

BBLMC Secretary's Newsletter

20.08.04

(This document contains hyperlinks so is best read on screen)

Flu and Pneumococcal Vaccine Autumn 2004

Directed Enhanced Service (DES) fee is payable for Flu (£7.28).

For >65y, at risk groups defined as before (6m to 64y) and residential care home patients.

Government uptake target for >65 is 70%

DOH are planning a web based reporting system for practices.

DOH states clearly that NHS employees should be offered Flu vaccination.

Responsibility lies with employer via an occupational health service.

Stated that "staff should not be asked to go to their GP unless in an at risk group".

Also DES Fee payable for Pneumococcal vaccine.

For >75y and at risk groups <65y

(new list of at risk groups with new in bold)

>65 and 2m-64 with asplenia, COPD, chronic heart and renal disease, Diabetes, Immunosuppressed, patients with cochlear implants .

Patients with CSF shunts, children <5 with past pneumococcal disease

Next year pneumococcal age threshold drops to >65.

Government advises no booster ever needed for most people.

Personal Administration Fees (old red book paragraph 44) also claimable for both flu and pneumococcal vaccines.

Definition of epidemic Flu activity now to be >200GP consultations/week per 100K population (For Relenza etc).

Green Book Online

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4072977&chk=87uz6M

Agencies taking Non-principals off performers list

The GPC is concerned that some PCT agencies are removing non-principals from their performers' list if they do not respond to a letter from them. The GPC makes some important points.

"There are numerous reasons why a GP might not respond, for example due to annual leave, because they did not receive the letter and/or because their contact details are out of date. We believe that it is inappropriate to remove these GPs and therefore prevent them from practising simply because they

have not responded to a letter. Under the National Health Service (Performers Lists) Regulations 2004 failure to respond to a letter is not a criterion for removal from a list. In addition, the wrongful removal of these doctors from the list could result in serious consequences as those who are unaware of their removal would continue to practise and would, in effect, be practising illegally.”

The response from the NHS Confederation to GPC concerns includes the following:

“PCTs should have established a clear process with reasonable timescales and follow-up letters to avoid the situations you have spelled out in your letter.”

PCTs should act at all times with sensitivity and discretion, always to take all reasonable steps to identify the cause of the non-compliance, and to consider involving the LMC before they take decisions to remove doctors from their lists.”

The LMC wishes to act as an honest broker in this issue. My current view is that the above should not be interpreted as a licence for non-principals not to keep agencies up to date with change of address. Agencies do have a responsibility to clean lists and ensure their accuracy.

With appropriate precautions, removal from lists of non-principals who are no longer associated with a PCT area should continue.

The LMC will try to ensure this is done a sensible balanced way.