

WHAT'S ON AT THE LMC

Volume 8, Issue 2

February 2010

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WHAT HAPPENED AT THE FEBRUARY LMC MEETING

Manchester LMC Annual Dinner

Invitations to the 44th Annual Dinner, to be held at the Midland Hotel on Thursday, 22nd April, will be issued shortly to all GPs. You can invite your own guests (spouses, partners, colleagues and non-GP friends) and make up your own tables of between 8 and 10 guests, if you wish (further details to be provided with the invitation). We are hoping to have a Salsa demonstration and The Oscar Bernhardt Ensemble will once again be providing musical entertainment.



LMC Constitution - South constituency

We are pleased to announce that following the invitation for nominations to fill 2 vacancies in the South constituency, the appointment of Dr. Toby Cartwright of Barlow Medical Centre to fill 1 of the vacancies has been ratified. The second vacancy will remain until later this year when a full election will take place.

City-wide issues

CHOICE (Choosing Health Options in Chronic Care Emergencies) Study

Professor Else Guthrie, Programme Director, attended to answer questions on the CHOICE study, which will be trying to understand whether psychosocial factors contribute to reasons why people with chronic, long term illnesses seek emergency care. The LMC was generally supportive of the study, which will involve practices sending a questionnaire to 2,000 patients with long term conditions, and will recruit 500 patients from each of the 4 conditions – diabetes; asthma; COPD; and CHD. There will be support costs and 3 full time researchers available to support practices taking part in the study. Details are available at <http://choice.mhsc.nhs.uk>.

NHSM Rent Review Process

Following several recent issues regarding the 3 yearly rental review, NHSM has reviewed its internal process and amended the standard letters and form. The most significant change is to ensure that all relevant information from both the practice and NHSM is available to the District Valuer before the valuation visit, and the DV has asked to see leases, where applicable, as there could be terms and conditions within a lease that affect assessment of the current market rent. Copies of the process are available from the LMC office on request.

WHAT HAPPENED AT THE FEBRUARY LMC MEETING CONTINUED . . .

GP Performance issues

John Hughes and Carol Panton have been extremely busy supporting a number of GPs involved in PCT performance issues. They have now met with Tariq Chauhan and Lorraine Comley of the Professional Affairs Team to discuss the process for handling concerns about GPs. The following action points were agreed:

- To demonstrate that the PAT is not dealing with concerns and performance issues in a heavy-handed way, they will provide anonymous data on the number of concerns dealt with and how many have been resolved at an early stage
- There will be better communication between the PAT and LMC to avoid future misunderstandings
- The LMC encourages GPs seeking LMC assistance with performance issues, to authorise the PAT to send all copies of correspondence to the LMC, so the LMC has the complete picture
- The LMC request for representation on the PCT performance procedures is being reviewed, in line with "Tackling Concerns Locally".

John and Carol also attended an NCAS workshop on 3rd February entitled "Managing concerns about performance of dentists, doctors and pharmacists", which was attended mainly by PCTs and LRC representatives. It was a very valuable meeting and it was interesting to learn how other PCTs deal with performance issues.

Secure Data Extraction



It was the intention to discuss an LMC statement about SDE at the LMC meeting, for distribution to GPs, which had originally been drafted in November, and included suggested amendments by Mike Jones, NHSM. However, the LMC learned that the 30% of practices that had not signed up to SDE had received a letter from Mike Jones on the day of the LMC meeting, informing them that "the advice given to practices by the LMC now is that practices can either opt into SDE or provide the data themselves", which was premature, in view of the imminent discussion. The LMC has since learned that Mike's letter was sent out in his absence and we have received an apology for this error. You should have now received from the LMC, by email, the original version of the statement to GPs regarding this issue.

Iain Bell and Chris Smith, NHSM, were in attendance, and took on board the LMC's concerns regarding technicalities and excessive data processing, i.e. copying and retention of all data. However, Iain wished to address communication issues and undertook to put in further measures for improving message to GPs. It was his understanding that practices can withdraw consent for SDE, as it is a voluntary arrangement. Also, Chris Smith undertook to check that the Data Sharing Agreement, which practices have signed up to, states that PCT systems have to be fit for purpose.

