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SOUTH STAFFORDSHIRE LMC NEWS

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NHS WHITE PAPER

The White Paper 'Equity and Excellence—Liberating the NHS' heralds what is potentially the most radical reorganisation the NHS has yet seen.

We are still within the consultation process for the White Paper. The majority of the proposals are lacking in detail and the situation is very fluid. Consequently, we strongly urge GPs to resist forming any firm agreements at present. However, the LMC has opened dialogue with the PCT, existing consortia and GP commissioners, Acute Trusts (Medical and Management) and local authorities. The LMC wishes to be fully aware of any local developments and be well placed to play a role in the potential development of commissioning consortia in the future.

The LMC discussed the arrangements for consortia around South Staffordshire at our meeting on 16th September 2010. PBC groups need to seek a fresh mandate and await formal guidance before making any firm arrangements. The LMC will resist any attempt by the PCT to influence the process of consortium development.

ANNUAL LMC MEETING—DR PETER HOLDEN (GPC)

Swinfen Hall, Lichfield Tuesday 9th November 2010—7pm.

All GPs and Practice Managers in South Staffordshire are welcome to attend this annual meeting of the LMC with Dr Peter Holden, GPC Negotiator.

Peter will provide an interesting and up to date account of current issues including the White Paper.

Please inform the LMC office via the attached invite if you wish to attend.

DR CLAIRE MCKINLAY, SALARIED GP

We are delighted to announce that Dr Claire McKinlay has been elected as LMC representative for salaried GPs.

Claire can be contacted via claire.mckinlay@nhs.net or 01283 564848. She works at Wetmore Road Surgery, Burton upon Trent.

COMPARATIVE FINANCIAL DATA FOR PMS & GMS PRACTICES IN SOUTH STAFFORDSHIRE

The LMC supports the sharing of the comparative financial data used by the PCT for benchmarking.

The GMS and PMS figures have been circulated via your Practice Manager for your information.

OPEN EXETER SYSTEM

The 'Open Exeter' system has been in operation from 1st April 2010 and for all others from 1st October 2010.

Feedback from colleagues have expressed concern about the transfer of workload without the corresponding transfer of resource from the PCT. There has also been concerns about the amount of time involved in processing forms, especially cytology and about the lack of formal training.

All of these concerns have been raised with the PCT who have replied: -

28 Practices do not use Open Exeter in any form. The rest

do and at no additional funding/resources from the PCT.

The PCT has offered training on a one-to-one basis as well as training for practices. There are a further 7 days training arranged in September and October. These training sessions have been well attended.

Exeter has also been upgraded recently for practices to send Enhanced Services forms via the system which will also enable the PCT to support earlier payment to practices. We appreciate that the work has to be done and that many practices prefer electronic rather than an exchange of hard copy manual reports".

The LMC has stated firmly that cytology is the PCT's programme, we are merely agents. The PCT has the obligation to do this and not us.

NHS GENERAL PRACTICE WORKFORCE CENSUS

Practices may be aware of the fact that this annual census is about to take place. The GPC generally supports this as a means of getting accurate information negotiators on both sides, to support negotiations in the coming year. This census (as at 30 September each year) is one of three which together deliver statistics on the total NHS workforce. The other two censuses relate to hospital and community health service staff in medical, and non-medical, roles.

General practice workforce statistics in England are compiled from data supplied by or on behalf of around 8,200 GP practices. The NHS Information Centre for health and social care liaises with these organisations and their agents to encourage complete data submission, and to minimise inaccuracies and the effect of missing and invalid data.

The general practice census aims to gather information on all practices and practice staff in England, including GPs. It delivers a detailed view of the workforce including staff type, headcount, full-time equivalence, age, gender, and country of qualification (in the case of GPs). It also delivers information on practice size (in terms of number of GPs, and list size). It has historically been published at the level of SHA and PCT. The collection of information is rigorously vetted and controlled by the Review of Central Returns process which demands ministerial approval for any collection and specifically seeks to reduce the burden imposed on the service.

The majority of the information for the census us obtained automatically from the Connecting for Health/NHAIS/Exeter GP practice re-imbursement system, the aim being to reduce the burden imposed on practices. The census has a number of uses, including: -

- Workforce planning
- Planning and development of education and training
- Evidence to Doctors' and Dentists' Review Body (DDRB)
- Policy development
- Monitoring changes in general practice provision (eg by contract type)
- Parliamentary accountability (eg in answering parliamentary questions)
- Public accountability under the Statistics and Registration Act.

The NHS Information Centre will be distributing templates to PCTs shortly and PCTs will then contact practices to ask for this information. We would encourage practices to participate, particularly this year as it is important that accurate information is available to inform the discussions on the implementation of the NHS White Paper and particularly GP led commissioning.

OCCUPATIONAL HEALTH ADVICE LINE

The Department of Work and Pensions has set up an occupational health advice line for GPs. Guidance is provided to GPs on health and work issues affecting individual patients. It is staffed by qualified occupational health nurses. The phone number is 0800 022 4233.

