



# LMC NEWS

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The GPC remain of the view that the compliance requirements on GP practices need to be radically reduced, and are continuing to lobby the CQC and other stakeholders to ensure that this occurs.

### INTERIM SENIORITY FACTOR 2011/12

The Technical Services Committee has published the interim seniority factor for 2011/12. It is £93,972 for England.

Further details plus information about the methodology are available on the NHS Information Centre website: [www.ic.nhs.uk/tsc](http://www.ic.nhs.uk/tsc).

### SEVEN DAY PRESCRIPTIONS ADVICE

The PCT have concerns about the 'inappropriate supply of seven day prescriptions to patients in care homes'.

The LMC supports the effective prescribing of appropriate quantities of drugs based solely on the needs of the individual patient rather than the needs of the dispenser or any other organisation. It is not the LMC's role to police this. If the PCT has concerns over individual cases we will be happy to discuss them.

### DIABETIC RETINOPATHY SCREENING SERVICE - DOMICILLIARY VISITS

You may have noticed in the letter about the 'Diabetic Retinopathy Screening Service - domiciliary visits' that it states the ambulance transport should be booked by GPs following existing protocols.

The LMC has pointed out that it is definitely not the role of the GPs in South Staffordshire to book routine ambulance transport and is the responsibility of the PCT or the hospital. Malcolm Gray, Clinical Lead and Programme Executive Staffordshire Diabetic Retinopathy Screening Programme, has acknowledged this correction. He would be grateful if the forms could be returned to him and not the HES. Contact details are below:

Crooked Bridge Road, Stafford, ST16 3NE  
Tel: 01785 221286

### PMS REVIEW 2011/12

The LMC understands how PMS practices will be concerned about the next PMS Review for 2011/12. Staffordshire Cluster PCT are clear that the purpose of the review is to establish the services that are being delivered for the additional funding over the GMS budget. PMS practices will need to establish what additional services their practice currently provides over and above GMS requirements to justify the additional funding above GMS.

The LMC encourages PMS practices to form a good business case or summary which shows good value for money. It will be up to the PCT to decide which additional services they wish to commission above GMS.

It is vital that PMS practices continue to allow the LMC (over half of its members are PMS) to represent their interests so that we act as a collective body.

### CARE QUALITY COMMISSION (CQC) REGISTRATION

Subject to parliamentary approval, the Department of Health has formally announced the delay to the CQC registration of GP practices, including NHS walk-in centres, until April 2013. Out of hours providers that are not GP practices looking after their own registered patients will still have to register in 2012. The CQC will shortly be sending out letters to both groups of providers with further details.

## COPIES OF MEDICAL RECORDS FOR INSURANCE COMPANIES

You will have noticed that insurance companies are now requesting copies of medical records rather than a report.

Please note that £50.00 is the maximum that can be charged for providing copies to insurance companies, in the same way as for solicitors.

Guidance from the BMA Ethics Department has more information at [www.bma.org.uk/images/accesstohealthrecordsdecember2008\\_tcm41-183583.pdf](http://www.bma.org.uk/images/accesstohealthrecordsdecember2008_tcm41-183583.pdf)

## UNACCOMPANIED MINOR FROM ABROAD

A problem arose recently with an unaccompanied minor from abroad who was living with foster parents. Unfortunately he was refused registration by a practice because it was thought that the foster parents could not give consent. Please note that in this situation section 20 of The Childrens Act 2003 enables Social Services to provide consent on their behalf. It should therefore be possible to register the minor with the consent of Social Services.

## ANNUAL LMC MEETING—25TH OCTOBER 2011

Dr Laurence Buckman (GPC Chair) will speak at the South Staffordshire Annual LMC Meeting on Tuesday 25th October, 7 pm, at Swinfen Hall, Lichfield. Invitations will shortly be posted.

## HEALTH DISABILITY AND RECRUITMENT - EQUALITY ACT 2010

**Can employers make conditional offers subject to health clearance and then withdraw an offer if the health requirement is not met?** The Equality Act provides that an employer must not ask a job applicant questions about his or her health before offering him or her employment. This includes conditional job offers. Employers can make a conditional job offer that is subject to the potential recruit satisfactorily completing a health questionnaire or undergoing a medical check. However, if it transpires that the individual has an underlying health condition that may amount to a disability under the Equality Act 2010, the employer should be cautious about withdrawing the offer. It should seek further information about the nature of the health condition and the impact that it is likely to have on the individual's ability to do the job. The employer should also consider whether or not it can make reasonable adjustments to enable the individual to take up the post. If the employer fails to make reasonable adjustments it may be liable for a successful claim of disability discrimination.

**In what circumstances can an employer lawfully reject a disabled job applicant for reasons of his or her disability?** Under the Act, it is unlawful to reject a disabled job candidate if the reason for rejection is because he or she has a disability. In contrast, if rejection is because of 'something arising in consequence of' his or her disability, this can, potentially, be justified. Examples could include circumstances in which it would be physically impossible for the person to perform the job; where the location of the work is unsuitable for someone with a particular disability;

or where any adjustments needed to accommodate the disabled person would involve prohibitive costs and/or substantial disruption to the employer.

## AGREEMENT FOR WORK EXPERIENCE

Attached is a useful template for a work experience agreement which can be adapted for individual practices.

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

## DATES OF NEXT MEETINGS

South Staffordshire LMC - 13th October 2011, South Staffordshire PCT, Edric House, Wolseley Court, Towers Plaza, Rugeley.

South East Staffordshire Sub Committee - 14th November 2011, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee – 29th September 2011, Room 1, Mid Staffordshire Post Graduate Medical Centre, Stafford Hospital, Weston Road, Stafford.

## 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 A Elalfy	01785 252244
Dr P Gregory	01543 682611
Dr C McKinlay	01283 564848
Dr Zein-Elabdin	01922 701280
Dr E Odber	08444 773012

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**DR V SPLEEN**

Dear Reader

**The Change Game!**

Once upon a time there was an Executive Council (before I became a GP!) which became FPC (Family Practitioners Committee). Quickly this became FHSA (Family Health Services Authority) without any real change. And then came the era of PCG - (Primary Care Group). Of course this needed to change again and became PCT (Primary Care Trust). We all know what will happen next.

Similarly our famous Stafford DGH (District General Hospital) was named MSNHSFT (Mid Staffordshire NHS Foundation Trust). In fact I had to phone the hospital and listen to the recorded message to find what the latest name was! We all know what is happening.

Consortiums are no exceptions. We were told there was going to be a new system called PBC (Practice Based Commissioning). It did not take long to become GPCC (GP Commissioning Consortiums). I think it is now called CCC (Clinical Commissioning Consortium). And in case of Cannock Chase CCCCC!! God knows what this will become next.

Regarding GPs taking on commissioning I strongly feel this could be a poisoned chalice. Time will tell. There are divided opinions. Some of our colleagues are muted. Most of us are worried about the pressure this change will bring to our day to day work. On an optimistic note the Great British General Practice has survived every change that has happened since the NHS began. Hope we will survive this change!

Should we also therefore change the name of our LMC? How about LMC-VP (LMC with voluntary paid members) and LMC-NVP! Don't worry, nothing will happen!

Regards

**Venture**

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