GPIG meeting

John Hughes attended a meeting on 26th January 2010, when the significant items were as follows:

- Representatives from the Research Network ELABS, were present, who analyse anonymised clinical data and pick up problems, such as patients with high blood sugar with no diagnosis of diabetes. This seems to work well and is funded by the DoH. They wish to link up with Manchester and their safeguards seem better than Manchester's SDE. It is a useful tool for those working towards appraisal and revalidation.
- Karen O'Brien is now on GPIG to represent primary care and it was agreed to amend the Terms of Reference that in order to be quorate, either Karen, John or Mikey Maxwell have to be present.

WHAT HAPPENED AT THE FEBRUARY LMC MEETING

CONTINUED . . .

IT downtime

Practices on the EMIS clinical system will be aware that there have been numerous episodes of downtime in the last few months. Iain Bell acknowledged there had been several incidents and will be producing a communication Service Level Agreement, the draft of which will be agreed in March, and will then be discussed at a future LMC/PCT liaison meeting. There was a recent loss of pathology links but neither practices, nor NHSM, had been informed by EMIS for several days. Chris Smith advised that contractually, NHSM will be taking up this lack of communication with EMIS.



Turning to the rolling programme for replacement of practice IT equipment, Chris Smith clarified that details of wave 3 have not been publicised but a decision to replace equipment depends on the specification, rather than age, but he accepted this was typically 3 – 5 years old. The LMC requested that information on wave 3 be shared with the LMC and GPs, when it is decided.

GP locum policy

The flexibility in the NHSM's new policy for them to consider requests for funding for partners/shareholders who provide locum cover, was welcomed, as the SFE requires outside locums to be used. However, concern was expressed at the intention to exercise more discretion in the application of the SFE to PMS and other non-GMS practices. PMS practices need to be alert about such clauses being included in PMS contracts, which are under review, and should ensure they have the same rights as GMS practices for reimbursement of locum costs.

The policy contains several bullet points that will be considered by the Primary Care Contracts Panel if a non-GMS contract does not include specific terms on contribution of locum costs and we will be seeking full details.

QOF Steering Group

Alison Hutton's report on her attendance at a meeting on 27th January was received. The Group is looking for representation from a North Manchester Practice Manager – please contact the LMC office if you are interested.

South Manchester Diabetic Retinopathy Screening Service Exclusion Policy (SMDRSS)

The policy for the use of Exclusion Read Codes was received, which sets out the process to follow when it becomes necessary to temporarily or permanently exclude a diabetic patient from the SMDRSS. The policy had been supported by the LMC Officers, who secured agreement for quarterly, rather than monthly, electronic searches of clinical records to identify patients with exclusion Read Codes, and notification to NHSM of excluded patients.

Enhanced Services

(a) Decommission of the LES Depression

It was felt that NHSM's decision to terminate the LES on 31st March 2010 is reasonable, as it was initially a Central PCT LES; only 10 practices were signed up to it; and only 2 practices claimed in 2009/10.

(b) Review of Enhanced Services

The contents of a spreadsheet prepared by NHSM were noted, indicating the services that would be reviewed for 1st April, 2010; which would be reviewed within 2010/11; and which would not be reviewed. Services that will not be reviewed are the DES Minor Surgery; DES Influenza; DES Childhood Immunisations; LES Intrapartum Care; and LES for PSA.

WHAT HAPPENED AT THE FEBRUARY LMC MEETING

CONTINUED . . .

NHS Summary Care Record

John Hughes reported on his attendance at a meeting on 19th January, at which central funding for publicity of the Summary Care Record, which had to be spent by the end of March, was discussed. However, it remains unclear whether there will be any funding for the SCR itself. NHSM has emailed practices regarding employee awareness sessions during February and March, which are aimed at anyone within NHSM who may be asked about SCRs.

