



# LMC NEWS

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<b>PANDEMIC FLU</b>		<b>CHOOSE AND BOOK</b>
South Staffordshire PCT has written to all practices with suggestions for a Flu Plan. Arrangements under the Emergency Statement of Fees and Allowances (SFE) are currently under national discussion. The LMC has requested that one point for telephone contact with Primary Care Managers would be most useful during the pandemic.		Choose and Book does not absolve you from the responsibility of patients being seen appropriately.
The LMC is often asked <b>what happens if my practice does not enter into a buddying-up agreement with other practices?</b> Although practices are free to choose to not enter into buddying-up arrangements with other local practices, it is strongly recommended that they do so. Failure to buddy-up with other practices is likely to be viewed as a failure to comply with the terms of the 'Costing methodology for GMS practice payments during an influenza pandemic' agreement between the BMA and NHS Employers. This agreement offers income protection to GP practices in the event of a flu pandemic. Below are the relevant clauses:		The LMC advice is that if you feel a referral is urgent, but not a 2 week cancer referral, you should take steps to ensure that the referral has been received by the hospital.
8. To be eligible for the income protection offered to practices under this agreement they must be: Actively participating in the national and PCT response to the pandemic, or have made their resources available to the PCT. Actively supporting their staff in line with any		<b>LOCAL IMPROVEMENT NETWORKS (LINKs)</b>
		The Department of Health defines a LINK as a 'network of local people and organisations, funded by the Government and supported by independent organisations known as a Host to promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services.'
		LINKs have taken over the responsibility of patient and

public involvement forums and are responsible for finding out what people want from their health and social care services. From April 2008, every local authority was required to have a LINK and enable LINK activities to take place. There are two duties that a GP must comply with in relation to LINKs; providing information and allowing visits from LINKs representatives.

The BMA has produced a set of FAQs for practices and LMCs that provide information on the introduction of LINKs and how this will affect GPs and practices in England:

[http://www.bma.org.uk/employmentandcontracts/independent\\_contractors/managing\\_your\\_practice/links.jsp](http://www.bma.org.uk/employmentandcontracts/independent_contractors/managing_your_practice/links.jsp)

## ADMINISTRATION OF MEDICINES IN NURSERIES

We have been made aware that there are some nurseries which are still referring to out-of-date guidance from the Department for Children, Schools and Families and refusing to administer over-the-counter medicines to children without a doctor's prescription.

The guidance on the provision of medicines to children in nurseries was amended in May 2008. 'The Statutory Framework for the Early Years Foundation Stage' permits the provision of both prescription only and of over the counter medication to children, with a guardian's written permission.

The framework is available to download here:

<http://nationalstrategies.standards.dcsf.gov.uk/node/151379>

## DO ROAD TRAFFIC OFFENCES BYPASS THE DATA PROTECTION ACT?

A GP enquired whether a road traffic offence might bypass the Data Protection Act (DPA) e.g. leaving the scene after an incident and seeking treatment. A GPC colleague has provided the following response:

When considering whether disclosure would be lawful the DPA 1998 and Common Law have to be taken into account. But, this must be balanced by a requirement to comply with the duty of confidentiality and Article 8 of the European Convention on Human Rights.

Under section 29 of the DPA processing of personal data is exempt from the first data protection principle when it is carried out for the prevention or protection of crime.

The Common Law of confidentiality as established by case law recognizes that disclosure of confidential information is lawful if it is in the public interest.

As there is a balance it is impossible to give a sweeping answer as there needs to be proportionality and common sense. For example, if the 'crime' was to cause minor damage to a bollard, then it is unlikely to be lawful to disclose identifiable information. If the 'crime' was to deliberately run over and kill a person, then it would be lawful. However, I expect the cases we will normally come across will lie in between these extremes. I would urge any GP considering a disclosure to initially discuss this with the

patient, and if they will not agree to seek individual advice before breaching confidence.

## USEFUL LMC LETTERS

Attached are 2 useful LMC headed letters that you may wish to use in the circumstances described: -

1. Request for confirmation of Identity, Address, Fitness to Travel.
2. Request for Prescription/Action on Laboratory Results.

