



WHAT'S ON AT THE LMC

Volume 8, Issue 1

January 2010

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WHAT HAPPENED AT THE JANUARY LMC MEETING

CONTINUED . . .

NHS Manchester – Professional Affairs Team

The LMC is aware that some Manchester GPs have received telephone calls from the PCT Professional Affairs Team and, in particular, Dr. Tariq Chauhan, PCT Associate Director, seeking meetings with GPs, when the reason for the meeting has not been given or is not clear. The GPs have attended the meetings and been shocked to find this relates to an investigation of their performance. Had the GPs been aware of the reason for the meeting, they could have prepared better and sought representation from the LMC or Defence Organisations. **GPs are advised to seek advice from their Defence Organisation/LMC before agreeing to meet Dr. Chauhan or any Member of the Professional Affairs Team.**

NHS Manchester – Sexual Health LES

John Hughes, Barbara Allen and Philippa James are continuing to negotiate with Karen O'Brien, PCT on a revised tariff or block contract price for the LES from 2010/11. The LMC reiterated its view that the PCT should not renege on the current contract price for the 2009/10 LES and that GPs should be paid at the agreed price; and that the PCT was entitled to re-negotiate the terms for 2010/11.

NHS Manchester – EMIS PCS downtime

The LMC considered the PCT interim incident report on the downtime on 14th December, 2009 which referred to the planned move of all traffic to N3 on 9th January 2010 to prevent a recurrence. However, BT had not been able to gain access to some areas to put in N3 due to the adverse weather conditions at that time and there were further problems from 8am on 11th January, with practices not receiving pager communications until the afternoon. This has been raised with Karen Goodhind, PCT.



NHS Manchester – Community Infection Control Team

The LMC noted the 7th December letter from Sally Webster, Community Infection Control Team (CICT) to all GP practices. The LMC encourages practices to co-operate with CICT to ensure they satisfy their contractual obligations to have appropriate arrangements for infection control and decontamination, which will help practices achieve Care Quality Commission Infection Control compliance for CQC registration in 2012. CICT can also be used as a helpful resource and has produced generic infection control guidance and patient information leaflets on the management of infection which can be accessed via the PCT website, the link to which is as follows www.manchester.nhs.uk/health/infection/guidelines.html

NHS Manchester – Changes to arrangements for NHS Walk in Centres

The LMC noted the 15th December letter to GPs, and were disappointed that the LMC had not been informed/consulted about the proposals, despite having monthly liaison meetings with the PCT, where the financial position had been a regular agenda item. Practices are encouraged to give feedback to the PCT, as requested, as this feedback will determine whether the changes will remain in place beyond 31st March, 2010.

NHS Manchester – Securing Our Shared Future

The LMC noted the criticism in the Manchester Evening News and Daily Express of NHS Manchester in employing KPMG at a cost of £1m in order to make savings of £18m. In responding to the criticism, NHS Manchester referred to their survey about health services in Manchester and practices are asked to encourage staff to respond, to the survey, the link to which is as follows <http://www.surveymonkey.com/s/HKV6TWQ>

NHS Manchester – Clinical Engagement

PCT Board Members wish to visit services that deliver care in the community including GP practices. The LMC feels this is an excellent idea. Practices are encouraged to volunteer for such visits. If your practice is interested please contact Carol Panton at the LMC.

WHAT HAPPENED AT THE JANUARY LMC MEETING

CONTINUED . . .

Greater Manchester Optimum Adult Weight Management Pathway

The LMC could not support the criteria for bariatric surgery on clinical grounds, for the following reasons.

- The criteria encourage patients to put on more weight in order to qualify for bariatric surgery. An example was given of a patient who did well losing weight, but was upset to find she did not then qualify for surgery. The pathway will lead to more cases of obesity and depression.
- Patients should be offered surgery when they weigh less to reduce the risks of surgery.

The LMC felt that if there is not enough money for all obese patients to have bariatric surgery, PCTs needed to be open about this, rather than produce strict criteria to limit the number of patients who qualify. The LMC fears that stricter criteria would probably be applied to hip replacements and other procedures in future, in order to save money. The LMC accepted that this pathway has been suggested by NICE, but pointed out that NICE guidance does not have to be followed.

Manchester Mental Health & Social Care Trust – application for Foundation Trust status

Following a GP request for the LMC to take the lead in opposing the above application, this was discussed at the January LMC meeting following which the LMC has responded to the consultation, giving the reasons the LMC is unable to support the application, as follows

- As MMH&SCT had been in chaos for the last 5 years, the LMC queried the application for Foundation Trust status
- The reasons for dividing the membership of the Foundation Trust into North, South and Out of area constituencies is not clear. The LMC was concerned that this would impact on the City-wide provision of service and create unnatural boundaries
- The LMC (and other Manchester GPs) have serious reservations about the quality of service provided by MMH&SCT and would have to be convinced that Foundation Trust status would help deal with underlying issues
- From a corporate governance point of view the Trust has been the worst performing in Manchester for at least the last 10 years and based on experience there is no belief that Foundation Trust status will improve resilience
- There is evidence of deterioration in the quality of care following Foundation Trust status because Trusts chase targets instead of concentrating on quality of care.

