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SOUTH STAFFORDSHIRE LMC NEWS

Website: www.sslmc.co.uk E-mail: enquiry@sslmc.co.uk

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CVD LES

The PCT have outlined their approach of explaining to practices why their claims have been incorrectly submitted. The LMC welcomes the offer of PCT feedback and support for practices undertaking the CVD LES as outlined below in the statement from Dr James Shipman, PEC Lead for this area: -

"To date the PCT has received a handful of claims from practices. Unfortunately most of these show incomplete data. You may recall the LES was set up with the intention of practices being asked to record a number of clinical data sets and to direct patients to appropriate lifestyle interventions. We set the benchmarks for most of these at 95%. We considered for patients attending the appointment there would be very rare/exceptional situations when this data could not be collected e.g. patient or clinician becoming ill/being called away during appointment, patients who were wheelchair bound may not be able to be weighed etc.

This is an enhanced service for patient care and therefore is over the GMS quality standards. Practices signing up for the LES have agreed they have the ability and capacity to deliver. At the NHS Health Checks (CVD LES) meeting we discussed the incomplete forms and propose to only pay practices for complete and accurate claims. We suggest that practices may wish to submit a small number of claims initially and the PCT will provide support to those practices who appear to have struggled either to understand the process or fill out the form. It may well be that some practices have not managed to understand the process or provide sufficient time for these checks. It would be inequitable to pay practices who have not done the work to the specified standard. We will of course allow practices to re-assess and resubmit the data after a discussion/support/ training with the PCT. Some practices may choose to withdraw from the LES if they are unable to fulfil the service."

ASSURANCE RE NICE GUIDANCE FOR SKIN CANCER EXCISIONS

Following the PCT letter of 6th January 2010 titled Assurance Required the LMC would like to state its disquiet that GPs should have to respond that they are not currently working contrary to the guidelines.

All GPs have a duty to update themselves about recommendations and national guidance. This issue has received a lot of publicity and debate so the LMC felt it was unnecessary for GPs to respond to the letter.

The PCT informs us that a couple of practices were apparently undertaking these excisions of skin cancers contrary to the NICE guidance so the LMC would like to remind colleagues of this requirement.

EMAIL COMMUNICATIONS AND USE OF FACEBOOK

Following recent cases it is the recommendation of the LMC that GP colleagues are careful when using email for messages or communicating via Facebook because they will be judged on the content as that befitting a Registered Medical Practitioner. It is not the intention of the LMC to police or judge such content but we need to remember what image we portray to the general public.

FITNESS CERTIFICATES

Please note the Med3 and Med5 medical statements are being replaced with the new Statement of Fitness for Work.

You will have received a copy in the post but the DWP Guide for Doctors is also available at: -

http://www.dhp.gov.uk/docs/fitnote-gp-guide.pdf

IMPACT OF THE 2009 BUDGET ON PENSIONS

In his budget on 22 April 2009, the Chancellor announced the introduction, from 6 April 2010, of a new additional rate of income tax of 50%, applying to taxable income over £150,000. In order to prevent this resulting in an increase to the tax relief granted on pension contributions, the Chancellor also announced that from 6 April 2011, tax relief on pension contributions for high earners will be restricted.

The BMA has produced a guidance note that looks at the changes to tax relief on pension contributions, along with the 'anti-forestalling' measures that the Government has put in place to limit individuals who may otherwise have been tempted to maximise their tax relief by making additional contributions before 6 April 2001. The document is available at: -

http://www.bma.org.uk/employmentandcontracts/pensions/general_pensions_information/impbudg09pens.jsp?page=1

DOCTORS AND DENTISTS' REVIEW BODY REPORT

The GPC has written to all GPs in response to these recommendations and the governments interference with our "pay award". The DDRB only ever intended to award us expenses, and 1.34% barely covered it. The "efficiency savings" demanded by the government was rejected by the DDRB. The outcome is that we have been awarded 0.8% which has been divided into two bits: -

0.4% to all contract elements except seniority
and
0.4% to Global Sum practices only

This will take a tiny number of practices off MPIG, but will ensure that the rest of us get nothing. The GPC is negotiating with the NHSE to see if they can channel the 0.8% better.

It is the LMC recommendation to practices that they reconsider or review the opportunities with the LESs that are currently on offer from the PCT.

QOF DEPRESSION TARGETS

Our attention has been drawn to a lack of clarity as to what is required by certain QOF targets. The depression targets DEP2 and DEP3 refer to a requirement for an assessment of severity. It is worth noting that the requirement here is only for the assessment to be carried out, not necessarily for the practice to carry out the assessment. Assessments carried out elsewhere may still count towards the QOF provided that the other elements of the indicators are complied with.