Please feel free to copy these for use in your practice.

## SESSIONAL GP CONFERENCE

The BMA is holding a one day educational conference for sessional GPs entitled 'Recognise your Talents, Realise Opportunities: Key steps for sessional GPs' on Friday 13 November 2009.

The aim of the conference is to provide salaried and locum GPs with the tools that they need to succeed in their careers. It will be divided into three key areas:

- Step 1—Marketing yourself
- Step 2—Effective planning and career development: making the job work for you
- Step 3—How to meet the challenges of revalidation.

This event will be of interest to all current salaried GPs (including Retainer Scheme GPs) and GP locums. It will also be relevant to those considering becoming a salaried or locum GP. The cost to attend is £65 + VAT for BMA members and £225 + vat for non-members.

For further details, including details about how to book, [please visit the BMA website](#): -

[http://www.bma.org.uk/whats\\_on/SESSGP09.jsp?page=1](http://www.bma.org.uk/whats_on/SESSGP09.jsp?page=1)

## ANNUAL LMC MEETING—DR PETER HOLDEN (GPC)

Swinfen Hall, Lichfield Tuesday 6th October 2009 7pm.

All general practitioners and practice managers in South Staffordshire are welcome to attend this Annual Meeting of the LMC with Dr Peter Holden, GPC Negotiator.

Peter is the National Lead for Flu Planning and will provide an interesting and up-to-date account of current issues.

Please inform the LMC office if you wish to attend.

**Dr David Dickson**  
**LMC Secretary**

## DATES OF NEXT MEETINGS

South Staffordshire LMC - 15th October 2009, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent

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

South West Staffordshire Sub Committee - 19th 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 V SPLEEN

Dear Reader

### Reflective Learning Diary

#### Swine Flu:

The first wave of H1N1 is over- the worst is yet to come.

Reflective learning.

- *Pandemic/Epidemic:* Numerically defined words which now have a new meaning- Panic- severe illness at large- hundreds of thousands will die.
- *Public information:* A new service instigated by the government to spread fear, ignorance and panic. Once set in motion there can be no back tracking on the initial information given – there must be no semblance of sense, restraint or good practice.
- *Mathematical modelling:* Back of a fag packet reckoning with about as much accuracy.
- *Tamiflu:* A definite PUNS and DENS for me. I never

realised that so many of my otherwise healthy patients needed it. Two Aspirin and going back to bed is now out of date. Death is almost inevitable if tamiflu is not consumed on self diagnosis of swine flu and never mind the side effects.

Whilst cutting back on antibiotic prescribing it is good to know that this does not apply to antiviral medication-nor does resistance developing and inappropriate use matter.

- *National Flu help line:* Carte blanche to diagnose over the phone with no medical training – liability- that's fine- it is expected that in a pandemic some diagnoses will be missed.  
A method of decreasing the number of NEET's (not in employment ,education or training)
- *Buddying:* A new term I have learnt since reading a lengthy document produced by the PCT, which made no mention of how this might work. Over burden one depleted workforce with the work of another. Give staff the opportunity to see how other computer systems work with no training required. Remuneration for the extra work - not mentioned. Must send staff off on a "How to Operate a Kettle" course as I am sure that will be it will be the only piece of electrical equipment that they will be able to use if they are shipped to the neighbouring practice.
- *Vaccination programme:* Developed to make the work load a much as possible- now coming to a practice near you for just over £5.00 a go. One flu jab would suffice but the government have paid for two so carry on regardless, the swine flu comes in vials to be drawn up –such fun -and the order of vaccination has little correlation to the usual flu programme.  
This obviously comes under light entertainment and comedy programming and could not be mistaken for a serious programme at all.
- *Vouchers:* A new method for obtaining treatment requiring no training to prescribe. Learning point- time could be saved by putting these on a BOGOFF- or collect so many vouchers and win a free trip -the largest family wins, or perhaps fill a box and leave it in the waiting room- diagnose and treat yourself basis .Cut out the middle man.

So on reflection October should be great !

## Venture

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

