MARCH 2012
NO. 2

SOUTH STAFFORDSHIRE LMC NEWS

Website: www.sslmc.co.uk E-mail: enquiry@sslmc.co.uk

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LMC RESTRUCTURING

Following the NHS Bill and formation of CCGs the LMC has gone through a period of restructuring and decided to suspend the GP Sub Committees from July 2012.

The Sub Committees performed the role of representing GP views to local Providers and would meet on a regular basis in the SE and SW of Staffordshire. It is clear that the responsibility for monitoring Provider performance has shifted to the CCGs and after discussion with the leads the LMC feels it appropriate that the sub committees are suspended. This decision will be reviewed in April 2013.

The Main Committee of the LMC has decided to meet at a less frequent interval and without the PCT. An Executive will be formed of the LMC Secretary, Chairman, Deputy Chairman and 1 other Officer who will meet on a regular basis with the PCT.

It is therefore important for GPs to continue engaging with their CCGs and raise concerns about providers through the usual local channels that are in place. The LMC will continue to raise issues on behalf of GPs that affect us all across South Staffordshire.

DR MALCOLM MACKINNON

Dr Malcolm MacKinnon has decided to resign from his role as Chairman of the LMC. Malcolm has been our Chair for 12 years and has been a tremendous help for GPs in South Staffordshire. His clarity of thought and direction will be greatly missed. A small presentation was made on 22nd March in order to enable him to continue his golfing activities.

ELECTIONS

Dr Judith Holbrook stepped down as Chair of the SW GP Committee and will be replaced by Dr V J Singh for the remaining meetings. Dr Adrian Parkes continues to be Chair of the SE GP Committee.

We urge GPs in the Cannock and Stafford areas to consider becoming an LMC representative. Election papers have recently been circulated.

CLINICAL COMMISSIONING GROUPS

A meeting with CCG leads and the LMC held on 8th March 2012 resulted in an agreed statement on the NHS Health Bill: -

“At a joint LMC/CCG leads meeting the impact of the NHS Bill was discussed. CCGs will do their utmost to ensure that services are continued in spite of the uncertainty that may ensue from implementation of the NHS Bill. We have 4 well-formed enthusiastic CCGs that are keen to seize the opportunities that are possible”.

Concerns were raised at this meeting about the role of MAC UK which resulted in a joint letter to the JCU (Commissioning Unit) requesting immediate action to remove the long delays in assessment of our dementia patients.

PMS REVIEW 2012

We are finally coming to the end of the review process and practices will be shortly informed about the outcome of their appeals. Practices that were able to justify the extra funding will have found that they have not lost any money. Overall the LMC with the help of Dr Fay Wilson have been able to retain the PMS monies over and above GMS that provide extra services for patients.

The next role for the LMC is to ensure that there is parity and regularisation of Local Enhanced Services across the whole of South Staffordshire. This is especially relevant for services such as spirometry which is paid to all PMS practices but only Stafford and Cannock GMS practices. The payment for insulin management no longer reflects the workload involved after conversion. Nursing home workload is also increasing in complexity and number. The LMC has formally made this request to all four CCGs.

The double review process over 2010 to 2012 has been a major exercise. The LMC intervention has rescued a lot of GP practice resource that could otherwise have been lost.

The PCT have produced £per patient figures before and after the PMS reviews, versus GMS, by locality: -

	PMS Before	PMS After	GMS
Cannock	£81.00	£75.02	£68.50
East Staffs	£88.56	£75.56	£68.75
SE Staffs	£81.20	£77.79	£74.70
Seisdon	£78.80	£75.91	£69.59
Stafford	£76.12	£75.40	£66.24

EMPLOYMENT STATUS OF LOCUMS

All GP practices that use locums need to check with their accountants that their locums are in fact independent contractors and not considered by HMRC to be employees of the practice.

The employment status indicator on the HMRC website states: -

"Some doctors who describe themselves as locums may in fact be engaged to assist a doctor in general practice rather than to take the doctor's place during illness or holidays. The earnings of such assistants are usually chargeable as employment income and subject to Class 1 NICs."

Independent, professional tax advice should be taken if a practice or locum have any doubts as to the locum's taxable status.

REQUESTS FOR MEDICAL RECORDS

Please remember that even if the patient has consented to release of all records there is a professional obligation to check them for potentially harmful material and for third party information. There is no statutory fee payable for this work.

On occasions there may be doubt as to whether consent for full disclosure is truly informed and frequently it is necessary to confirm the patient's understanding and wishes.

A PATIENT HAS ASKED FOR A REPORT TO SUPPORT HIS APPEAL AFTER HAVING HIS INCAPACITY BENEFIT WITHDRAWN. DO THEIR GP HAVE TO PROVIDE A REPORT?

