



LMC LINKS

June 2013

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LMC CONFERENCE

Salford and Trafford LMC is allocated two representative places for the Annual Representative conference of LMCs which this year was held on May 23rd and 24th in the Logan Hall in London. On the first day Dr Jenny Walton, Joint Chair of the LMC and Dr Mhairi Yates, Joint Hon. Sec, were delegates (both with special responsibility for Salford issues), whilst on the second day Dr Iain Maclean, Joint Chair of the LMC and Dr Colin Kelman, Joint Hon. Sec, were delegates (both have special responsibility for Trafford issues). Mrs Simenoff was an observer on both days. On the first day Dr Walton proposed a composite motion under the section entitled "LMCs and the new commissioning structures" to ensure that the General Practitioner Committee of the BMA (GPC) continues to support LMC development.

All parts of the motion were passed – which is impressive at any time, and particularly so for a first time speaker.

The Agenda Committee of Conference had listened to views of representatives and introduced an emergency section to the second day to take into account the pronouncements of Jeremy Hunt, the Secretary of State for Health on GPs taking back Out of Hours responsibility.

Conference debated and rejected Jeremy Hunt's call for GPs to resume round-the-clock responsibility for patient care - but also rejected a motion of no confidence in the health secretary.

Delegates queued up to offer strongly worded objections to a motion proposed by sessional doctors subcommittee chair Dr Malcolm Kendrick which suggested that, given certain guarantees, GPs would be willing to resume responsibility for out-of-hours care. The motion was overwhelmingly rejected, with just one delegate in favour.

In opening the debate, GPC chair Dr Laurence Buckman said that the health secretary treating out-of-hours care 'as a political football' was not helpful but he urged GPs to look at what in his proposals they may be able to work with.

He said: 'There were a number of things Mr Hunt said that I didn't like and I don't think you did either but I think we should look at what we could work with. The devil is in the detail, but sign-off may be something that we could develop for the benefit of our patients. I laid down some lines in the sand yesterday in my opening speech when I said GPs won't shore up urgent care. It

Up & Coming Events

STRENGTH IN NUMBERS

- protecting the future and income in your practice (for further details see the body of the newsletter)

appears Mr Hunt now agrees as he said he does not think GPs should constantly be on call.'

He reminded delegates that if they rejected the motion existing policy - that GPs do not accept out-of-hours responsibility, would still stand.

But after numerous speaker interventions and points of order, a separate motion proposed by Bedfordshire and Hertfordshire LMC which went further and explicitly instructed GPC to 'oppose any proposition for GPs to take back responsibility for the organisation of out-of-hours services' was not put to a vote.

GPs repeatedly expressed concern about the impact of the profession taking back responsibility. One delegate said: 'There would be so many GP resignations that general practice would collapse.'

Despite expressing strong criticism of his policies, the conference delegates narrowly voted against a motion declaring that GPs have lost confidence in health secretary Jeremy Hunt. It was a close vote, 40% of GPs wanted to pass the motion but 60% were against.

LMCs voted in favour of an emergency motion which said that GPs are the patients' champions, that NHS staff are working harder than ever and that the targets and requirements of QOF, QP and enhanced services are getting in the way of dealing with patients.

Dr Mhairi Yates, our Joint Hon. Sec who had attended her first LMC conference commented "I actually did really enjoy my first conference! It was enlightening and informative and good to see the views of colleagues on a wider scale. It was reassuring to know that it was not a lot of hot-headed activists or hot air!"

GMC WHISTLEBLOWERS HELPLINE LAUNCHED

Are you aware that there is now A CONFIDENTIAL helpline for doctors to raise concerns about patient safety that was launched by the General Medical Council?

The new service allows doctors to contact the regulator directly for advice on a range of issues and is a means of raising serious patient safety concerns for those who feel unable to do so at a local level.

An online decision aid has also been launched on the GMC's website to support whistleblowers.

The initiatives are part of the GMC's commitment to support doctors who raise patient safety concerns and aim to create a more open and transparent working culture where all staff feel able to speak out. They follow the publication earlier this year of new GMC guidance http://www.gmc-uk.org/Raising_and_acting_on_concerns_about_patient_safety_FINAL.pdf_47223556.pdf The helpline, on 0161 923 6399, will be

manned by specially trained advisers who will act on information about individual doctors or organisations that can be investigated by the regulator. Callers may also be directed to other organisations such as the Care Quality Commission. The helpline will operate during office hours but doctors calling outwith these times can be called back.

The new guidance underlines doctors' duty to put patients' interests first and act to protect them at all times, adding that "this overrides personal and professional loyalties".

GMC chief executive Niall Dickson said: "Being a good doctor is more than simply being a good clinician. It requires a commitment to improve the quality of services and a willingness to speak up when things are not right – this is not always easy, but it is at the heart of medical professionalism."

