

Newsletter

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

January 2012 Edition

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There can be little doubt that the proposed changes to pension arrangements, even with the relaxation offered to those within 10 years of retirement, are deeply unpopular, as proved by the recent BMA survey. The BMA will have to weigh up very carefully what industrial action, if any, to suggest. The right to withdraw labour in pursuit of an industrial disagreement is one thing; to break a contract to provide primary medical care would be quite another. The effect of any action on the welfare of patients must be kept in mind. There is also the undeniable and uncomfortable fact that even after these changes GPs will still enjoy a pension markedly greater than that of most of their patients. In the meantime, if you are a BMA member, please ensure that the BMA has your up to date contact details.

LMC MEMBERSHIP

We have had nominations for nearly all the seats on the LMC but we are still short of two GPs for Gloucester City, one for Cheltenham and one for North Cotswold. We are generally short of salaried GPs.

Despite having missed the deadline for nominations, if you are a salaried GP in any of those areas and would be interested in being co-opted onto the LMC, please contact the LMC Secretary (details above).

ENHANCED CRB CHECKS

There is a degree of confusion about whether practice non-clinical staff members need enhanced CRB checks. The CQC and the PCT say that they do, ideally rechecked every 3 years. The CRB themselves say (as we reported in a previous newsletter) that a judgement has to be made and that these staff members do not necessarily need an enhanced check – indeed to seek one



"We're sorry son - Father Christmas failed his CRB check."

might even be illegal. We have therefore put this conundrum to the BMA, asking them to get these bodies together to sort out a common view which we can all follow.

Pending their advice the safest course would probably be to follow the PCT's policy, viz:

"that all new recruits or staff changing jobs who work in a GP surgery who have access to medical records or patients (i.e. work in the surgery when it is open) must have an enhanced CRB disclosure carried out and we recommend that a new

enhanced CRB is carried out at least every three years.”

COUNTY-WIDE PROVIDER GROUP

There is to be a meeting on 27th January to discuss the possible setting up of a county-wide provider organisation to win any future contracts for local GP practices rather than letting external organisations take over. We will let you know about the issues and what decisions were made in our next newsletter

INJURY BENEFITS REVIEW

The NHS has conducted a review of its injury benefits scheme, which currently provides benefits to GPs who suffer injuries and a resultant loss of earnings as part of their employment.

The outcome of the review is that the current Injury Benefit Regulations are to be replaced by contractual provision held within a new section of the Agenda for Change (A4C) Terms and Conditions Handbook. Future injury benefit provision would be limited to the period of the employment contract only.

Full details of what is covered as part of the benefits can be found at the website here:

http://www.bma.org.uk/employmentandcontracts/pensions/general_pensions_information/injbensoct2011.jsp

Following this news, the GPC's legal advice on this matter is that **GPs should consider getting their own injury benefits insurance.**

HEP-B INOCULATION

If a prospective medical student or nursing student requests a Hep-B inoculation to fulfil a condition of their acceptance on the course then, provided that they have some suitable letter proving that they have been asked to obtain it you may use NHS vaccine to give that inoculation. However there is no extra money for the work involved: the PCT agrees that it is occupational health work and thus outside the NHS contract, but cannot agree to fund a LES.

HMRC

You may have noticed that HMRC are set to investigate 20,000 businesses (it

had been 50,000) to ensure that they are keeping proper records. No doubt each practice is doing so, but are individual GPs keeping receipts for business expenses? You should.



CQC

Myth: To be registered with CQC you must meet strict building standards. Old buildings, carpeted premises and toys in waiting rooms will also affect a practice's ability to register.

Fact: (Copied from the CQC document found at

http://www.cqc.org.uk/sites/default/files/media/documents/20110825_4b_introductory_guide_v_4_final_for_print.pdf)

'Patients should expect care to be provided in safe, accessible surroundings that promote their wellbeing. We always take a proportionate approach, and care provided in carpeted premises (or those with toys and books in their waiting rooms) is not likely to cause us concern, or lead to non-compliance with the essential standards of quality and safety. We just need to be assured that you have identified any risks and have taken reasonable steps to manage them (or have a plan in place on how you will manage them). The important thing is that you identify risk and manage it appropriately.'

BMA SESSIONAL GPs NEWSLETTER

The latest edition of the sessional GP's Newsletter is at

http://www.bma.org.uk/images/sessgppsnewsjan12_tcm41-211413.pdf

REVALIDATION & REMEDIATION

The Report of the DH Steering Group on Remediation can be read at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131793

In outline it argues for strong local processes and if necessary bought-in expertise to avoid or minimise problems, but coming under a central organisation to ensure consistency, and to be guided by guidance from the Royal Colleges. They did not address funding

for remediation conclusively, and this remains a major issue.

CERVICAL CYTOLOGY TRAINING UPDATE

Last month we reassured you that PCTs had been informed by the Department of Health that there is no contractual requirement for GPs to have cervical cytology update training.

The BMA's view that this also applied to nurses has now been confirmed by the DH as their letter dated 15 Dec 11 to PCTs is about the principles which apply to services provided as part of the contract, whether these services are provided by GPs or others employed by practices such as practice nurses.

RETAINER SCHEME

Despite a decrease in the number of participants in recent years, the retainer scheme remains a good option for those GPs who, for a variety of reasons, such as family commitments, need to undertake a reduced number of hours. It allows GPs to retain their skills and keep in touch with general practice.

GPs who are interested in the scheme should contact their Deanery.

INSURANCE

Just in case you are not aware of this, when driving between the practice and a branch surgery, nursing homes etc GPs and practice staff should be insured for business use if they are using a private vehicle. Limited business mileage insurance does not cost much and could prevent a claim against the practice in the event of an accident.

And finally

From the on-line version of Pulse magazine:

"Dr Black criticised the government's planned pension reforms, describing them as a mechanism for taking money off GPs".

Another inadvertent reference to salami slicing, perhaps?

This newsletter was prepared by Mike Forster, LMC Lay Secretary, & the LMC Office



MAX'S MUSINGS

A once-proud passenger liner lying on her side in shallow water like a beached whale is a sorry sight, but consider further. A major disaster is usually



needed before governments will impose improved safety standards on ship owners; even Plimsoll was led to introduce the Plimsoll Line as a result of obvious overloading of ships. Wouldn't it be great if we could evaluate risks and learn to avoid them rather than waiting for a predictable accident to spark action? So now there will be a flurry of edicts about how close to the shore such ships can go without a pilot, the need for more than enough safety equipment, and the need for the captain to remain with his ship to the last. They might even impose the Birkenhead drill of 'women and children first'.

Closer to home, the NHS supertanker is already slowly turning in a new direction. It would be comforting to think that the captain has considered which charted and potential hazards lie ahead, but I bet he hasn't. While admiring the view of the Promised Land getting ever closer, can someone please tell me where my lifeboat station is?