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COMMUNICATIONS

It is more important now than ever that the LMC has good communications with its constituents. We have contacted Practice Managers for an update of doctors names and email addresses. Although the reply rate has been high we still have a number of practices who have not provided up to date contacts. The LMC and PCT have agreed that communications will be via Practice Managers to GPs. If a Practice Manager has not received an LMC update request, please contact the office.

ENHANCED SERVICES

South Staffordshire PCT has been unable to collate the Enhanced Services which will be available to us all. The LMC has agreed that current Enhanced Services will continue from 07/08 for the next 3 months. Any inflationary pay rise will be applied retrospectively.

Please note that we no longer have an Enhanced Services Floor. The PCT will commission the Enhanced Services after they have received views of the PBC Groups and LMC.

EXTENDED OPENING HOURS

Full details of the final DES have yet to be released but you should look at Appendix A of Laurence Buckman's letter after the Poll.

The LMC has begun discussions with the PCT about either an LES on top or instead of the DES in order to deal with concerns relating to safety and quality and in particular concurrence and nurse appointments. We have agreed with the PCT that our advice to GPs is to await details of the DES.

Please note that a Poll of LMC Members at our recent meeting on 13th March 2008 revealed that 50% may offer extended opening hours and the other 50% were not going to provide them. We all need to look at the costings and implications for providing extended hours or not.

CHOOSE & BOOK

Part of the equation when examining the Contract changes for 08/09 is the termination of Choose & Book. South Staffordshire PCT wishes to offer an LES for Choose & Book and will implement this soon. This will also be a factor in focusing our minds on the provision of extended hours and the costings.

DARZI CENTRE

The PCT is obliged to place a Darzi Centre amongst us. The Executive Team of the PCT agreed criteria and then carried out an option appraisal for the whole PCT area. The LMC understands that the Centre will be sited in Burntwood because this is the most under doctored area in South Staffordshire.

You will be interested in the section of Alan Johnson's recent speech to the NHS Confederation: -

"...I have no wish to impose a fixed model of what primary care should look like or how it should be organised. This must be determined locally, in consultation with clinicians, by each primary care trust, based on what will work for their patients. As Ara Darzi has said consistently since he began his Review, it is for local people and clinicians, not the Government, to decide what is best for their community. That may be a small, traditional GP practice or it might be a larger, GP-run health centre. What is important is that what's provided responds to the needs of local people and offers choice and flexibility..."

...where there are gaps in primary care services, PCTs must commission the best providers available. This does not mean that there should be an automatic preference for new, private sector organisations over existing GP contractors. But there does need to be an element of competition and there must be local accountability. This is about locating the providers who can offer the best possible care to patients, in accordance with local need—whether they are a social enterprise, an existing GMS or PMS practice, or from the voluntary or independent sector...”

BADGER HARMONI PROVISION OF OUT OF HOURS

Badger Harmoni have imposed a 24% pay cut for Burdoc GPs in spite of TUPE cover. A BMA employment lawyer is assisting the LMC in negotiating on behalf of these GPs. The PCT has reported that 6 out of 31 GPs in Burdoc will work for Badger Harmoni from 1st April 2008 but 75% of GPs from elsewhere in the PCT were continuing to work for Badger Harmoni for the pay rates offered.

The LMC will be happy to receive any concerns you may have about the quality of service delivered during OOH.

SOUTH STAFFORDSHIRE SUPPORT SCHEME FOR GPs AND DENTISTS

An updated leaflet is attached for GPs, GP Trainees and Dentists under stress, in distress, depressed, over anxious, not coping, drinking too much, or worried about themselves in any other way.

We are grateful for the involvement of Helper GPs, Psychotherapists, Psychiatrists and Counsellors. The LMC holds the funds provided by the PCT who have agreed to continue with supporting the scheme. Professor Louis Appleby has made several recommendations in his recent report “Mental Health and Ill Health in Doctors” which include: -

- Doctors who are ill to be treated first and foremost as patients not colleagues as a doctor’s expert knowledge may not extend to their own condition.
- Rules on confidentiality should be strictly observed with additional safeguards in place to ensure privacy of care such as location and timing of appointments.

A copy of Professor Appleby’s report is available from http://www.dh.gov.uk/en/Publicationsandstatistics/PublicationsPolicyAndGuidance/DH_083066 or from the LMC office.

