

# Manchester Local Medical Committee



## WHAT'S ON AT THE LMC



Volume 7 Issue 4/5

April/May 2009

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C&B LES 2008/09	3	<b>Manchester LMC Annual Dinner</b>
DOH	4	The Dinner on 23 <sup>rd</sup> April at the Midland Hotel, was another successful evening. Many thanks to all those who attended and helped make this a most enjoyable occasion.
Dr. Alva Brown	1	
Dr. Vish Mehra	1	<b>Dr. Alva Brown</b>
EMIS meeting with NHSM	2	We regret to inform you that Dr. Alva Brown (a former LMC Member and Manchester GP) has died at the age of 98. Dr. Brown was a welcome and regular attendee at LMC Annual Dinners and his absence at this year's dinner was a cause of sadness. The LMC has sent condolences to Alva's son, Dr. Ian Brown, who is also a former Manchester GP.
EMIS PCS downtime	2	
Equitable Access to Primary Care	4	
GP Appraisal Policy	3	<b>Dr. Vish Mehra</b>
GPC/BMA	5	As there were no nominations from South Manchester GPs for the South Manchester constituency vacancy, the LMC co-opted Dr. Vish Mehra, of West Point Medical Practice, as an LMC Member. Vish was previously the freelance GP representative on the LMC.
GPSI Accreditation Project	3	
GPSoC	2	
HPV vaccine	3	<b>Swine influenza</b>
LMC Annual Dinner	1	The LMC advice to practices is to check regularly on the Health Protection Agency website for updated information and advice on <a href="http://www.hpa.org.uk">www.hpa.org.uk</a>
LMC Locum List	5	
MAP	3	<b>City-wide issues</b>
MRSA Screening	3	<b>PMS Agreement – NHS Manchester</b>
NHS Employers	4	The LMC had identified a number of concerns from the draft NHSM PMS Agreement and has sought a legal view on behalf of Manchester PMS practices. Those concerns, backed up by the legal view, have been forwarded to NHS Manchester and we are awaiting a response.
NHS Summary Care Records	2	
NHSM 24Hour Retirement Policy	1	
OOH Provider - GTDHarmoni	2	<b>NHS Manchester 24 hour retirement policy</b>
PMS Agreement - NHSM	1	As you are aware, the LMC has concerns about the policy, particularly as it relates to single-handed GPs and the threat to the future of their practice, if they decide to take 24 hour retirement. However, we have raised our concerns with GPC and with Sarah McCarthy, BMA Industrial Relations Officer, and been advised that the policy is not open to a legal challenge.
Repeated Requests for copies of Records	5	Single-handed GMS GPs, who are nearing retirement age are strongly recommended to consider taking a partner prior to applying for 24 hour retirement, as this places the practice in a much stronger position. Please contact Carol Panton at the LMC if you need advice on applying to change from a single-handed to a GMS partnership.
Revalidation - Plans of NHSM	3	Unfortunately, for PMS single-handed practices this is less straightforward and there is no automatic entitlement to change to a PMS partnership. In the impending review of PMS contracts, return to GMS will be one of the options and single-handed PMS
Secure Data Extraction - NHSM	2	doctors may wish to consider whether they wish to do this to ensure the continuation of their practice following their retirement.
Swine Influenza	1	
Weight Management	3	

## WHAT HAPPENED AT THE APRIL LMC MEETING CONTINUED . . .

### Secure Data Extraction – NHS Manchester

John Hughes, Alison Hutton and Jullien Walkley met with Iain Bell and Mike Jones on 24<sup>th</sup> April. Regrettably an agreement was not reached between the LMC and NHSM and **the LMC is unable to support Secure Data Extraction**. The National Computer Centre has agreed to review the SDE and to undertake formal tests in June and a report will be available in the Summer, when we will issue updated advice to GPs. Additionally, once EMIS Web is available, this should obviate the need for Secure Data Extraction.

### GPSoc Framework and Core Hours

Further to the concerns expressed in the March LMC What's On, Alison Hutton reported on her attendance at a GPSoc Board meeting on 14<sup>th</sup> April, as follows



- 37 practices had signed and returned the Agreement
- The core hours related to when there would be someone available to provide a service to practices if they experienced problems, and practices may wish to allow access outside practice hours so there was minimum disruption, but this would be by agreement/negotiation
- IT personnel were available to come out to surgeries in extended hours
- NHSM agreed to produce a pro forma for practices to record licensed software that they had purchased, to fulfil the requirements of the contract and provide baseline information. There should be no problem, providing it does not interfere with other software. The turnaround time for deciding on the suitability of new soft/hardware will be 5 days. The same sort of pro forma will seek information on hardware, eg. PDAs.
- A revised Agreement will be issued for practices to sign and return, with a covering letter explaining what had been altered.

**Practices are therefore advised to sign and return the revised agreement (including those who signed the original agreement).**

### EMIS PCS downtime

The LMC received Mike Jones' incident report to practices dated 27<sup>th</sup> March 2009, summarising the loss of EMIS PCS WAN on 5<sup>th</sup> January, 2009, resulting from a power failure at Gateway House.