Cervical Cytology samples and pregnancy

In a newsletter sent to practices in Manchester by local primary care facilitators, there was a question about whether it was possible to exclude women from the QOF cytology indicator due to pregnancy, and whether there is an exception code. Unfortunately the answer given, which was lifted from guidance on the national Primary Care Contracting website, is incorrect.

This stated that where a woman is not up to date with routine screening prior to the pregnancy then cytology may be performed during pregnancy. The advice of Dr. Noreen Khan, Consultant in Community Gynaecology, Sexual and Reproductive Health, was sought, who advised that there is no justification in taking a cytological sample in a pregnant woman, as the quality of smear is poor and the risk of false negative result is high due to much larger TZ, and interpretation of cytology is also difficult due to progestogen effect due to cytolysis, although the nuclear changes are unaffected. However, there may be justification in taking a sample if a pregnant woman has not been screened in the last 3 – 5 years and she is not likely to re-attend 12 weeks postnatal.



Future structure of Manchester Community Health

Dr. Martin Vernon, Wythenshawe Hospital consultant physician, and Associate Medical Director of MCH, was in attendance to inform Members of the process and to answer questions. The options for all provider arms have been set out in Department of Health policy guidance, which states that 'the most likely options' are integration with an NHS acute or mental health provider; Integration with another community-based provider; or Social Enterprise. Also options, but 'not expected to be the norm' are Community Foundation Trust; continued PCT direct provision; and Care Trust which includes provision.

The timetable for decision making is extremely tight, starting with an Extraordinary Board meeting of NHSM on 17th February 2010 to discuss and agree a preferred option, with proposals to be submitted to NHS North West by 19th February 2010. These will be followed by a second stage, following an externally fixed timescale as follows:

- By 24th February 2010 – proposal reviewed by NHS North West and the Department of Health
- By 31st March 2010 – final approval 'in principle' of organisational form by NHS North West and NHS Manchester
- By 31st March 2011 – implementation, or substantial progress towards implementation, of new organisational forms.

Since the LMC meeting, Laura Roberts' paper has been received at the LMC office, which was submitted to the Overview and Scrutiny Committee on 16th February 2010, outlining 'best fit' options for further discussion, as follows:

- Most adult services could become part of the 3 Acute or Foundation Trusts in Manchester, with some services integrating with Manchester Mental Health and Social Care Trust
- Children's services could become part of Central Manchester University Hospitals NHS Foundation Trust (CMFT) but the explicit option retained for future integration of at least some children's community services within local children's trust arrangements
- Specialised services could be integrated amongst CMFT, a proposed North West wide community foundation trust and possibly with Manchester City Council.

The LMC has expressed concern to NHSM that the LMC, on behalf of GPs, has not been given sufficient opportunity for involvement in the process of developing a proposal for MCH's future organisational form.

WHAT HAPPENED AT THE FEBRUARY LMC MEETING CONTINUED

Swine 'flu debrief

John Hughes had attended the last meeting of the Silver Group and members of the group would be returning a template to NHSM on what had worked well and what didn't work. The National Flu Line and antiviral collection sites have now closed and antivirals will be distributed from 6 pharmacies across the City. GPs should continue to use the vouchers for Tamiflu and this is not expected to be a significant workload. The current vaccination programme will continue, as it is expected that H1N1 may return, perhaps in a mutated form, this Autumn. Department of Health guidance on the prescribing of antivirals is **attached**.



Standardised referral letters and Referral Gateway

The standardised referral letter and Referral Gateway were discussed at an LMC/PCT Liaison meeting. However, LMC representatives were unable to give support without evidence of inappropriate referrals from GPs, and evidence of cost effectiveness of the Referral Gateway, as the Manchester pilots had not yet been concluded. The LMC representatives informed NHSM that when evidence is presented they will be happy to look at this again.