FUNDING INDIVIDUAL TREATMENTS POLICY

This PCT policy involves referrals made by consultants mainly, but sometimes by GPs for treatments that are out with the normal ones provided by the NHS. The policy makes it the responsibility for the referrer to make the case on behalf of the patient for funding. The LMC has informed the PCT that it is not the GPs contractual responsibility to provide details of: -

- The cost of the procedure
- A statement of exceptionality
- Alternative available

A panel has been formed by the PCT to make decisions on funding for these individual treatments. Please note this LMC advice which has been confirmed by the GPC when responding to requests for information from the PCT.

TRANSFERRING OF PATIENT INFORMATION

We have recently been reminded by the PCT about our responsibility to protect patient confidentiality when transferring information which contains patient details. Discussion with Yvonne Sawbridge, Caldicott Guardian at the PCT has revealed that the key issue is the sensitivity of the information. We need to make an individual assessment whether we would be at risk if mail was opened by a person other than your patient. This does not mean that we have use special delivery for every piece of patient information. If we are mindful of the nature of the information transferred we will have less risk of a claim.

An example would be full patient notes which must be sent by the PCT courier system or by recorded delivery to a solicitor. Simple information such as appointments or cervical smears could be sent by ordinary mail. However it is advised that we should always use envelopes that have a return to sender stamp on the back.

We are also reminded that there should be a Caldicott lead within practices. Training can be provided if you contact Yvonne Sawbridge.

DECONTAMINATION OF REUSABLE MEDICAL DEVICES

The LMC supports the PCT in writing to those practices who continue to decontaminate in-house. Apparently 40% of us still use Little Sister or similar machines for sterilisation. Unless you comply with the strict decontamination standards of the medical devices directive you should use disposable instruments.

It remains of interest that our dental colleagues who daily perform procedures that are potentially more risky than in general practice are allowed to adhere to lower standards.

BASIC LIFE SUPPORT SKILLS

Please note that under QoF practice employed staff who are clinical are obliged to undergo training every 12/18 months and for non clinical staff every 3 years. There is no contract obligation for GPs, but many of us would wish to be updated yearly for professional purposes.

SMARTCARDS

NHS Connecting for Health (CfH) has informed us that in Spine release 2008-A, they will amend patient data in the Personal Demographic Service (PDS), such that the patient will be registered with the practice rather than a GP. This is to align the PDS with the 2004 GMS Contract Regulations.

In the course of preparing the Spine update, CfH has identified that a number of GPs have not registered for a smartcard. Whilst this is their prerogative it is possible that their lack of registration could lead to problems in them being identified by the “Exeter” payments agency for Item of Service type payments and for the maintenance of their patient lists.

Those GPs without smartcards will be contacted asking them to consider applying for a card.

0844 NUMBERS

There was a recent parliamentary debate on the charges patients are paying when ringing practice 0844 numbers, in particular when they are using mobile phones. It would appear that where 0844 numbers are used by practices, there should be mention of the charge for phone calls in the practice's information leaflet. There is no need, however, for a message on the actual telephone system itself. While patients' telephone providers may have a variety of charges, in any practice information the price relevant to most consumers should be stated.

GP TRAINEES SUBCOMMITTEE NEWSLETTER

Unfortunately in spite of the LMC passing this Newsletter to the VTS Schemes in South Staffordshire the trainees are still not receiving their copies. In order to overcome this the LMC would be grateful if Practice Managers could download a copy from the South Staffordshire LMC Website.

The Winter Edition is full of interesting information useful for trainees and trainers alike.

THE CAMERON FUND

The Cameron Fund is the profession's only charity providing help and support solely to General Practitioners and their dependants, in poverty, hardship or distress. Since setup in 1966 the Cameron Fund has distributed nearly £4 million in benefits and has assisted over 900 individuals or their families and dependants.

If you would like to donate to The Cameron Fund please contact David Harris at 020 7388 0796 or email davidharris@cameronfund.org.uk. He will provide you with detailed information and will be available for assistance.

GPC GUIDANCE NOTES

The GPC has three new guidance notes available on the BMA website or from the LMC office: -

- **Managing Disputes with PCTs** - This sets out the dispute resolution procedure needed to resolve issues that arise within the contract, for example, a dispute as to whether a contract provision has been properly performed by either the PCT or the providers, or a dispute involving financial entitlement under the contract.
- **Improving Care Pathways** - Suggested guidelines for secondary care doctors and GPs.
- **Improving Communication between Community Pharmacy and General Practice** - A joint initiative from the GPC and the National Pharmacy Association.

GPC REGIONAL ELECTION 2008—2011

The GPC Regional Election for North Staffordshire/South Staffordshire/Shropshire Constituency will be commencing very soon.

