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SOUTH STAFFORDSHIRE LMC NEWS

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

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THE HEALTH AND SOCIAL CARE BILL 2011

The White Paper 'Equity and Excellence: Liberating the NHS' published in July 2010 gave us a foretaste of the Health and Social Care Bill published last week.

You may have read the BMA concerns about competition, 'any willing provider' and fragmentation of care. The scope and complexity of the Bill is immense. It will impact significantly on the everyday lives of GPs as they continue to carry out their work at the front line of the NHS.

You will have received the invite to hear Dr Hamish Meldrum giving an update on the White Paper on Thursday 3rd February 2011 at 7pm. The meeting is open to any BMA member and is being held in the Birmingham Medical Institute's Lawson Tait Hall, 36 Harborne Road, Edgbaston, Birmingham, B15 3AF.

You are also welcome to attend a meeting with Chaand Nagpaul, GPC Negotiator, at the same venue on 31st March at 7pm. Please contact the LMC office for further details if you would like to attend.

LMC CONFERENCE: 9TH & 10TH JUNE 2011

The LMC will be sending representatives and an observer to the Annual LMC Conference in London.

Please forward any motions that you would like to debated to the LMC office. The deadline is the 11th April 2011. Do not worry about the formation of your motions because the Secretary can make it into the right format.

ENHANCED SERVICES

The PCT has discussed Enhanced Services for 2011/12 and their proposed way forward is: -

1. Commission the same Enhanced Services programme in 2011/12 as in 2010/11 with the exception of Choose and Book and the Clinical DESs that finish on 31st March 2011. If there are national announcements about other Enhanced Services then these would need to be included in the 11/12 programme.
2. Continue with reviews of existing Enhanced Services. The Executive Team of the PCT wish to review the Nursing Homes LES and the Anti-Coagulant/ Phlebotomy LES.
3. The current monitoring arrangements and responsibilities in 2010/11 are likely to continue into 11/12. The proposal is that from 12/13 onwards new arrangements are agreed where Commissioning consortia become increasingly involved in the commissioning and monitoring of Enhanced Services with support form the PCT. The exact details have yet to be agreed.

The LMC has confirmed with the GPC that there has been no discussion or agreement about combining all of the Enhanced Services from the DESs, NESs and LESs.

CHOOSE AND BOOK

There are several references to Choose and Book in the White Paper documents released over Christmas so the LMC has queried with the PCT whether it has a future in South Staffs.

You will be aware that the PCT is withdrawing funding from May 2011.

Mr John Wicks has released the following statement: -
"Yes, Choose and Book is referred to in several of the White Paper documents and it has a future. The issue for the PCT has been that a system which allegedly supports patients' choice and convenience for GPs in identifying suitable providers for referral and then facilitates the electronic referral or booking of appointments should justify its use by its own merits rather than requiring payments to GP Practices.
There is no rationale for 'bribing' GPs to use a system if it is adding no value to the system for GPs and their patients, so the subsidy is going and it will be up to Practices whether they want to carry on using it or not. It may even be worth the LMC engaging with Trusts (who definitely feel the benefit and lower costs to them of Choose and Book) in case they want to incentivise GPs referring by Choose and Book rather than by post.

The PCT will continue to provide technical support and advice on its use, but if there is a drop-off in usage which causes problems in the implementation of the DH's plans for the health service I presume that will be a matter for emergent GPCs to justify that their devolved budgets are best spent on this rather than patient care."

It is the LMC advice that practices decide whether Choose and Book has value in their referral procedures and whether they wish to continue using it or not. If you are having any difficulties please inform the LMC.

NPSA ALERT RE BOWEL CLEANING SOLUTIONS

There was a National Patient Safety Alert in response to a number of frail elderly patients who have taken Picolax and, as a result of not following the instructions appropriately, there were a number of serious incidents. A protocol has been formed for patients who are on 3-5 year surveillance for colonoscopies, who had not have recently seen a consultant, for GPs to give a view on primarily whether their patients were able to follow the instruction leaflet.

The LMC has received advice from the GPC because it was unclear whether the work involved was part of General Medical Services.

It is agreed at the time of referral or if the GP has requested a direct access test, it is not unreasonable that they are asked to provide this information. Some hospitals have a specific section on their referral form for this purpose.

However it is <u>not</u> part of General Medical Services to reconfirm fitness at a later date because many GPs feel that an examination would be required in addition to completing the forms.

This is therefore a shift of un-resourced work from secondary to primary care and a LES has been requested. At present this affects GPs using Burton Hospital, but it will be of interest for all GPs in the future.