Locality issues

Pennine Acute Hospitals NHS Trust medication advice notes to GPs

Confirmation is awaited from PAT regarding availability of funding for a trainer to roll out the electronic discharge pilot, which all 4 North East PBCs are pushing for. It is hoped to agree a discharge pro forma by March 2010 to be faxed or emailed to GPs no later than 24 hours after discharge. There will be random audits to validate 24 hour agreement and quality of discharge information, and contractually, from 1st April, 2010, PAT has to provide discharge letters within 24 hours or a financial penalty will apply.

National issues

Responsibilities and operational requirements for the correct use of Choose and Book

Dr. Chaand Nagpaul, GPC Negotiator, has reported that this document was supported by the BMA on the basis that the overwhelming thrust was directed at PCTs in terms of their responsibility to ensure that hardware, technical support, functionality and support for GPs who wished to use C&B, and was based upon feedback received from GPs. It was not intended to add any additional hurdles to GPs, but to hold PCTs to account, and the recommendation for GPs to send a referral letter within 3 days was only "gold standard" guidance and not a mandatory requirement; and he would be concerned if PCTs applied this as a performance/contractual requirements.

Department of Health

(i) Summary of Responses to the Consultation on the Additional Use of Patient Data

It is the DoH's intention to set up a number of pilot sites to explore means of patients opting out of having their records viewed for research purposes and they will report back on testing and offer a preferred mechanism by June 2010. The full document is available from http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_109310

(ii) Improving the Process of Death Certification

The Overview of Programme is available from www.dh.gov.uk/deathcertification

WHAT HAPPENED AT THE FEBRUARY LMC MEETING CONTINUED

Revalidation

The Royal College of GPs Guidance to the Revalidation of General Practitioners, Version 3.0 dated January 2010, is available from <http://www.rcgp.org.uk/revalidation.aspx>

GUIDANCE AND INFORMATION FROM THE GPC/BMA

LMC/Negotiators regional meetings

The next meeting will be held on Wednesday, 24th March 2010 at 7 p.m. at Sam Platts, Trafford Wharf Road (food from 6 p.m.), when Richard Vautrey, GPC Negotiator, will be in attendance. John Hughes will be chairing the meeting. If you would like to attend please contact Lisa Stevenson at the LMC office at l.stevenson_mlmc@btconnect.com

Examinations and sickness certification

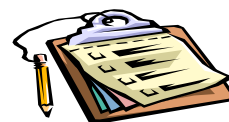
John Canning, Chairman of GPC Contracts & Performance Sub-Committee, has exchanged correspondence with the Office of the Qualifications and Examinations Regulator (Ofqual), who have confirmed that the Regulations do not ask for medical corroboration or proof to support applications for special consideration, e.g. absence from examinations due to illness. Ofqual has asked the Department for Children, Schools and Families to make local authorities aware of this message and has posted a notice on its website. It has also informed the Joint Council for Qualifications and the teacher associations and unions. John Hughes will be raising this at GPC to explore whether this can be expanded to include Universities.

The Disability Discrimination Act

The guidance, updated in January 2010, is available on request from the LMC, or to BMA Members from www.bma.org.uk

HPA swine flu questionnaires

Some practices have received a questionnaire from the Health Protection Agency (HPA) to evaluate swine flu vaccine efficacy following confirmed cases of swine flu in their area. This is a sampling exercise and the questionnaire is in effect a "yellow card" form because the vaccine is new. GPC believes it would be good practice to fill in such a form. No fee can be charged by practices for doing so.



Look after our NHS

All BMA Members will be receiving a pack of campaign materials, which includes a new brochure on NHS reforms, a copy of the public poster, a simple questionnaire, and a letter from Dr. Hamish Meldrum, Chairman of BMA Council, outlining how practices can support the campaign. This is a crucial stage of the campaign and the continued support of doctors is needed to maximise its effectiveness.

Final Seniority Figure for 2006/07

The final seniority figure for 2006/07 is £92,140. Further details are available from the NHS Information Centre website at www.ic.nhs.uk.

Vault smears

Within the national cervical screening programme, the responsibility for follow up vault smears has been shifted from GPs to gynaecologists who performed the hysterectomy. GPC wants to ensure that GPs are aware of this change, as some women requiring vault smears may not be called for them - see the **attached** guidance.