Our Medical Secretary David Dickson is seeking to be elected and the LMC would urge you to vote for him. There has not been a GPC Representative from South Staffordshire for many years. Your voting papers will be arriving soon.

DATES FOR NEXT MEETINGS

South Staffordshire LMC - 24th April 2008, South Staffordshire PCT, Block D, Beecroft Court, Off Beecroft Road, Cannock.

South East Staffordshire Sub Committee - 28th April 2008, Samuel Johnson Community Hospital, Trent Valley Road, Lichfield.

South West Staffordshire Sub Committee - 1st May 2008, South Staffordshire PCT, Mellor House, Corporation Street, Stafford.

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 A Parkes	01827 68511
Dr C Pidsley	01283 500896
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

DAVID DICKSON

Secretary

DR V SPLEEN

Dear Reader

Yet another NHS story hits the major national media and press and no before you get excited I am not referring to the BMA survey of GP views on the government.

It appears that one of the local foundation trust hospitals has had worrying mortality figures and levels of care such that the Healthcare Commission has decided to investigate. Now I have worked with this trust for many many years and have no doubt that its quality of care is better than most hospitals. The only thing it is guilty of at present is being rather naive in allowing dodgy statistics from inaccurate coding to be sent to the above and that it has some vocal people in the community who are prepared to go public in an aggressive manner.

It is always unfortunate when this happens that people point the finger in the wrong direction. What many people fail to understand that whilst the government is spinning its increased expenditure in the National Health Service it is year on year demanding efficiency savings and increased activity from the core services in the NHS. This is obviously putting an extreme tension on all provider units and at times the quality standards are stretched.

I find it extremely frustrating that the national media and press pick up on these local stories and make them national news without actually addressing the real problems. What really makes my blood boil about the whole situation is that not a week prior to this news story the results of the BMA survey were made public showing dissatisfaction and lack of trust in the government by 97% of general medical practitioners. This was made public during the day and I understand there was some national coverage at lunch time. Like most of us all I was actually working and seeing patients at the time and by the evening there was no mention of this survey on the national news neither was there any comment about the survey on the Radio 4 Today programme the following morning and as far as I can see although I don't have much time to read the national press there was little cover there either.

It was interesting that some years ago when there was the largest ever protest march against the hunting bill there was a little coverage from the national press and the media as well. It does make one wonder whether or not there is indeed some degree of government editorial control if not frank censorship of any news that might not be in their best interests. Whilst I have mentioned the BMA survey it is a great pity that the BMA failed to make the most of the occasion and ask us to vote on some more pertinent questions. They must have surely understood the anger in the profession and why didn't they ask us about direct action. I am sure most of us would have voted for direct action. The refusing to negotiate with a government who doesn't treat us with professional respect, refusing to continue to cooperate with choose and book, the national information spine and any further development of the QoF which was not in patients' interest. This would not have been a vote for strike action but would have seriously shown the government how we feel and would not have affected patient care. As it is the only message the public have got is that we have voted to go ahead with extended hours.

So by the time you read this I presume Easter will be over and I hope you have all had a good time because it is probably the last bank holiday you will have for the foreseeable future.

Yours

Dr Spleen

P.S. Please find below a very good letter written by one of our colleagues to the BMA News which I am sure most of you don't read and I actually picked it up out of the week magazine. I have forwarded a copy of this to my MP and it will be interesting if you could do likewise to your MPs.

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

Unfair to Doctors

To BMA News

I tried to see my MP last week to discuss the dispute about extended GP opening hours. She offers an hour and a half of appointments once a month on a Friday afternoon. No evenings, no early mornings, no weekends. The next appointment was six weeks hence.

Picture this. A survey shows that 14% of constituents are dissatisfied with their MPs' surgery hours. MPs are instructed to open for an extra 30 minutes a week per thousand constituents, working on average an extra three hours a week. These hours must be before 8am, after 6.30pm or at weekends. MPs will not be paid for the extra work and must fund the additional staff costs out of their own pockets. Any MP who refuses will take a £6,000 pay cut. If all MPs refuse, the whole profession will take a £13,000 pay cut. This money will be given to Richard Branson to open a 24-hour walk-in centre where constituents can see MPs who know nothing about them or their communities.

MPs this this is unsafe, unfair and unworkable. The Government says MPs are overpaid and lazy. It justifies this by saying they received a 30% pay rise a few years ago.

Would MPs stand for this?

Steven Nimmo MD, Devon