

# LMC E-BULLETIN

## SOMERSET LOCAL MEDICAL COMMITTEE

### Summary of significant points arising from Somerset LMC meeting 13<sup>th</sup> September 2007

#### Information Management & Technology

The LMC will be pressing the PCT to make speed in appointing a GP IT Lead and suitable assessors so that practices can make progress towards achieving the second component of the DES.

#### Child Protection Records Policy

The LMC has agreed a draft policy on record keeping and child protection. We anticipate that the final version should be available for circulation shortly.

#### Chlamydia Screening

Practices are reminded that the understanding between the PCT and the LMC is that surgeries will act as distribution and collection points for self screening kits. There is no expectation that GPs and staff should be undertaking systematic screening or routinely offering kits to patients during consultations.

#### LMC Open Morning

Just a reminder that the new LMC office will be open to visitors from 09.30 to 14.00 on Wednesday 31<sup>st</sup> October. Light refreshments available

#### Death Certification Consultation

If you wish to add any comments to the LMC response to the national consultation ( see August Newsletter) please can you send these to the LMC Office as soon as possible.

#### Enhanced Services Reports

Please note that the PCT will be expecting practices to submit timely reports on their ES

activity in order to qualify for payment. Do please make sure you are ready to do this.

#### Referral to Services in which the GP has a financial interest

Under PBC it is increasingly likely that some doctors will be making referrals to provider services in which they have a direct financial interest. Pending formal national guidance the LMC advises that if such a referral is made the patient is both offered an alternative choice *and* is informed of any business relationship between the practice and the provider

#### Skin Cancer Surgery in Primary Care

NICE guidance from 2006 is now being implemented. This means that GPs may not excise any suspected skin cancer unless they are approved and part of a multidisciplinary team, attend at least 4 team meetings a year, undergo prescribed training and audit a minimum of 40 cases per year as well as having a formal assessment of your procedural competence each year. This has obvious implications that the LMC will discuss with the PCT and the Acute Trusts

#### Surgical Training at T&S Trust

Changes in referral patterns mean that fewer fit patients with simple conditions like an inguinal hernia are being referred to Acute Trusts. This is beginning to have an impact on surgical training which the LMC will discuss with the PCT.

#### Medical Certification

The LMC voted in support of the GPC position that issuing medical sickness certificates for DWP or employment purposes should not be the responsibility of GPs due to a conflict of interest with the doctor's role as patient advocate.

### Meetings

|                         |              |                          |              |
|-------------------------|--------------|--------------------------|--------------|
| County PMs              | Tues 2 Oct   | LMC County Meeting       | Thurs 11 Oct |
| T&S Trust               | Weds 3 Oct   | South West Regional LMCs | Weds 17 Oct  |
| Taunton Deane PMs       | Thurs 4 Oct  | GPC Negotiators          | Weds 17 Oct  |
| LMC Negotiators         | Monday 8 Oct | South Somerset PMs       | Thurs 18 Oct |
| Enhanced Services 08/09 | Thurs 11 Oct | Somerset Coast PMs       | Fri 18 Oct   |
| LMC Finance committee   | Thurs 11 Oct | SMTC                     | Weds 24 Oct  |