



LMC NEWS

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Guidance on sickness certification in flu pandemic	1	The DH has published guidance on sick certification in a swine flu pandemic and the link to this is:
Review of PMS contracts	1	www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_10629
Vetting and Barring Scheme	1	REVIEW OF PMS CONTRACTS
Rating your GP	2	All practices should have received a letter from the PCT setting out the principals and processes of the PCT's proposed review of PMS contracts. It is important that PMS practices complete the mandate to agree to Dr Fay Wilson's role as honest broker and return to their locality primary care manager.
Non principal GP representative	2	Two open meetings have been arranged where PMS practice representatives are welcome to attend:
Dates of next meetings	2	Monday 26 October 2009 at Edwin House, Second Avenue, Centum 100, Burton on Trent, DE14 2WF at 7 pm to 9 pm.
LMC members	2	Wednesday 28 October 2009 at Postgraduate Centre, Stafford Hospital, Weston Road, Stafford, 7pm to 9 pm.
Dr V Spleen	2	VETTING AND BARRING SCHEME (VBS)
SWINE FLU LES		The GPC will shortly be issuing guidance for all GPs (including what a GP employer should do) on the new Vetting and Barring Scheme.
The LMC would like to draw your attention to the fact that the LES differs from the DES in the following:-		This scheme came into play on 12 October 2009 and is being introduced in stages. The following applies:
The nationally agreed DES will specify that district nurses provide the vaccine to all housebound patients and that GPs will receive the £5.25 fee in recognition of their work identifying patients, co-ordinating and recording vaccinations of the housebound etc. The LES also requires written consent from every patient which is not legally required.		1. It will be a criminal offence for a person who is on a barred list (e.g. the PoCA, POVA and/or List 99) to seek or undertake 'regulated activity'. Regulated activity includes working as a GP, as a practice nurse and may also include working as a healthcare assistant. It applies to those who are already in post or are seeking a new post. It does not apply to receptionists, practice managers, cleaners etc.
We therefore suggest to GPs that they write to the PCT when the DES arrives and request to change from the LES.		
The definition of housebound will be clarified in the directions and guidance, but housebound patients are those to whom a contractor would normally offer home visits as the only practical means of enabling a face to face consultation. It is for GPs to decide who is on the housebound list and district nurses will be responsible for administering the vaccination to all patients on that list.		
Further details on the vaccination program have been sent to all practices by the DH. Please note that contrary to previous advice that two doses would be needed for swine flu vaccines to take full effect the chief medical officer has now announced that there are in fact different rules for different groups which are set out in his letter.		

2. It will be a criminal offence for a practice knowingly to appoint a barred person to a 'regulated activity' post. Also practices should require an enhanced CRB check of all new recruits and of those changing jobs who will be undertaking 'regulated activity'. Please note that the PoCA, PoVA and List 99 are being replaced by two new barred lists managed by the Independent Safeguarding Authority (ISA) - one for barred from working with children, and one for barred from working with vulnerable adults. The enhanced CRB check will now provide information held on these two ISA barred lists.
3. Employers have a duty to inform the ISA if they believe that an individual has caused harm, or posed a risk of harm, to children or patients that they work with.

Please be aware that there is no central funding available to practices for CRB checks. Therefore the question of who pays for the check will be one for the employer and the applicant.

The ISA's website is: www.isa.gov.org.

RATING YOUR GP

Patients are now able to rate their GP by going to the NHS choices website at www.nhs.co.uk. Click on find your GP to see how your practice is being rated.

If you want to know what some mothers think about vaccinating their children, and have a strong stomach way beyond that required to stay on DNUK or Doctor Rant, and like paranoid ramblings then visit www.mumsnet.com.

NON PRINCIPAL GP REPRESENTATIVE

The LMC has co-opted Dr Kevin Owens as a non principal GP on the committee. Kevin works in Heath Hayes Health Centre and is happy to receive feedback from GP colleagues on dolphiniusuk@hotmail.com or via the LMC office.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 10 December 2009, South Staffordshire PCT, Anglesey House, Towers Business Park, Rugeley

South East Staffordshire Sub Committee - 16 November 2009, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent

South West Staffordshire Sub Committee - 19 November 2009, 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

My world seems illogical. I was taught to question everything and look for the evidence to determine a course of action, but my medical world seems full of 'bad' science. Why do we pander to alternative therapists, homeopathy, chiropractors, osteopaths, reflexologists and most of all nutritionists – there is no good science that shows any of it works? QoF is full of bad science and pointless measurement. Why do I have to complete a depression questionnaire on a depressed patient - psychiatry by numbers for NVQ level 1 psychiatrists - anyway is the questionnaire about how the patients feels or how the patient makes the doctor feel as my pilot study (as robust as any homeopathy study) shows the scores are the same? Why do we continue to measure no sensation or lack of pulses in diabetic checks every few months, has anyone ever found them to spontaneously return, but we continue to force our nurses to do these tests for the sake of QOF? Why do we weigh fat people, when I can see if someone is fat in seconds? Why do I measure peak flows in asthmatics that are well at present and can tell me if their breathing worsens? At what point will we say no to this pointless work? Finally I am writing this at a regular palliative care meeting with our district nurses, no district nurses have turned up, but its ok, I have talked to myself about my patients and agreed a management plan with due reflection with myself and this apparently satisfies QOF. And then there is swine flu..., health checks for the well..... I think I'm an extra in a Terry Gilliam.

Venture

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