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SOUTH STAFFORDSHIRE

LMC NEWS

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GMS CONTRACT SETTLEMENT 2008/09

The PCT has informed GMS and PMS practices in October about the 1.5% uplift and effect on their budgets. For the vast majority of us this meant a 0% uplift. Once the costs of the 5 new clinical DESs and Extended Hours is removed the PCT has about £700k remaining. It is clear from the letter sent to the PCT by the Department of Health that decisions on how this investment is allocated are for the PCTs to agree locally with GP practices. As the representative body for local GPs the LMC is currently engaged in detailed discussion with the PCT.

PREVALENCE CHANGES

You may have read about Prevalence Changes which are used to determine QOF payments and how they will be amended over the next two financial years with removal of the square rooting component. This will mainly effect university practices or ones with younger than average patient population. The LMC will be informed in due course and will support those practices effected but we expect them to be a very few number.

LAURENCE BUCKMANN/GPCWM ROADSHOW

Laurence spoke to GPs from across the West Midlands recently at a meeting in Telford. He felt the main role of LMCs is to stop our colleagues feeling like ‘headless chickens’ and his best advice for us was to ignore the ‘comics’. He provided the background to many of the current issues effecting us all and his final quote was “if it is good for the patients, it is good for the practice’.

POST PAYMENT VERIFICATION — ENHANCED SERVICES

The PCT will be commencing a programme of post payment verification visits in order to verify claims submitted and paid, to records held within the practice. The PCT will be undertaking PPV visits as part of a rolling programme and all practices will be visited over a five year cycle.

GP BUSINESS CONTINUITY PLANNING

We are required to have documented processes for business continuity within our surgeries as part of the GMS/PMS contract. The PCT has produced a template for business continuity which is a useful guideline for GPs and may help us pull all of our documentation together into one. However, it is not a contractual duty for GPs to complete the template and return it to the PCT. Mr Bill Almond is available at the PCT to help with queries.

OPENING TIMES OVER THE CHRISTMAS PERIOD

Enquiries have been made with the LMC about our contractual obligations to stay open until 6.30 pm on Christmas and New Years Eve. Practices have proposed pooling resources to cover calls etc so that they could close at 4.30 pm. The LMC advice is that there is no requirement for a practice to be open for any particular hours. Our duty is to have in place arrangements for patients to access essential and additional services throughout the core hours in case of emergency. We understand that Badger Harmoni is examining the feasibility of cover similar to their arrangement in Birmingham where all practices close at 1.30 pm and hand over to BH for a fee.

DES FOR EXTENDED ACCESS (OPENING HOURS)

The GPC, Focus on Extended Access Guidance has been circulated to practice managers. Once the PCT has offered the DES to a practice there will be a period of 28 days in which to accept. Extended access does not have to be implemented within 28 days but if the offer is not accepted within this time frame it will not be offered again, meaning that practices will be under pressure to make a quick decision. It is essential that this is taken into consideration when practices are deciding on a DES offer.

AMBULANCES FOR HOSPITAL ADMISSIONS

Please note that when we ring 01785 220370 to admit our patients to hospitals that it is now permissible to have a shorter pick-up period than 4 hours. If the patient requires to be picked up in less than one hour this needs to be treated as a 999. However if it is not acceptable for a medical reason that the patient waits up to 4 hours then a shorter period will be offered.

Please note that the number 01785 220370 should only be used by healthcare professionals and not given to the general public.

HOSPITAL RESULTS

The LMC felt several years ago that we needed to make a stand on the vast increase in laboratory results that were simply handed over to the GP without any effort made towards management and treatment. It has been agreed with departments in our local hospitals that they would endeavour to have systems in place for dealing with investigations that originated in the hospital. Behind all this should be good clinical management that is in the best interest of the patient and not simply dumping the work back onto GPs.

Our hospital colleagues need to understand that the role of the LMC is to oversee the actions of all departments in the hospital and appreciate that their lone action can multiply from elsewhere in the hospital during a normal GP working day. We hope that you will have noticed a reduction in laboratory results that have been given to you for action but originated in the hospital.

