

Ann Booth (nee Towers) Executive Officer

We would like to congratulate Ann on her recent wedding and would be grateful if you could note her change of name.

Allergies for GP IT Systems

The GPC IT Committee recommend that we should begin to record allergies as read code entries in addition to whatever system specific mechanisms we currently use. We should continue to record information about allergies according to the system suppliers' recommendations. But we are asked to consider making additional entries as read code data for both drug and non-drug allergies. As we move towards GP to GP electronic transfer of records and the population on a centralised record, there needs to be thought on how there can be a "belt and braces" approach to allergies as every clinical system currently uses a different way of recording these allergies.

Mental Health Act

It has been queried whether GPs are obliged to travel outside their practice area to complete sections. Please note we are not obliged to complete section forms for which a fee is payable. If the GP is not prepared to travel outside his area it is up to the Trust to find an appropriate section 12 approved GP.

Stmp Dty, Lnd Tax & Lgl Exps Reimb on Leasd Premis

One PCT in South Staffordshire is refusing to reimburse Stamp Duty and Legal Expenses on a PFI build, basing this decision on a clause in the Premises Costs Direction 2004, Part 3, 13 that "the PCT must consider that application for financial assistance and, in appropriate cases (having regard, amongst other matters, to the budgetary targets it has set for itself), grant that application.

This PCT is overspent to the tune of £3.5 million and unfortunately the practice involved will have to find about £40k of their own money which they will never benefit from financially in the future.

Our other PCTs are not taking this line with their PFI developments but are applying the test of "reasonable" costs as per the Direction.

The LMC strongly advises that any practice before embarking on a PFI build should ensure that every agreement with the PCT about reimbursement of expenses should be in writing. As outlined above, reimbursement of these expenses is discretionary and may influence your decision to proceed with the build. Please contact the LMC office if you would like further information.

Organisation Reconfig for Shropshire & Staffs PCT

Shropshire and Staffordshire Strategic Health Authority has decided to recommend to the Secretary of State that the four PCTs in South Staffordshire are combined with Newcastle-under-Lyme and Staffordshire Moorlands PCTs. A consultation process will ensue over the coming months.

South Staffordshire LMC feels that the combination of the four South Staffordshire PCTs with Newcastle-under-Lyme and Staffordshire Moorlands to form one PCT is illogical medically, sociologically and Secondary Care provider wise. If efficiency and costs savings are to be made we would prefer that if there were going to be mergers amongst the four South Staffordshire PCTs then two should be formed. This would be provisionally on the formation of good management structure and future stability. The preferred combinations would be East Staffordshire with Burntwood, Lichfield and Tamworth and Cannock Chase with South Western Staffordshire PCTs.

If there are any further comments you would like to pass through the consultation system then the LMC would be happy to receive them.

GMS Contract Review

Negotiations between the GPC and NHS Employers on the GMS Contract Review are progressing. The review will take place in two stages, with some changes to the QOF being implemented from April 2006. The work on the allocation formula review group will continue and it will produce a report for consultation during 2006/07. However no actual changes to the formula will take place until April 2007. The two sides have also been discussing how to release funding for initiatives such as Practice-Based Commissioning and patient choice.

Medical Records Transfer

It has come to the attention of the Joint GPC IT Committee (JGPITC) that some practices are sending incomplete medical records on to the next practice when a patient transfers. This usually means that practices don't print and forward letters and other reports that are often scanned and "attached" to the GP electronic patient record (EPR).

Sometimes that incompleteness is highlighted by a note advertising that the records are 'available on request', but other times the gaps in the record are only obvious when the records are under review (e.g. for a medical report). The JGPITC would like to remind practices that they are required to forward the complete medical record when requested to do so by their PCT. However, fully summarised "paper-light" records will generally be sufficient, providing they have been carefully examined to ensure that no important patient details have been omitted. Practices are reminded that it is their duty to ensure that all scanned letters and supporting documentation are explicitly linked in the appropriate place within the patient's records, to ensure that vital information

is transferred safely and efficiently and that context is maintained.

Dr Holden, Dpty Chrman GPC, Swinfen Hall 15Nov 7pm

Another reminder that Dr Peter Holden will attend a question and answer session open to all South Staffordshire GPs at the above venue and time. Refreshments will be available.

Please send your attendance form to the office, but another will be circulated in due course.

Dr V Spleen

Dear Reader

Monday morning again. What a good weekend, back to the best job in the world, why was I so tetchy by Friday evening last week?

Today's mail, mmm, Mrs Loosejobs has seen the Dietician with her coeliacs, easy... avoid gluten etc. Hello, what's this, "please prescribe pizza bases, sweet and savoury biscuits, cake mix. I have given her a list...". Since when was avoidance of gluten turned into an NHS supermarket for rubbish food provision?

This will be better, Mr Longface, seen the CPN at last? Oh no, "sent a letter... asked to phone... didn't respond... if reattends suggest MIND". Great idea, must set up a system, lots of barriers to patients, those that still get through fob them off with the "voluntary sector".

Now the surgeons, proper medicine at last. Oh yes, poor Mr Groinbulge. "Histology shows adenocarcinoma ? primary, perhaps large bowel". Crikey I referred him in March after an amazingly rapid ultrasound scan showed "lymph nodes ? malignant". Let's see, seen May arranged CXR and abdominal ultrasound, seen again July, results show no abnormality, request urgent CT, results normal. At last, biopsy lump, September now, await results. October, and the biopsy results are back. Seven months and now waiting for a colonoscopy.

Let's see some patients, first one? Oh no, Mr Groinbulge.

Venture