The GMC services follow the launch earlier this year of a free government-funded whistleblowing helpline (08000 724 725) and of a national charter *Speaking Up*, to protect NHS whistleblowers.

CONFLICT OF INTEREST IN COMMISSIONING AND PATIENT CARE?

This issue is covered by the GMC Good Medical Practice under

Allocating resources

84. All doctors must make the care of patients their first concern. However, the treatment options that can be offered to patients may be affected by limits on resources.

All doctors

85. If you make decisions about access to treatments on a case by case basis, without referring to agreed policy or guidelines, you risk introducing elements of unfair discrimination or may fail to consider properly the patient's other legal rights. When making decisions about using resources, you must do the following.

- a. Provide the best service possible within the resources available, taking account of your responsibilities towards your patients and the wider population.
- b. Be familiar with any local and national policies that set out agreed criteria for access to a particular treatment.*
- c. Make sure that decisions about setting priorities that affect patients are fair and based on clinical need and the likely effectiveness of treatments, and are not based on factors that may introduce discriminatory access to care.*
- d. Be open and honest with patients[†] and the rest of the healthcare team about the decision-making process and the criteria for setting priorities in individual cases.

86. You should involve colleagues, including other healthcare professionals, in discussions about how to allocate wider resources. If issues or disputes about allocating resources arise, you should try to sort them out by discussing options with, for example, patients, the healthcare team, other colleagues (including other health and social care professionals) and managers. You should be open and honest with patients when resource constraints may affect the treatment options available.¹⁶

Doctors with extra responsibilities

87. If you have a management role or responsibility, you will often have to make judgements about competing demands on available resources. When making these decisions, you must consider your primary duty for the care and safety of patients. You must take account of any local and national policies that set out agreed criteria for access to particular treatments and allocating resources, and make sure that these policies are available to clinical staff.

88. If you are concerned about how management decisions might conflict with your primary duty to patients, you must take steps to manage or deal with any conflict; for example, by:

- a. asking for colleagues' advice
- b. declaring the conflict to your board or other decision-making body
- c. asking for advice from external professional or regulatory bodies, including defence organisations, if necessary

STRENGTH IN NUMBERS

- protecting the future and income in your practice

Have you put your name down to join us for this fascinating seminar yet? As an LMC we have grave concerns for our local practices in the light of the change in both the system and the law which can be viewed as requiring much of GP additional income to be put out to tender. We are deeply concerned that if practices don't get together in some other way to look after each other and themselves they may be overtaken by the twin powers of Foundation Trusts and commercial providers.

There are a variety of different models emerging around the country. Most of these involve delivering new services through contracts which require some element of joint working. The question is how do practices make this happen, and what would work best for you?

Come along to our FREE seminar – part of our BITE SIZE series (for all Salford and Trafford practices) delivered by DR solicitors, who are legal advisors to the Medical Profession. This will be held on

Thursday 13th June at Sam Platts, Trafford Wharf Road, Old Trafford, M17 1EX 12.30-2.30pm with a light lunch from 12 noon. If you have not yet applied please contact LMC.office@trafford.nhs.uk or call 873 9559 and speak to Kerrie.

We have been delighted at the response so far, but if you have not yet applied, please do so quickly as places are limited.

SENIORITY FIGURES

The Health and Social Care Information Centre has published the interim seniority factors 2013/14 for GMS GPs in England, Wales and Northern Ireland today. The figures are: England £96,183, Wales £84,479 and Northern Ireland £82,176.

Further information about the calculations and the methodology may be seen on the primary care section of the Health and Social Care Information Centre website at www.hscic.gov.uk.

SICK NOTES FOR ILLNESSES LASTING LESS THAN 7 DAYS.

We have now written a new template letter for all practices to use with their own letter headed paper on this issue, which we recognise causes great frustration for our practices. You can find it on our website www.salfordandtraffordlmc.org.uk.

SAFEGUARDING AND CRB...

Please ensure that your staff are trained in children and adult safeguarding – this is a requirement of CQC. You also need to ensure that you have an appropriate CRB check in place for all staff. Doctors and nurses need an enhanced CRB check but most receptionists will just need a standard check. These checks are paid for by the employing GPs.

QOF BUSINESS RULES

The QOF business rules v25 are published on the PCC website: <http://www.pcc-cic.org.uk/article/qof-business-rules-v25.0>.

AND FINALLY....

The final motion at the recent Annual Conference of LMCs at 5.00pm on the second day, under the section entitled AND FINALLY read: “ That Conference is not convinced that a “one size fits all” approach is any more applicable to health provision than it is to tights or condoms.” The motion was proposed by Kent LMC

and brought some light heartedly relief to the end of a thought provoking and stimulating two days when the proposer addressed conference dressed in a super sized condom, and wearing very fetching tights. This motion was, of course, passed unanimously.



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