

May 2009

AGM FOR THE LMC & LMC LIMITED

At the last meeting the LMC reaffirmed its decision to transfer all the work of the Committee to the Worcestershire LMC Ltd for the coming year. The Committee finalised our financial arrangements for the coming year and agreed to levy changes for 2009-10. These are as follows: Statutory Levy: 28.63p; Voluntary Levy: 6.12; Total Levy: 34.75p per patient.

The Secretary apologised to the Committee and advised them that due to an oversight elections were not held at the appropriate for the LMC posts covering the south of the county. That error has been corrected. It was therefore agreed at the AGM that the people would continue in post for two months and the new membership of the committee would be confirmed at the July meeting when new officers would be elected.

WORCESTERSHIRE PCT ISSUES

Lynda Dando and Simon Hairsnape attended the last meeting of the committee and briefed us on developments at the PCT. As part of the requirements for revalidation and recertification, PCTs have to have a Responsible Officer. For that reason and others the PCT has agreed to appoint a Medical Director. This is something the LMC has long felt was needed and we have made our thoughts known to Paul Bates of this post. The final decision is due shortly.

Lynda Dando gave us an update on the situation regarding the current enhanced services and possible developments for the coming year. It is anticipated that this work will be completed by the end of June. We discussed the issue of vascular screening, now being called 'health checks'. We understand that a debate is still ongoing between politicians and the Department of Health about how to implement this policy. Clearly a political decision not taken with the benefit of medical advice and as we have all felt has significant work load implications right across the board. Therefore no detailed proposals are ready for practices. If we hear anything further we will pass this onto you.

The PCT Board has agreed with the development of a new Clinical Forum. This will separate out the Clinical Senate from executive positions and re-establish a role for the PEC. The LMC has broadly supported this development and it is anticipated that regular monthly meetings will start in the next two months. Recently the LMC officers met with the PBC leads across the county and discussed this and other issues retaining to PBC and how we believe GPs should be taking forward this agenda.

There have been some concerns about the Violent Patient Scheme which we believe is not working effectively, particularly in Worcester city. Lynda Dando has agreed to look at this as it is many years since the current scheme was reviewed. Similarly review is taking place on the QOF process for this year and a meeting will be held shortly in Bromsgrove to look at this. The LMC will be involved in this process.

BMA LAW BUSINESS CONSULTANCY SERVICE

A pilot is currently taking place in London whereby PBC Consortia or practices can use the services of BMA Law for a variety of PBC work, Limited Company developments, TUPE issues along with the bidding and tendering process. There is also the possibility of tax advice with the assistance of Mazars Accountants. It is anticipated that this service will be rolled out across the country and we have made a bid for Worcestershire to be one of the early recipients of this service. We will keep you posted of this helpful development.

SECURE EMAIL

The LMC is dismayed to find that people are still not using nhs.net accounts. If you have concerns about your email do contact the I.T. service desk. Please find below a link to a diagram detailing what our secure forms of email communication are as there has been some confusion about this. We are grateful to Dr Kinsman for producing this for us.

http://www.worcslmc.co.uk/documents/get_file/Secure_email_diagram.pdf

CERTIFYING ILLNESS IN CHILDREN DURING EXAMINATIONS

It is that time of year again. We are aware of somebody even requesting a home visit for a child with D&V so that they could be certified unfit for exams. It simply is a waste of GPs time. The Joint Committee on Qualifications has advised that face to face contact with GPs is not required. It makes sense for a number of conditions, not just infectious diseases where contact with others may not be in anyone's best interest. Obviously if the patient should be visited that remains a separate issue of clinical judgement. Guidance on the Joint Council of Qualifications Frequently Asked Questions can be found at:

http://www.jcq.org.uk/faqs/special_consideration/

This states that "Does an awarding body need medical notes in each case?" And the answer is no! Only for part absence and for circumstances that cannot verify. If a medical note is not forthcoming, is there a label from the prescription which can be used or part of a

computer prescription sheet? It needs the candidate's name and the date. There is also a self- certification form and notes for its use (Form 14 on the JCQ website). If a candidate misses a unit which can be taken at a later date, they would suggest not to ask for a medical note and submit an application. They can simply re- enter the candidate at the next available opportunity.

KINGS FUND ENQUIRY

On the 16th April the Kings Fund announced that it was launching an 18 months enquiry into the Quality of General Practice. On their website below can be found the introduction to this enquiry. Later in the year there will be a possibility for input from GPs and other health professionals working in general practices along with patients and the public. This is something else to watch with interest.

www.kingsfund.org.uk

PANDEMIC FLU PLANNING

A long meeting was held last week that highlighted all the issues remaining regarding the operation of anti- viral collection centres and flu support teams. The intention is to make this as simple a process as possible and do our utmost both to support practices at what will undoubtedly be a difficult time and also possibly provide some sort of flu visiting service for those necessary. It is all coming together nicely and I hope that detailed plans will go out to practices before too long. The current Government policy is that the present "containment phase" will continue until there are 3,000 proven cases nationally. Currently the national figures suggest that 23 patients are being investigated for every one positive case. We then move to a "mitigation phase" where patients will be treated via flu friends and with triage. Then comes the full blown pandemic phase. The current guestimate suggests this might happen in November or December. Below is a link to a table produced by Oxfordshire PCT which is a ready reckoner and allows you to help predict your particular workload during a pandemic.

[http:// www.worcslmc.co.uk/ documents/ get_file/ PHR_automatic_pandemic_week_consultation_rate_calculator.xls](http://www.worcslmc.co.uk/documents/get_file/PHR_automatic_pandemic_week_consultation_rate_calculator.xls)

Following discussion with the PCT we are anticipating all practices will be asked to complete a simple proforma shortly which will in effect be their particular contingency plans. Detailed guidance has already been produced and will be available when all this is sent out to practices.

WORCESTERSHIRE LMC WEBSITE

The following guidance has been added to the LMC website during the last month:

BMA/ GPC Guidance:

[Swine Flu – Latest from the BMA](#)

HPA Guidance:

[Swine Flu - Latest updates from the HPA](#)

NHS Guidance:

[Investing in Health poster from NHS West Midlands](#)

The next LMC meeting will be 9th June 2009