There is also an advice line to provide support to small businesses on all occupational health issues, including those raised by the new Statement of Fitness for Work. The occupational health advice line for small businesses is 0800 077 8844.

BRANDED MEDICINES SHORTAGES

The Branded Medicines Shortages list on the PSNC website has been updated—the link is below: -

http://www.psnc.org.uk/news.php/818/branded_shortages_list_updated_august_2010?utm_campaign=PSNC+Nesletter+12%2F08%2F2010&utm_source=PSNC&utm_medium=email

PROBLEMS SENT TO THE LMC SECRETARY FOR ADVICE

The LMC Secretary receives a variety of different queries, some of which are new and many that have already been dealt with in the past. Here is a selection of recent ones: -

1. <u>Council Tax Discount Forms for Severe Mental Impairment</u>

   GPs are obliged to complete these forms for free under the terms of the Contract Regulations. Please see Schedule 4, Regulation 21 on the List of Prescribed Medical Certificates, number 9.

   Clarification of the definition of Severe Mental Impairment is below:

   Council Tax Exemption/Discount for Severe Mental Impairment. Regulations state that to qualify for this discount the condition should be "a severe impairment of intelligence AND social functioning (however caused) which appears to be permanent'
   This includes people who are severely mentally impaired as a result of:
   Degeneration brain disorder (e.g. Alzheimer's disease)
   A stroke
   Other forms of dementia

2. Medical Information for Social Services

The GPC advice on this is:

Any report requested by a local Social Services authority from the NHS is paid for by the PCT under Part 3 of the NHS Act 2006. If the PCT commissions the GP there is a fee payable under Section 80(7). Alternatively the PCT could make its own arrangements.

The LMC advice is that you invoice Social Services for your report and make a decision about whether you wait for payment before sending the report. It is not a contractual obligation but may be a professional duty to send your report first. The PCT have confirmed they pay £25.15.

3. 7 Day Prescriptions

There has been no change in the LMC and GPC advice about prescribing intervals for repeat prescriptions.

GPs decide on what is clinically appropriate for each patient and there is no obligation to issue weekly prescriptions. It is the responsibility of the Pharmacist as part of their national contract to assess the patient and provide a Nomad tray if appropriate. The payment for doing this is within their contract but they feel it is insufficient and try to fund it via the profit from weekly prescriptions.

However if the GP feels it clinically appropriate they can issue prescriptions weekly but in most cases of eg dementia the Nomad tray does not solve the compliance problem. If the GP feels it is not necessary to issue weekly prescriptions and the Pharmacist feels it is not indicated then either the patient of relatives can pay for the Nomad tray. Sometimes the GP is under pressure from the family or Carers to oblige.

The LMC advice has been for practices to decide on their policy for this issue and stick to it. Mark Seaton at the PCT has agreed with this approach. The difficulty arises when some of our colleagues issue weekly prescriptions on a regular basis and others do not.

4. Requests for Housing Letters

Requests for Housing letters is a regular enquiry at the LMC and my normal reply is:

Provision of GP letters to support Housing applications is not free on the NHS.
In many cases the local Councils or private Housing Associations refuse to pay and it is therefore the responsibility of the patient or family requesting the letter.
The GP has to decide on the level which they wish to charge and it is the LMC advice to agree and receive this in advance.
I have given up writing to local councils or housing associations because they either do not reply or say they have no funds for the GP letters.
GPs have to be clear what their policy is on this matter in their practices and all adhere to it. Problems arise when some do not charge or it is so low they exacerbate the problem

LMC LEVY AND ANNUAL REPORT

The LMC Annual Report for 2009/10 will soon be circulated with the LMC Financial Statement. The Treasurer has advised that we need to increase the Statutory Levy to 29.5p per patient and backdate this to 1st April 2010. In addition he would like to give notice of an increase to 30.5p per patient as from 1st April 2011. This is a reflection of the increase workload for the LMC and the need to sustain healthy finances.

Please note that your levy for South Staffordshire which covers the biggest PCT in the West Midlands, is average compared to other LMCs in the country. The Voluntary Levy is left unchanged.

CERVICAL SCREENING

Brian Dunn, Bill Beeby and Surendra Kumar from the GPC met with Professor Julietta Patnick, Director of NHS Cancer Screening Programmes on 28 July to discuss a number of longstanding issues related to cervical screening.

Vault cytology
It was confirmed that the responsibility for follow up care of women who required vault cytology lay with their gynaecologist, not GP. GPs do not have the skills or the equipment to be able to provide failsafe care for these women, of whom there will only be a minute number per practice.

Full guidance can be found in 'Colposcopy and Programme Management - Guidelines for the NHS Cervical Screening Programme, Second edition'. We raised the point that these guidelines could be interpreted ambiguously on the follow up of women who had undergone hysterectomies, with the risk of inappropriate delegation to GPs. This was accepted and the NHS Cervical Screening Team will amend them accordingly.