Manchester Community Health – New Medical Director

Martin Vernon, Consultant Community Geriatrician has been appointed as Medical Director of Manchester Community Health, to replace Tariq Chauhan.

Locality issues



Pennine Acute Trust switchboard

Following LMC letter expressing concerns about GP difficulties with the PAT switchboard, John Saxby had asked PAT Telecommunications Manager to liaise with Karen O'Brien to see what sensible and useful data could be shared; and had requested consultants and secretaries to include in letterheads only the name and telephone number of the consultant relevant to the patient concerned.

Chorlton Health Centre – withdrawal of UHSM midwives due to IT issues

Members welcomed the co-operation of the Health Centre GPs, the LMC, Mikey Maxwell (with his IT expertise), Mike Jones, PCT Associate Director of IT, Mark Blakeman, Director of Informatics, UHSM and Sue Blantern, Community Midwife Manager, UHSM, in challenging the proposal to withdraw midwives from the Health Centre and providing an IT solution, to allow the community midwives to return to Chorlton Health Centre.

WHAT HAPPENED AT THE JANUARY LMC MEETING CONTINUED . . .

Locality issues

Manchester Community Health

North Manchester Treatment Room services

The LMC had written to John Harrop, Manchester Community Health expressing concern about the decision to withdraw services from North Manchester treatment room services, and to advise patients to access services via their District Nurse or GP. The LMC suspected the decision was due to MCH commitment to administer swine flu vaccines to the housebound, and reminded John Harrop of the national agreement that GPs would not vaccinate the at risk housebound, to allow them to concentrate on the remainder of the at risk patients. Consequently it was unacceptable for the MCH to advise patients to attend their GP for treatment room services, as this would impact on their workload, and it was not the role of the GP or their practice nurses to undertake treatment room services. The response from John Harrop referred to the requirement for MCH to vaccinate 4000 at risk housebound patients, but did not address the issues about GP workload or why only North Manchester clinics were targeted. Members reported gaps in community services, arising from the suspension of treatment rooms services and from MCH staff being redeployed in AV centres. Please see further item on swine flu vaccination of "at risk" housebound under city-wide issues.

National issues

DEPARTMENT OF HEALTH www.dh.gov.uk

(i) NHS 2010-2015: from good to great – preventative, people-centred, productive

The LMC received the document which is available from the following link

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109876

and noted the following relevant paragraphs

3.29 - NHS income for GP practices should be restricted to cover projected increases in practice expenses, while practices should be expected to make at least 1% cash-releasing efficiency savings

3.31 - asking Pay Review Body to consider more demanding efficiency requirements from GP practices; and NHSE and trade union to explore scope for linking future pay awards to improvements in quality and productivity

4.9 - significant reform to QOF for 2011/12 to deliver improvements in quality and efficiency, raising performance thresholds and retiring indicators with limited cost-effectiveness and introducing more stretching quality indicators

4.50 - Foundation Trusts to run primary medical services when PCTs tender for them.

(ii) Responsibilities and operational requirements for correct use of Choose and Book

The LMC noted that Maggie Elsley had emailed this to practices on 24th December, drawing attention to page 6 "attachment of referral letters" which stated that "the referrer should then ensure that the referral letter is attached within an acceptable time (3 working days for routine referrals, the same day for 2 week waits, or within 1 day for urgent referrals)".

The LMC reiterated its view, outlined in the December 2009 What's On, that the 3 day limit for routine referrals was not a contractual requirement and was not relevant to patient safety.

John Hughes was asked to raise this at GPC, as Dr. Chaand Nagpaul, GPC Negotiator, had been involved in producing the document. Dr. Nagpaul, who was on the BMA IT Working Party, has reported that the 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 wish 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. He would be concerned if PCTs applied this as a performance/contractual requirement.

WHAT HAPPENED AT THE JANUARY LMC MEETING CONTINUED

National issues

NHS Employers

Agreement reached on GMS contract negotiations
Press release dated 7th January is **attached**.



Department for Transport

THINK! Campaign – Boots the Chemists

The LMC noted the campaign regarding the potential effect of prescribed and over the counter medicine on ability to drive; and Boots, when processing prescriptions or purchase of medicines likely to impair driving, will enclose patient information.

GUIDANCE AND INFORMATION FROM THE GPC/BMA

New Vetting and Barring Scheme – Guidance for GPs

Please note that by 25th July 2015 all GPs will need to be ISA (registered Independent Safeguarding Authority) and that from November 2010 registration will be mandatory for new GPs posts, including freelance locum GPs commencing work for new practices. As part of the service provided by the LMC Locum List, the LMC will, from November 2010, require locums to show evidence of ISA registration (in addition to our usual checks on GMC registration, MDU cover etc). The guidance is available from the LMC office on request.

GPC Guidance: Use of 084 numbers in the NHS

Practices with 084 numbers (11 Manchester practices have 084 numbers according to the LMC records) should obtain written confirmation from their phone service supplier that call charges are no more expensive than equivalent local calls, and this will fulfil the practice obligations. The guidance is available from the LMC office on request.