MEDICAL CERTIFICATES FOR COURTS

Courts are not absolutely bound by medical certificates submitted by defendants as reasons for not answering bail. The CPS (Crown Prosecution Service) has produced new guidelines on medical certificates, which are also used by witnesses and jurors as justification for not attending proceedings. It outlines circumstances in which courts may find medical certificates to be unsatisfactory, and provides guidance on the minimum standard of information to be included in the document. The CPS advises doctors to provide information about the exact nature of a defendant's ailment and, if it is not self-evident to say why it prevents them from attending court. For example, a broken arm may not be sufficient reason not attending court. The certificates should also include a date on which the doctor examined the defendant and either an indication of when the defendant should be able to attend court, or the date when the current certificate expires. Where a defendant is certified as suffering from a condition, such as anxiety, stress or depression and there is no realistic timescale for recovery, the medical certificate may not be accepted by the court. Doctors should also be aware that when issuing certificates to defendants in criminal proceedings they may be summonsed to court to give evidence about the content of a medical certificate. The guidance is available on the CPS website www.cps.gov.uk/.

DIAGNOSING AND CONFIRMING DEATH IN PATIENTS

The Academy of Medical Royal Colleges has issued a code of practice for the diagnosis and confirmation of death.

It is hoped that the code, which has taken more than 4 years to devise through an extensive consultation programme, will put an end to anecdotal stories of patients recovering after being certified as dead.

The guidelines are at www.aomrc.org.uk/reports.aspx.

PENSIONS

The outstanding dynamising factors (DF) have now been agreed.

2003/04 12.9% (DF of 1.129)
2004/05 20.4% (DF of 1.204)
2005/06 11.6% (DF of 1.116)
2006/07 0% (DF of 1)
2007/08 0% (DF of 1)

The cumulative dynamising increase for this period is therefore 52%; the Secretary of State had attempted to cap the figure at 48%, spread over 5 years.

The EEQ data show a negative growth in GPs' net profit in the year 2006/07 and it is assumed that this will also be the case for 2007/08. The dynamising factor for this period was based on the annual increase in GPs' profit, with the safeguard that the dynamising factor would never be negative. This is why there is no dynamising increase in these years. The dynamising factor from 2008/09 onwards will be based on RPI + 1.5%.

GPs who retired during this period, in particular up to March 2006 in the expectation of the dynamising increases, will therefore be due an increase to their pension and lump sum. The BMA pensions department is working closely with the NHS pensions agencies and it is hoped that the backdated increases will be paid in the first quarter of 2009.

LMC STAFF

Please note that Sarah Clarke is joined by Sarah Richards in the LMC office for the next year.

DATES OF NEXT MEETINGS

South Staffordshire LMC - 11 December 2008, South Staffordshire PCT, Block D Beecroft Court, off Beecroft Road, Cannock

South East Staffordshire Sub Committee - 10 November 2008, South Staffordshire PCT, Edwin House, Second Avenue, Centrum 100, Burton on Trent

South West Staffordshire Sub Committee - 13 November 2008, South Staffordshire PCT, Mellor House, Corporation Street, 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 M Murugan	01543 870570
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 V SPLEEN

Dear Reader

It only seems fair we can top up every commodity in life so why not health. I mean come on .... if you have the bucks you should be able to use them. Increased patient choice and all that. I am sure it will all work out. You go in one door have the basics, slip through into the hospital's discrete new top up suite pop in your PIN number and all will be well. Sounds to me as if the patients are getting a new contract which will give access to anything they want .... sorry need. Fantastic!!! Wait a minute we had a new contract 5 minutes ago and it's all falling apart because these pesky politicians keep moving it. Just suppose for a minute we have a sudden economic crisis. Unlikely I know but it could happen. So instead of topping up your ingrown toenail treatment with inflixirosuvaezetiseremolifaxin you are told that aspirin and senna are now extras. No it will never happen. But don't worry in our new LHS [local] 4 countries 100 + PCTs I am sure there will be a uniformity of access which will ensure we are all treated equally. In Surbiton, Stockport and Stornoway treatments will be identical. I know a heart attack or a stroke are not the same thing in all these places and really should have a locally designed patient [client/customer] pathway but let's cut costs and just copy each other and treat them all the same. I know it sounds radical but come on let's give it a go! I'm beginning to get the hang of this health thingy. I must plan my lecture tour but I will be back in time for next month’s missive.

Venture

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