Cervical cytology re-training requirements
The NHS Cervical Screening Team will not budge from their belief that it is necessary for GPs to update in cervical cytology every three years. However, they accept that "re-education" in the process of taking smears should not be necessary unless the sampling method changes, and the updating is more around some of the other issues that change with regard to screening. They seem open to discussion with the BMA on how to make such training more appropriate for GPs, including the use of e-learning modules. It is hoped that we can work together in order to press for national standards for GP updating. The Screening Team will also send suggested training topics to PCTs on an annual basis, appropriate for experienced smear takers in general. The Screening Team has no direct influence on PCT training requirements or content.

Patient age and processing of smears by laboratories

There should be a leeway of 3 months in age for laboratories to accept smear samples for processing. Therefore, they should accept screening samples from women aged from 24 years and 9 months, and those aged up to 66 and three months. Similarly, smears taken a few weeks early should be accepted, but those taken way outside the screening program guidance will continue to be rejected. The guidance for laboratories analysing smears was in the process of being re-written, and should make these tolerances clear.

The minimum age for smear taking will remain 25 years in England, as per the World Health Organisation International Agency for Research on Cancer recommendations. An audit is underway to examine the cases of women under the age of 30 who have developed cervical cancer, in order to identify any distinguishing features between the cases. It is thought that most will have had other symptoms.

Opt-outs from NHS Cervical Screening Programme

We have received some reports of patients being asked to complete substantial forms in order to opt-out of the cervical screening programme.

- If a woman truly does wish to opt-out of the programme, then she *must* give written consent, making it clear that she has been made fully aware of the potential implications of this decision i.e. that she will never be recalled for a smear in the future.

However, a woman who simply does not wish to undergo a smear during one recall period does not need to provide any written consent. If she remains happy to be invited for smears in the future then she will remain within the screening programme.

It is important that audits are carried out to ensure that no women eligible to be screened for cervical cancer have been inadvertently removed from the programme. GPs could opportunistically discuss this with any women who fall into this category.

Smear invitations

When a practice is participating in the national screening recall programme, a letter and reminder will be sent out via the national system. It is therefore only necessary for participating practices to send out one final invitation letter, in order for patients to have received three invitations. Practice invitations for smears should include full information about what a smear would involve and why it was necessary – for example, by including an information leaflet.

QOF Cervical Screening indicator – CS1

The advice that women could be removed from the denominator if they have failed to respond to three invitations to have a smear taken should not be confused with the removal of a woman from the cervical screening programme altogether; nor is it necessary that the three invitations be sent by the practice (see above). This matter will be discussed by the QOF subgroup.

Dr David Dickson
LMC Secretary

DATES OF NEXT MEETINGS

South Staffordshire LMC - 14th October 2010, Samuel Johnson Community Hospital, Trent Valleys Road, Lichfield.

South East Staffordshire Sub Committee - 15th November 2010, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent.

South West Staffordshire Sub Committee - 11th November 2010, 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 C McKinlay	01283 564848

Dr V Spleen

Dear Reader

When I received the request from the editor for a contribution to the newsletter I pondered briefly as to what subject I might write about. Then, having checked previous newsletters realised nobody had yet had a go at the white paper. So here goes.

In my opinion it will be the biggest disaster yet to befall the NHS. Why? a few determined optimists may ask. In no particular order my reasons are as follows:

1. It will put patient interests against GP self interest more than ever before in that income will depend on successful budget control.
2. We will likely start with deficits and have to make further savings.
3. We will inherit massive commitments for PFI and other similar projects.
4. We may inherit massive redundancy bills if we take on PCT staff then make them redundant.
5. We will inherit badly set out contracts with the need for messy negotiations with providers.
6. We will be expected to provide any time and expertise for no increased remuneration as we are already 'well paid'
7. The hand over period will be very difficult and messy as many PCT employees are low in morale and may well jump ship if they can to other NHS bodies.
8. We are going to have to work with Local Authorities. I will say no more!

More Joint commissioning groups. The only one I am aware of currently is that for Mental Health services and I believe the current level of service provision in this area speaks volumes.

There is one good thing that I have identified and that is that Mental Health services will be subject to payment by tariff rather than block contract. It should make the Mental Health Trust work rather harder than it appears to at present.

The other positive note is that the GPC under the leadership of Lawrence Buckman do seem to be keeping a very open mind and are issuing very helpful BRIEF summary advice re various aspects of the white paper. Is it just me or does every document we receive seem to be getting longer and longer. I recently had cause to look up documentation regards Mental capacity assessment- It was 98 pages long! But I digress. I need to stop there and go and wind down by listening to the 'I am kloot' Cd my tip for the Mercury Music awards.

PS I have just checked; the mental capacity code of practice document is 302 pages long!

Regards

Venture

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