The answer has been taken from the DWP FAQs webpage http://www.dwp.gov.uk/healthcare-professional/frequently-asked-questions/

No. GPs, as certifying medical practitioners, have a statutory obligation to provide statements of incapacity to patients on their list and certain information to a healthcare professional working for Atos Healthcare on behalf of DWP when requested. However, under their NHS contract there is no requirement for GPs to provide reports or offer an opinion on incapacity for work to anyone else unless requested to do so by Jobcentre Plus.

Claimants should contact Jobcentre Plus or the Appeals Service, where appropriate, if they think that further medical evidence is necessary to support their claim or appeal. They should state clearly their reasons for believing that further evidence is necessary.

If Jobcentre Plus or the Appeals Service consider that further medical evidence is necessary, they will seek it. They will be responsible for paying any fee to the doctor providing the report.

So NHS GPs are under no obligation to provide such evidence to their patients nor to provide it free of charge. If a GP does not agree to provide additional evidence for their patient then it is a private matter to be resolved between the GP and their patient.

DOES NORMALISATION REDUCE PAYMENTS FOR GHOST PATIENTS WITHIN THE CARR-HILL FORMULA?

The BMA Health Policy and Economic Research Unit reply:

No.

Normalisation scales the whole calculation back to the national registered population which will include list inflation unlike the primary care resource allocation formula which scales back to the ONS estimated population. Once the global sum per weighted patient figure is established in the SFE then it is applied to the weighted list of each practice so if the number of such patients rises then there will be an effect. **However, there are a number of factors which mitigate the impact**:

- Prior to 2004/05 there was a target net income for GPs and over or under delivery of this was corrected for by a formula. So any payments for these patients would only rob one practice at the expense of another rather than having any overall impact. Any aggregate impact therefore only applies to the period from 2004/05 onwards. However, the mapping exercise which established global sum in 2004/05 would have included capitation fees made for such patients so list inflation would cease at that point to have any relevance other than on distribution unless it were on the increase.
- List inflation is currently estimated at a little under 5% nationally. In 2004 it was estimated at 7%. Thus list inflation is falling not rising.
- Finally, the annual negotiation which often involves an increase in global sum per patient builds on the yield from the previous year. Since 2005/06, settlements have been so modest that the sums involved in paying for such patients will be very small when compared with the absence of an appropriate uplift to global sum.

This is thus more of a distributional problem rather than a resource one.

SALARIED GPS ANNUAL MEETING—16 MAY 2012, SWINFEN HALL, LICHFIELD

Dr C MacKinlay has arranged the Annual Meeting for Salaried GPs on Wednesday 16th May 2012, as above.

The topic will be Appraisal and the speakers on the night are to be confirmed.

GENERAL PRACTITIONERS COMMITTEE WEST MIDLANDS (GPCWM) WEBSITE

The General Practitioners Committee West Midlands is a Committee set up to promote and represent General Practice in the West Midlands. It is a group drawn from all the Local Medical Committees in the West Midlands as well as the fields of education, training and prescribing.

The website www.gpcwm.org.uk will lead to a helpful Search area where you can access all the relevant documents about practicing as a GP.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 19th April 2012, Samuel Johnson Community Hospital, Lichfield—**LMC Officers and PCT only**.

South East Staffordshire Sub Committee - 14th May 2012, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee – 10th May 2012, Staffordshire Cluster of PCTs, Staffordshire University, Blackheath Lane, Stafford, ST18 0YB .

LMC MEMBERS

The following is a list of current members of the South Staffs LMC

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 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 413207
Dr E Odber	08444 773012

DR V SPLEEN

Dear Reader

Enough is enough!

In good old days, as a registrar, I wrote discharge letters to GPs with enough information in the form of dates, diagnoses, investigations, treatment and follow ups.

Now I am on the receiving end and see what I get.

One A&E letter had no date and in another there was no name of the patient. In yet another, the diagnosis was '? Chest pain. It did not end there. A hand- written letter indeed had enough information. Just I couldn't read the handwriting!

Nowadays I get computerised discharge letters which I can read, but going through their contents, often I can't make what was wrong with my patient and what was done.

My Mental Health Team has a special tick box template. In one letter 2 ticks were done. The first was that the referral was received and the other tick was that the patient was discharged. That's it!!

I think 'Patient discharged to GP' column should be removed from any correspondence because this has become a UNIVERSAL FACT and ALL health professionals end their letters with this icon!

I admit not all letters are short. Yesterday I received an e-mail from 'Out Of Hours' which my secretary printed for me. A total of 8 pages indeed. Pages 4 and 6 were blank! The statement that 'a phone call was received from the granddaughter' was stated at least on 3 different pages. I had to search for information about what was actually wrong with my patient and how he was treated. It did of course end with 'Follow up by the GP'.

Recently the PCT sent me an e mail regarding SUMMARY of a quality issue. This being a priority topic, I decided to print. When it printed page number 41 I decided I should stop. I could not stop the printer and ended up with 55 pages of rubbish!

Well I've had enough!!!

V. Spleen

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