Pandemic flu – Guidance for GP practices – Swine Flu H1N1 preparedness

Version 2 of the document, which was updated in December 2009, is available from the LMC office on request.

Hamish Meldrum's New Year message

Dr. Hamish Meldrum, Chairman of BMA Council, has recorded a video for BMAtv, outlining the challenges facing the medical profession in 2010, which is available at www.youtube.com/watch?v=Z65ffy4UgQA

BMA 2010 research grants - available to apply for now

The BMA was among the first of the professional bodies to award grants and prizes to encourage and further medical research. Today, around 11 research grants are administered under the auspices of the Board of Science, all funded by past bequests to the BMA. Grants totalling approximately £500,000 are awarded annually. Applications are invited from medical practitioners and/or research scientists and are for either research in progress or prospective research. The 2010 research grants are now available to apply for online on the BMA website – www.bma.org.uk The application deadline is 12th March 2010.

Subject specifications for each grant vary. For example, in 2010, research areas include heart disease, cancer, inflammatory bowel disease and schizophrenia. For more information on the grants on offer in 2010 and details of how to apply, please see: www.bma.org.uk/researchgrants

If you have any queries please contact info.sciencegrants@bma.org.uk or telephone 020 7383 6755.

GUIDANCE AND INFORMATION FROM THE GPC/BMA

“Your Surgery, Your Say” poster and leaflet



Last year the government imposed, against GPC advice, several changes to the patient experience survey. A by-product of these changes was that some practices ended up losing a significant element of their funding, partially because of low response rates among patients.

In order to help address this problem, GPC has developed the 'Your Surgery, Your Say' poster and leaflet for practices to display in their surgery. The poster and leaflet explain what the practice is doing to offer patients the best possible access, and also explains how patients can give their views directly to the practice. The poster also reminds patients of the importance of completing the Government's patient survey, and explains directly what many might not understand - that their practice's funding depends on their responses.

Copies of the poster and leaflet have been sent to all GP practices. Electronic copies of the poster and leaflet are available on the BMA website from the following link, and practices can use these to print out additional copies for display.

http://www.bma.org.uk/employmentandcontracts/independent_contractors/general_medical_services_contract/yoursurgeryoursay.jsp

HM Revenue & Customs – New Powers, Procedures and Penalties

HMRC has launched a campaign looking at the accuracy of doctors' tax returns. This is because HMRC's research and risk assessment process indicates that a significant minority of doctors may have submitted returns which have a high probability of containing errors, some stretching back 20 years. However, the main thrust of HMRC's campaign is to encourage all doctors, whether in practice, or employed or retired, to bring their tax position up to date in order to be fully compliant.

You should bear in mind that from 2011 onwards the submission of a tax return which is **deliberately** incorrect and which gives rise to a tax loss of £25,000 or more will lead to the name of the taxpayer being published, and it goes without saying that the reputational damage could be significant. Names published by HMRC will undoubtedly come to the attention of the GMC, and it is likely that the individual(s) concerned will be referred to a GMC Fitness to Practice hearing to determine whether the individual(s) failed to act with honesty and integrity such as to bring the profession into disrepute.

A briefing document regarding the new penalty regime is available from the LMC office on request.

Please note that the GPC/BMA/LMC **do not provide tax advice** and if you have questions or concerns about your tax affairs, you should direct them to your own professional adviser(s)

Managing change, managing performance, managing staff

The BMA is offering 3 one day courses introducing GPs to managing change, managing performance, and managing staff. Registration is open to GP partners or their practice managers and the registration fees for each course are £130 (inc. VAT) for BMA members, and £190 (inc. VAT) for non members. Priority will be given to BMA members who wish to attend.

For more information on dates and venues and to book online please visit

http://www.bma.org.uk/whats_on/employment_related_courses/gplaw10.jsp For any further information please contact BMA Conferences on 0207 383 6137/6605 or by email at confunit@bma.org.uk

DIPEX charity website

GPC has been asked by the DIPEX charity to draw attention to their websites. The websites were formerly known as www.dipex.org The Health Experience Research Group has created a unique database of personal and patient experiences through in-depth qualitative research into over 40 different illnesses and health conditions. The results of the research are published on two websites – www.healthtalkonline.org and www.youthhealthtalk.org which are aimed at patients, their carers, family and friends, doctors, nurses and other health professionals. Their target is to complete at least 100 conditions within the next 5-10 years.



ADDITIONAL INFORMATION

Health Survey for England 2010

The National Centre for Social Research and University College London are carrying out a national survey to measure health and health-related behaviours in adults and children living in private households in England. The fieldwork began this month and continues throughout this year. Patients can request that their blood pressure, lung function and blood sample results are sent to their GP, and GPs may wish to follow up on results at their own discretion. The **attached** report summarises what it is all about.

Change to LMC office opening hours

Please note that the LMC office now closes at 4 p.m. on Wednesdays. There is an ansaphone facility and calls will be returned on Thursday mornings.



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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