GUIDANCE AND INFORMATION FROM THE GPC/BMA CONTINUED ...

Sessional GPs

(i) Survey

The sessional GPs representation working group, set up by GPC to review the representation of sessional GPs, has sent out a survey to sessional GP BMA members. The survey will be vital in informing the working group and helping it make recommendations on how sessional GPs will be represented at a national and local level. The results of the survey will also be used as part of next year's evidence to the Doctors and Dentists Review Body (DDRB) on the remuneration and working patterns of sessional GPs. If you have received this survey you are encouraged to take the time to complete it. Sessional GP members who have not received the questionnaire by the end of February, or have questions about the process should contact the BMA's research department at info.hperu@bma.org.uk. For further details please visit the BMA website at http://www.bma.org.uk/employmentandcontracts/employmentcontracts/salaried_gps/gpsessionalsurvey.jsp?page=1

(ii) Newsletter

The BMA Sessional GPs Newsletter, Winter 2010 edition, is **attached**.



Child labour and hazardous working conditions in the production of NHS supplies

The BMA's Medical Fair and Ethical Trade Group has launched a new website and short video clip to highlight the problems of child labour and hazardous working conditions in the production of NHS supplies. Website: www.fairmedtrade.org.uk Video: www.youtube.com/watch?v=z8JHbPVy8Gg

ADDITIONAL INFORMATION

NHS Connecting for Health

NHS Connecting for Health is undertaking 2 surveys, as follows:

- (i) **Survey of GPs and their staff** to gain an insight into opinions on various parts of the GP IT service. It will be used where appropriate to inform discussions with suppliers and enable service improvements in the most valuable areas. The survey takes no longer than 10 minutes to complete and there is space at the end for additional information. The survey will remain open until Friday, 5th March and can be accessed at www.survey.connectingforhealth.nhs.uk/gpsystem
- (ii) **Survey of GP IT stakeholders** to determine what enhancements to GP systems would bring maximum benefit to users and patients over the next few years. They are also interested in considering what changes could be made to the way this functionality is delivered to maximise the realisation of these benefits. This survey will remain open until 28th February and can be accessed at www.survey.connectingforhealth.nhs.uk/gpit

NICE welcomes topic suggestions for 2012/13 QOF

An online topic suggestion facility will allow stakeholders to submit suggestions for new indicators for QOF based on NICE guidance or other NHS evidence accredited sources. Anyone with an interest in health, including health professionals, patients, community groups and voluntary organisations are encouraged to contribute to the development of the 2012/13 framework via the NICE website at www.nice.org.uk/aboutnice/qof/suggestion.jsp. The opportunity to suggest topics ends on Monday, 8th March.

ADDITIONAL INFORMATION

CONTINUED . . .

Supporting Carers (Everyone's Business)

Manchester Community Health has organised an event on 17th March, 2010, aimed at GPs, Practice Nurses and Practice Managers, about the role general practice has in supporting carers, as well as patients, in order to improve outcomes for individuals and their families. A flyer and application form are **attached**.

Manchester LINK

The Manchester LINK is holding an event on 26th April, aimed at health and social care professionals, to bring about positive change across health and social care service for homeless people in Manchester. Details are **attached**.



Royal College of Physicians – collaboration with the National Audit of Falls and Bone Health in Older People

A national audit will be taking place between September and December 2010, when Trust audit departments will be contacting practices about a small number of patients who have presented to trauma departments during this period. It is anticipated that the amount of information sought from each practice will be relatively small and the RCP hopes that all relevant practices will wish to participate, if asked. Although it will be necessary to link up information on an individual patient basis, only aggregated anonymous data will be submitted in returns to the RCP. Individual patient or practice level data will not be identifiable. The RCP wanted to reassure any practices that might be contacted by local audit teams well in advance and the National Information Governance Board has confirmed that this planned activity is in line with the usual safeguards under data protection regulations.

LMC Locum List

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

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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