BMA CHARITIES

The BMA would like to draw our attention to two charitable funds which may be of help to our members. If you or your colleagues know of a doctor who could benefit please contact Marian Flint, Clerk to the Trustees at mflint@bma.org.uk

The Dain Fund

This Fund helps with the educational costs of doctors' children in certain situations. It assists families who are experiencing an unforeseen financial crisis following an unexpected life event such as involuntary unemployment, family breakdown or the serious illness of one of the parents. In every case the family must be in receipt of its maximum entitlements to state benefits. The Fund can help children who are in the state or private education systems or who are at university. Only short term help is available for assistance with school fees.

The Earnshaw Bequest

This Fund gives one-off grants for terminal/palliative care to current or retired doctors and their dependants who are in financial need. The Trustees are happy to consider applications for grants for the following, although the list is not exhaustive: -

- Night sitter services
- Respite breaks for carers
- Holiday break for patient and family
- Personal care
- Domestic help with shopping, cooking, laundry and cleaning

CARE QUALITY COMMISSION AND MEDICINES IN CARE HOMES

Following a query about the Care Quality Commission criteria for prescribing in nursing/care homes and GP obligations, the LMC sought advice from the GPC's Clinical and Prescribing Sub Committee which is as follows: -

GPs have an obligations to act within GMC good practice guidelines.

Good practice in prescribing medicines—guidance for doctors in available at: -

http://www.gmc-uk.org/guidance/ethical_guidance/prescriptions_faqs.asp

It is necessary to give clear instructions. Clear instructions about how the medication is to be used, within reason. Pharmacists also have a professional role to play and the care home also has responsibility to listen and record instructions and their requirement to clarify.

It was felt that new medications should not be put on repeat until the dose is correct and effective and not causing adverse side effects.

WHY DO GPS CHARGE FEES? - YOUR QUESTIONS ANSWERED

This patient letter from the LMC is attached and can be copied for use in your surgery. We would like to emphasise the BMA recommendation that GPs tell patients in advance if they will be charged, and how much.

SALARIED/SESSIONAL GPS MEETING WITH FAY WILSON

Please forward the attached invitation to an open meeting for all salaried/sessional GPs which will be held on Monday 12th April 2010 at Swinfen Hall Hotel, Lichfield.

Trainee GPs in their last 6 months of training are also welcome to attend if they are interested.

Please convey confirmations to the LMC office.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 22nd April 2010, Sir Robert Peel Hospital, Plantation Lane, Mile Oak, Tamworth.

South East Staffordshire Sub Committee - 10th May 2010, Sir Robert Peel Hospital, Plantation Lane, Mile Oak, Tamworth.

South West Staffordshire Sub Committee - 6th May 2010, 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 K Owens	01543 278461

Dr V Spleen

Dear Reader

Sitting here in Surgery with no patient records is an interesting experience, as I try to get through the beginning of a busy evening session.

Gone are the trusty Lloyd George notes, old fashioned no doubt, but how lightning fast when you want to look up a consultation from years ago. Also the subtle notes you made could be understood immediately. Now I have to scroll through pages and pages of irrelevance to find an entry that my fat fingers have entered in best dyslexic fashion. What the hell did I mean by that….? Your guess is as good as mine.

Most labour saving devices invented by humans have either allowed tasks to be done faster, better or both. It seems to me that does not apply when computers are applied to primary care medicine.

Rather than enhancing the patient/doctor experience it seems that everything must bend to the will of the plastic and metal clothed, silicon hearted monster on the desk. The tail wags the dog.

I have just about come to terms with the nightmare of user names, passwords and busy servers in my outside life, even if I have to break the rules of writing down passwords and using the same ones for multiple accounts.

“Four hours” was the promise for the new server in the practice to be up and running but true to computer reality it has, of course, taken longer and so I am expected to cope with surgery and no notes.

Has the use of a computer really made me a better, more effective doctor or has it meant that I now spend hours a day processing on-screen information and letters that used to take much less time.

Of course, what can be done now is a myriad of big brother checks and the mad , expensive rush to a central computer somewhere near Milton Keynes is driven by the desire to enable any Tom, Dick or Harriet to be able to deliver individual doses of “care“ wherever it is wanted with no regard to quality or need. All this with an assumption that every citizen will want their personal information on it without giving informed consent. “Of course it will be secure” which is what they said about the Appraisal Web Site, which is why I have just had to get through my annual meet with no records as I omitted to put it all on paper for the first year since it started.

All it really achieves is to erode the primacy of the Family Doctor, which for so long has been the Jewel in the Crown of the NHS. So far, evidence does not seem to support the idea that bringing in NHS Direct, Commercial Out of Hours providers, Darzi centres, Independent Treatment Centres etc. has improved quality of care for patients, but why should this stand in the way of the onward march of political dogma.

So now I am expected to have a Smart Card, refer patients to anonymous Secondary Care providers by Choose and

Book, and then pick up the pieces when it all goes pear shaped. QoF templates rule and I must ask patients if they are still ex-smokers ever year. Read Codes rule the roost.

Just to add insult to injury my new box of tricks seems to have decided that I can no longer use i-Tunes, has blocked my access to some calming Mozart and instructed me to contact the system administrator.

Such is Modern Life.

Venture

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