MINOR SURGERY — EXCISIONS

Following the Minor Surgery 'Amnesty' letter from the PCT a number of practices have queried whether different types of excisions are included in minor surgery. Dr Ken Deacon, Medical Director of the PCT, has given the following view: -

"I would consider cryotherapy to be the use of extreme temperature as a treatment modality in itself. So, we freeze a wart, in the hope that the extreme temperature will damage the tissue, and the wart will later shrink/disappear.

An excision is the (immediate) removal of something in or on the skin. Traditionally this would have been carried out with a scalpel. The use of devices such as hyfrecators, which can effectively be considered as a different type of knife do not change the intention, and should be considered as excisions. Similarly, a shave biopsy with a scalpel is also an excision. I would expect these to all fall in the scope of the enhanced service. I have shared this view with the primary care department.

Fundamentally it comes down to 'cutting' vs. 'freezing or burning' and I don't think the device used to do the cutting (unless its a curette!) has any impact."

It is the LMC advice if you are unsure whether to claim to contact the PCT for clarification.

The consent for joint injections has been exempt from the financial recovery, but you still need to return the second declaration form. The PCT recommend that if you have any concerns to enter them on the form.

SOUTH STAFFORDSHIRE LMC WEBSITE

Please note that the website **www.sslmc.co.uk** now has a search engine on the Homepage.

Many of your queries will be answered by a simple search, but please feel free to contact the LMC office if you require more information.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 10th March 2011, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent

South East Staffordshire Sub Committee - 28th March 2011, Samuel Johnson Community Hospital, Trent Valley Road, Lichfield.

South West Staffordshire Sub Committee – 24th March 2011, South Staffordshire PCT, Edric House, Wheelhouse Road, Rugeley, WS15 1UL.

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 C McKinlay	01283 564848

PTO — Dr V Spleen

DR V SPLEEN

Dear Reader

A Poisoned Chalice

Why, Why, Why is nobody talking about the "R" word on the eve of GPs becoming responsible for £80 billion commissioning budget. Right from its inception in 1947, when Aneurin Bevan assured us that the NHS would pay for itself by getting sick workers back in productivity, the NHS has absorbed money like a sponge as year on year so much more can be done to alleviate and prevent illnesses. The result is that we are all living longer and requiring health and social care for longer and longer. Even doubling the NHS spending during the last government's administration did not assuage the soaring expectations of our patients. Do you remember when patients had to wait 2 years for a THR and did not grumble too much at having a stick and some Co-Proxamol? And it was just one of those things that patients died while waiting for CABGs. Now I can think of dozens of ways to improve the care of my patients: A&E services with prompt treatment and no waits, Physio and counselling next week, chiropody for all. Why should that benign facial mole not be removed on the NHS? The list for all of us is endless. But all these things would cost money. The current NHS spend of £150 billion a year could easily double again in the next 10 years in a futile race to keep up with our patients' expectations

But the country cannot afford this and the government is determined to reign in NHS spending as much as spending in Town Halls. The only problem is that they dare not mention that that is what they are doing. The "R" word is political suicide. Andrew Lansley is not stupid and he knows he can get from A to Z via GP. He knows Private Health insurers can work within a budget because they do so in dozens of other countries in the Western World. Of course there would have to be safety nets for vulnerable groups. But competition of private companies to provide services whether it be in Transport, Utilities, Supermarkets or any other service provider is the Tory Credo. Then, when the punters start squealing about the service provision, like the commuting sardines on Southern Railways, the people they have to complain to will be Virgin Health and the like and not the Government. The thing is that Andrew Toreador Lansley cannot be seen to wield the fatal sword that would bring down the sacred cow that is the NHS. He has to go through an intermediary. Some GPs have been toying with commissioning for years with Fund-holding, PMS and GP commissioning. To him they were the obvious choice.

There are several reasons why we should not be taking on GP commissioning wholesale. Firstly most of us have not woken up one morning and realised that we have missed our vocation to be a CEO of a multi-million pound company. The un-enthusiasm is palpable. Secondly the "us and them" relationship with the PCT for setting contacts and monitoring them, controlling payments, (NB Minor ops LES and consent forms) and discipline has to go somewhere when the PCT is no more. I suspect it will be transferred to the commissioning boards. Thirdly the current expertise, within the PCTs, is arguably providing a very efficient commissioning service already. But the big reason for not getting excited about the current proposals is that we are being asked to take on the poisoned chalice of **Rationing.** We will be the fall guys. The necessary step. Having destroyed patients' trust in GPs, the inevitable transition to full privatisation of the NHS will seem like a Phoenix rising out of the embers that were the NHS.

Regards

Venture

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