



# LMC NEWS

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## NEW LMC WEBSITE & EMAIL ADDRESS

Please note above our new website details and new email address.

The website has been updated and you will find it easier to navigate around the site and access the documents which are now all on PDF.

Many of the queries we receive in the office from Practice Managers relate to previous additions of the Newsletter. We are always happy to help you find the requisite information.

## DOCTORS AND DENTISTS REVIEW BODY (DDRDB)

In respect of GMS contractors the DDRDB have decided to reduce the correction factor by the same amount that they increased the Global Sum (2.7%). As a result, the overall impact of the award would be a 0.2% average increase in payments to GP practices. The BMA believes the recommendation runs counter to previous statements that the MPIG (Minimum Practice Income Guarantee) would exist "in perpetuity". The MPIG is based on the Global Sum plus a collection factor to ensure practices do not receive less under the new contract than under the old one. The BMA has written to the Health Secretary expressing its serious concerns that the DDRDB recommendation for GPs, accepted by the Government, is not legally deliverable under current regulations.

With regard to PMS contractors, it is the GPC's view that if a PMS contract refers to an uplift recommended by the DDRDB, these contractors should seek to receive the full 2.7% uplift to their baseline payments inline with their contract entitlement. If the contract does not include such a clause, the uplift will require local negotiation. Our PCT has agreed to look into this for PMS GPs in South Staffordshire.

Unfortunately all of this means that talks on how GP funding is to be spent this year, including new clinical Directed Enhanced Services, are now on hold. The Department of Health have informed PCTs that: -

"The negotiated agreement is that aspiration payments should be increased to 70% to deal with cash-flow issues arising from the extension to the deadline for achievement payments until the end of June. However the increased aspiration payments are not legally due unless and until the Statement of Financial Entitlements has been amended accordingly. When the SFE is amended QMAS will increase aspiration payments to 70% and will calculate arrears of aspiration payments for the period of the 08/09 financial year prior to the new SFE coming into force. PCTs should not make any local payments to bring aspiration payments up to 70% as there will be a one-off national catch-up which cannot take account of such payments."

## EXTENDED OPENING HOURS

Full details for the DES may not be released until June/July so the PCT has produced an interim LES for those practices that wish to commence this service. The LMC has raised several concerns about the LES offered which include rounding up or down of hours offered, concurrence working, split of surgery hours, rota basis for single handed and 2 partner practices, dealing with walk-ins, telephone enquiries and reception desk opening. Mr Barlow has acknowledged these concerns and queries from the LMC. He stated that discretion would be given to local Primary Care Managers to help with interpretation of the LES.

It will be for individual practices to decide whether they wish to offer this service and comply with the detail of the LES. Please note that the existing 24/48 hour access monies are rolled over from 1st April 08 to 1st July 08 unless the interim LES is signed or the DES is received.

A Focus on Extended Access 2008/09, GPC Guidance for GPs, has already been circulated to Practice Managers.

## **BADGER HARMONI—PASSING OF VISITS TO PRACTICES AT THE END OF OOH PERIOD**

You may have been disturbed to read the “guidelines” for the passing of visits that cannot be completed before 8.00am in a document from Badger Harmoni. The Department of Health Guidance quoted is for response times and not a service requirement or obligation. It is performance criteria.

Dr Fay Wilson, Medical Director at Badger Harmoni has responded: -

- The passing of GP consultations (not necessarily visits) will be in line with the regulations. If a consultation is needed before the in hours service is available then Badger Harmoni will carry it out. If on occasion the Out of Hours service is fully occupied or a late call comes in then patients can be advised to contact the practice or Badger Harmoni can facilitate by passing the details to the practice.
- Urgent matters i.e. action within 2 hours will not be passed to the practice unless they arrive too late for the Out of Hours service to actually carry out i.e. patient cannot get to the centre before it closes or the visit cannot be carried out before the services closes.