### EMIS meeting with NHS Manchester

Peter Fink and Alison Hutton represented the LMC at the meeting on 1<sup>st</sup> April when there was a lot of discussion about resilience. There are 2 ways to get onto N3 so it is hoped that in the event of downtime locally, there will be more resilience. The 2<sup>nd</sup> way onto COIN, rather than the independent way, is less fast but at least it is available. Alison reported that the timescale for improving connectivity was the end of 2010, and the SHA was leading on this. Also, the patches had to be released after NHSM permission was given, so this was not automatic and EMIS had taken this on board. The EMIS User Group will be asking for more feedback and hopefully there will be more 2 way dialogue because there has been a communication gap between EMIS and users.

### Out of Hours provider – GTDHarmoni

The LMC noted the teething problems with the Adastra software and practices are asked to keep the LMC informed of any problems so the LMC can feed this back to Gail Henshaw.

### NHS Summary Care Records

John Hughes reported on his meeting in March, with Paul McQuaid, Project Manager for Manchester and Trafford. John reported that Bolton A&E had been involved in the pilot and had experienced problems because of the length of time taken to download records; and there was an issue around data protection and what level of security was required. The intention is to roll out the programme to 10 volunteer Manchester practices, but the LMC has not agreed to seek volunteers until the security issues are resolved.



Alison Hutton reported that practices may be signing up to the Summary Care records in the GPSoc Framework and practices are advised to cross out any parts of the GPSoc agreement they are not happy with.

## WHAT HAPPENED AT THE APRIL LMC MEETING CONTINUED . . .

### Choose and Book LES 2008/09

The LMC expressed disappointment at the exchange of correspondence with Iain Bell regarding non-payment to practices who had not returned the completed SLA for the LES, despite indicating their intention to participate and carrying out the work. Iain Bell maintained that NHSM would only pay practices that had signed and returned the SLA.

It appears that some practices did not receive the SLA from NHSM which was sent to practices in June 2008. It would be helpful if you could inform the LMC if your practice did receive this SLA and any subsequent chasers, so the LMC can hopefully challenge the NHSM decision on the grounds of a breakdown in communication.

### Manchester Access Point (MAP)

Drs. Clare Singleton and Steve Farrar represented the LMC at a multidisciplinary workshop, led by Peter Fink (wearing his PBC hat) and Helen Speed for the proposed MAP (a briefing paper on which was attached to the March What's On). At the workshop, current referral pathways were verified and amended and suggestions for other pathways included. Small working groups focussed on relevant questions e.g. what would be the impact and opportunities of current models; and which pathways should be piloted first.

### Revalidation – plans of NHS Manchester

The LMC received the notes of a meeting held on 31<sup>st</sup> March at which Peter Fink and John Hughes represented the LMC, and welcomed NHSM's involvement of the LMC at an early stage. Revalidation is going to be an ongoing process and GPs will need to produce and compile evidence steadily throughout the year, in a similar way to GP Registrars and the QOF process. The LMC will explore a funded protected learning time meeting for GPs with IT facilities available.

### GP Appraisal Policy – Draft of NHS Manchester

The LMC noted that the policy had been re-drafted to take account of the requirement for revalidation and appeared straightforward.

### Weight Management in primary care - NHS Manchester

The LMC considered a request for support of the Counterweight programme but deferred support of the programme until details of the evidence base and costings had been provided.

### MRSA screening - NHS Manchester

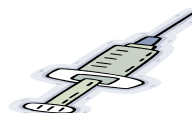
The LMC noted the 1<sup>st</sup> April email from Kevin Perrett, Consultant in Public Health Medicine to Manchester GPs and referred to the previous LMC recommendation that this work should be undertaken in secondary care, with community care picking up housebound patients. However, for those GPs (which we expect to be in the minority) who wish to continue to provide this service, a LES is being produced. Kevin Perrett has been advised that GP uptake will be patchy and that alternative providers need to be explored.

### GPSI Accreditation Project

Lorraine Comley, NHSM's Head of Professional Affairs has taken over the co-ordination of this project and has offered to meet GPSIs individually. However, the LMC will reiterate its view that one meeting for all GPSIs would be preferable, to allow GPSIs to discuss issues and raise shared concerns. The LMC will also write to Rajan Madhok requesting details of the budget for GP education and development, as there appeared to be a lack of development of GPs who worked for NHSM and for GPSIs.

### HPV vaccine

NHSM has been approached by a patient whose birthday is just within the current cohort, who has requested HPV from her GP, but been advised that the practice are behind with the vaccinations and are not sure when they will be able to call her. The patient is worried that she will not be called for HPV if she turns 19. The LMC advice is that the actual age at the time of vaccination is irrelevant if patients are within the cohort that practices have agreed to do as part of the LES.



# WHAT HAPPENED AT THE APRIL LMC MEETING CONTINUED ...

## Locality issues

### **Equitable access to Primary Care**

The LMC noted that Go to Doc Ltd had been awarded the contracts for the Moston Simpson Memorial APMS practice and the city centre GP-led Health Centre, although the site of the city centre practice has not yet been announced. Work is continuing on the Longsight and Levenshulme procurements.

