator population has been inflated by the local hospitals this

may well disproportionately affect those with a genuine low referral rate. Many practices offering C&B will have kept their own figures and the LMC would be interested to know if there is any dispute about the achievement payment offered by the PCT.

Trainers CPD Payment for 2006/07

The LMC communicated with the Chief Executive of the SHA (Cynthia Bower) and following pressure from elsewhere we are pleased to note that the payments will now be forthcoming. Please note that there has never been any uplift for superannuation. The Department of Health says it was paid in to the Global Sum settlement for the whole profession in 2004/05 but this is clearly not specific for trainers or their practices.

Staffordshire Condition Management Programme

The Department of Work and Pensions (DWP), through Job Centre Plus (strongly supported by the Department of Health) launched the Pathways to Work Green Paper in 2002 which set out a range of proposals to help people who fall ill and are in receipt of state incapacity benefits get back into employment and avoid chronic health.

A key element of the support available to incapacity benefit claimants includes access to short term, work focused, cognitive-educational interventions aimed at helping the person manage their own condition. This element of Pathways to Works is called the Condition Management Programme and has been extended across the whole of Staffordshire.

You may have received enquiries from the Staffordshire Management Programme requesting medical information about your patients. We have informed the Programme that the GP will already have provided this information on the relevant DWP form and therefore there is no obligation for the GP to duplicate it. North and South Staffordshire LMCs have agreed that because the organisation is unwilling to pay for the work involved that they should obtain the original details from DWP. You may also receive a request to refer them for "Exercise on Prescription" but we have reminded the programme that this is a clinical decision for the GP to make and is not an automatic process.

If you have any problems in this area, please contact the LMC office.

Shared Care Drugs

This is a reminder that if you do not feel confident to prescribe drugs following a request from a consultant colleague then do not feel pressurised to do so. GMC guidelines will remind you that you are responsible for what you prescribe. Equally if there is no shared care protocol or guidance then you should refuse to prescribe.

Authorisation for Calpol in Nurseries/Home Remedie

There is no requirement whatsoever for GPs to have to confirm the need for administration of Calpol in nurseries or schools. This is an issue for the parents and not for GPs to be providing letters. Home remedies approval is also not required from GPs. You may recall the advice from the prescribing sub-committee of the GPC which said this was a waste of GP time and we should decline to counter-sign the forms. The LMC advice is that you should return the form to the home requesting that they contact the prescribing advisor at the PCT if they wish to discuss this further.

VAT - Insurance Medicals and Reports

Please remember that VAT should not be charged on insurance reports, apart from those rarely received to do with the valuation of a policy for tax purposes.

The GPC advises that irrespective of whether we are liable for VAT that we separate in our accounts all income on which VAT could be applied from that which is not liable. Accounts must be in good order as VAT inspectors may want to carry out detailed inspections. Contacting a professional accountant to advise doctors on the new VAT ruling is probably the best course of action.

LMC Elections

The under noted candidates are declared duly elected for the period 2007-2011:

Dr M MacKinnon, A Selvam, V Singh, D Dickson, C Pidsley, G Kaul and A Parkes.

Following the constitution of the LMC the following have been co-opted owing to vacancies:

Dr J Holbrook, A Yi, M Murugan, A Burlinson/O Barron (job share), T Scheel and S Dey.

Annual Meeting of SSLMC with Dr P Holden - 19.06.0

We are very fortunate to have Peter Holden join us again for a lively discussion about current GP issues. It will take place at the Ramada Newton Park, Newton Solney, Burton on Trent on 19th June 2007 at 7.00pm. Please return your confirmation sent with the flyer or contact the LMC office directly if you wish to attend.

Value for Money

Dr Prit Battar, a GP from Abingdon, Oxfordshire wrote in a recent article in the Daily Telegraph: -

“Per patient, per year, I am paid approximately £50, regardless of how many times I see them. That’s a year’s unlimited cover. The cheapest policy I could find for pet insurance—for a hamster—was £65 a year, plus £50 excess. So your health care costs less than your pet rodent’s. GPs are excellent value for money.”

Anyone going into looking after hamsters instead?

Dates for Next Main LMC and Sub Com Meetings

South Staffordshire LMC - 19th July 2007, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South East Staffordshire Sub Committee - 25th June 2007, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee - 28th June 2007, South Staffordshire PCT, Mellor House, Corporation Street, Stafford.

Dr V Spleen

Dear Reader

Pre-Op Assessment Clinics

I think these are a fantastic idea, creating posts for a new breed of NHS worker who screen the patients carefully 2 weeks before their operation date. Check the bloods, ECG and physical well-being, all to save cancelling the patient when admitted to the hospital. Thereby creating an efficient use of hospital bed time.

In reality though I have seen a number of “you must see your GP immediately and get this sorted before the operation date” patients recently.

Using primary care to sort out the problems, which in the most part should and could have been dealt with without wasting the patients and primary care time.

Mr “Dangerously high blood pressure” arrives , “The nurse at the clinic told me my blood pressure was too high for the operation and I must see you immediately to get it down before next week”. I enquire politely as to the precise figure or the letter that the patient has been given. “She didn’t give me a letter but said it was really high, she used one of those new electronic machines that really hurts when it keeps going up”.

My reading was BP 148/82! - next patient.

Mrs “I might have a water infection” turns up next. “The nurse at the clinic was sending you a letter to let you know I had a water infection and needed some antibiotics before my op.” Ah yes what symptoms did you have, “Oh none but the sample showed a trace of something so she sent it to the lab and now I have to see

you for the treatment”. She shows me a scruffy photocopied proforma copied to me, the bacteriology report which was in fairness sent to me, now only 2 weeks old, showed no wbc or rbc but coliform growth—the microbiologist comment was probable contaminant. Wasted time for patient and doctor. Next patient....

Mr “Might be diabetic” next, “The nurse at the clinic has written to me to see you as my blood sugar is high”. Again a note from the nurse saying RBS was 6.8, please exclude diabetes. Ah yes “Mr might be diabetic” is hypertensive, you have the glucose check every year as part of your Hypertensive screen and they have always been normal.

I am a great believer in he or she who takes the test needs to act on it. Why oh why can there not be a more co-ordinated system in some of the pre-op clinics?

Venture

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