The above is always open to interpretation so the PCT have requested examples of inappropriate passing back to practices of night visit requests.

## **DARZI CENTRE**

The new centre will be called Chase Terrace Health & Wellbeing Centre. The GP practices affected by the Darzi Centre met for the first time on 17th April 2008 to discuss the proposal. There is a definite need for two new buildings in the area, but it remains to be seen whether the Darzi proposal will help rather than destabilise local practices. The PCT feels that it will be the quality of services provided by the Darzi Centre that will be a threat rather than a list size issue.

## **OPHTHALMOLOGY REFERRALS VIA CHOOSE AND BOOK AFTER RECEIVING GOS 18s**

A recent referral using Choose and Book by a GP was deemed to be unsafe by a Consultant Ophthalmology colleague because the patient was not first assessed. The LMC would like to remind colleagues that they need to make a clinical decision whether patients need to be assessed on the basis of a GOS 18 from an optometrist before using Choose and Book.

## **MEDICAL REPORTS FOR CONTINUING HEALTH CARE FUNDING**

Some of us have been in receipt of a request for a medical report from the PCT who are considering Continuing Health Care Funding for our patients. This is not a contractual activity and a fee is required. The PCT has offered £50 per report. It will be up to individual GPs to decide whether they wish to provide the report for this fee or decline the work. The GPC advises that if we decline we should consider the needs of the patient and their family.

## **HAZARDOUS WASTE**

Weekly consignment notes are required for practices that produce over 200kgs of waste per year. The PCT has confirmed that they are responsible for paying for the removal of clinical waste. Non-clinical waste e.g. fridges, lights, etc is the responsibility of the practice.

The GPC produced a Guidance Note for GP practices on the introduction of Hazardous Waste Regulations in July 2005. It can be accessed at the BMA website: - [www.bma.org.uk](http://www.bma.org.uk)

## **ANNUAL MEETING OF SOUTH STAFFORDSHIRE LMC—25TH JUNE 2008**

Please note in your diary the evening of 25th June 2008 when our invited speaker will be Richard Vautrey, Deputy Chairman of the GPC. Richard is a dynamic voice in the GPC and will give us a fresh view of current GP topics.

The meeting will be held at Oak Farm Hotel in Cannock. Further details will be circulated.

## **DATES FOR NEXT MEETINGS**

South Staffordshire LMC - 5th June 2008, Samuel Johnson Community Hospital, Trent Valley Road, Lichfield.

South East Staffordshire Sub Committee - 23rd June 2008, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee - 26th June 2008, 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 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
Dr P Reddy	08444 770924

**DAVID DICKSON**  
Secretary

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Dear Reader

The newspapers call us “lazy and overpaid” We all know our daily grind of paperwork phone-calls, seeing patients, paperwork, phone-calls, patient visits, meetings, meetings and more meetings , paperwork, targets to achieve, letters to write and read, blood results to analyse and more patients to see and more paperwork.

Some of us do work hard but why do the papers and some of the public continue to regard us as lazy and overpaid. We may not work nights and weekends but surely everyone knows we work our socks off the rest of the week

Is it just a well polished Government P.R. department denigrating GPs or is there some truth that some of our colleges in General Practice let us down?

It’s hard to defend GPs when passer bys can see our cars in our driveways on most afternoons. Some of us are seen regularly gardening, jogging, playing golf, walking the dog, or shopping during the working week. Some of us are able to regularly watch our kids play sport after school and some of us are able to regularly pick our kids up from school often even in casual clothes. Some of us have over 10 weeks holiday a year, some of us close our surgeries in the afternoon, and some of us couldn’t even be bothered to stay open until 6.30pm but prefer to pay a private provider to do the last ½ hour of our normal working day.

Some of us are letting the majority of hard working GPs down; we need to think hard about the image we portray. The private sector is waiting in the wings to run what once was “our” service.

Yours

Dr Spleen

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