The LMC will explore a media campaign; and attempt to persuade local Councillors to support existing general practices, rather than the new equitable access practices.

## National issues

### Department of Health [www.dh.gov.uk](http://www.dh.gov.uk)

#### **(i) Registration of health and adult social care providers and consultation on draft Regulations**

The LMC noted the response to the consultation document on the framework which is available from [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_096991](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_096991)

All providers of health and adult social care, including providers of primary care, will need to register with the Care Quality Commission, via a single set of registration requirements. However, given the scale of the Commission's task in developing arrangements for primary care and the need to ensure providers are informed of the changes and have time to prepare for them, the earliest GPs practices will be registered will be from April 2011.

#### **(ii) Tackling concerns locally**

The LMC received the Report of the working group; Report of the Clinical Governance subgroup; Report of the Information Management Subgroup; and The Performers List System – a review of current arrangements and recommendations for the future, which are available from

<http://www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modernisingprofessionalregulation/ProfessionalRegulationandPatientSafetyProgramme/TacklingConcernsLocally/index.htm>

The working groups have been tasked with taking forward the reform to professional regulation launched by the White Paper, "Trust, assurance and safety", and the reports give an overview of the work to date. One of the key recommendations is that the DoH should commission a refresh of existing guidance on clinical governance, in particular the aspects relating to identifying and handling concerns over the performance, conduct and health of healthcare professionals. It is expected that this guidance will be published and disseminated in 2009. NHSM will be rewriting their draft policy on dealing with practitioners giving cause for concern.

#### **(iii) Developing the QOF: proposals for a new, independent process**

The LMC received this document which is available from

[http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH\\_096423](http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_096423)

#### **(iv) Overseas visitors/failed asylum seekers**

The DoH has informed PCTs of a Court of Appeal judgement on 30.3.09 that failed asylum seekers cannot be said to be ordinarily resident in the UK, since their stay is not 'ordinary'. The Court of Appeal also found that failed asylum seekers cannot be considered exempt from charges by having resided lawfully in the UK for one year prior to treatment since they do not have the necessary 'leave to enter' in order to reside lawfully in the UK. The DoH will redraft the guidance in the autumn.

### NHS Employers [www.nhsemployers.org](http://www.nhsemployers.org)

#### **Clinical Directed Enhanced Services (DESS) for GMS contract 2008/09**

The LMC noted the Guidance and audit requirements, which are available from

[http://www.nhsemployers.org/Aboutus/Publications/Documents/Clinical%20DES%20guidance%20GMS%20contract%202008\\_09%20FB040309.pdf](http://www.nhsemployers.org/Aboutus/Publications/Documents/Clinical%20DES%20guidance%20GMS%20contract%202008_09%20FB040309.pdf)

## GUIDANCE AND INFORMATION FROM THE GPC/BMA

The following documents are available on request from the LMC, or to BMA Members from [www.bma.org.uk](http://www.bma.org.uk)

- The DDRB award: what it means for GPs (the full DDRB 30<sup>th</sup> Report 2009 is available at <http://www.ome.uk.com/downloads/DDRB%2038th%20Report%202009.pdf> )
- Focus on .... 2009-10 GMS contract agreement.  
Patient registration - FAQs, dated March 2009

The following documents are **attached**

- Freedom of Information Act 2000 – FAQs, dated March 2009
- New complaints procedure - FAQs

### Repeated requests for copies of patient records

The GPC is aware of a growing problem of patients (or their representatives) making repeated requests for their records, especially in cases involving insurance companies. The GPC advice is that when a GP has provided a copy of a record to a patient, or their representative, they should inform them that the patient/representative is responsible for making further copies for other interested parties as the practice is unable to agree to repeated requests for copies.

### Annual Conference of LMCs

Manchester LMC will be represented at this year's Conference by Dr. Tracey Vell, Chair, Dr. John Hughes, Vice Chair and Dr. Claire Singleton. Manchester LMC's motions to the Conference, to be held on 11<sup>th</sup> and 12<sup>th</sup> June are **attached**.

## ADDITIONAL INFORMATION

### LMC Locum List

Please see the **enclosed** amendments to the locum list, for the attention of the Practice Manager.

## MANCHESTER LOCAL MEDICAL COMMITTEE

Oak House  
47 Graham Street,  
Beswick,  
Manchester, M11 3BB

Phone: 0161 223 8974  
Fax: 0161 231 6189

Website: [www.manchesterlmc.co.uk](http://www.manchesterlmc.co.uk)

Email: [Manchester-lmc@btconnect.com](mailto:Manchester-lmc@btconnect.com)  
[cpanton\\_mlmc@btconnect.com](mailto:cpanton_mlmc@btconnect.com)  
[p.steel\\_mlmc@btconnrct.com](mailto:p.steel_mlmc@btconnrct.com)  
[l.stevenson\\_mlmc@btconnect.com](mailto:l.stevenson_mlmc@btconnect.com)

**You are invited to contribute your views and influence debate by Contacting your constituent LMC member (details on the LMC Website) or direct contact with the LMC office**

